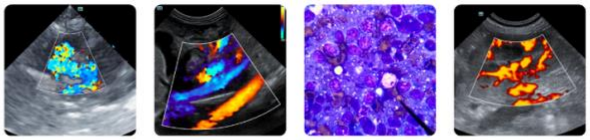

PATIENT

Dory Peniston

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed Female

AGE

11 Years

WEIGHT

55.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Veterinary Clinic-Corvallis

REFERRING VET

Dr. Brent Sadahiro

INVOICE

13022

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Hx of chronic liver value elevations as well as stage B2 CDVD. AUS last performed 1 year ago; liver values have been static but persistently elevated since then. Current meds: Vetmedin 5mg PO BID, Glucosamine, Carprofen, ursodiol, Denamarin

Abnormal PE/Chem/CBC/UA Results: Anxious, heart murmur, otherwise NSF on PE Most recent labwork done 6/2025 CBC: WNL CHEM: Alt 260 (Prev 505) Alk Phos 145 (Prev 172) Recheck labs pending for today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively borderline to mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild primarily gravity dependent to peripheral lumen nonorganozed biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of nonshadowing echogenic fluid and chyme as well as mild lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

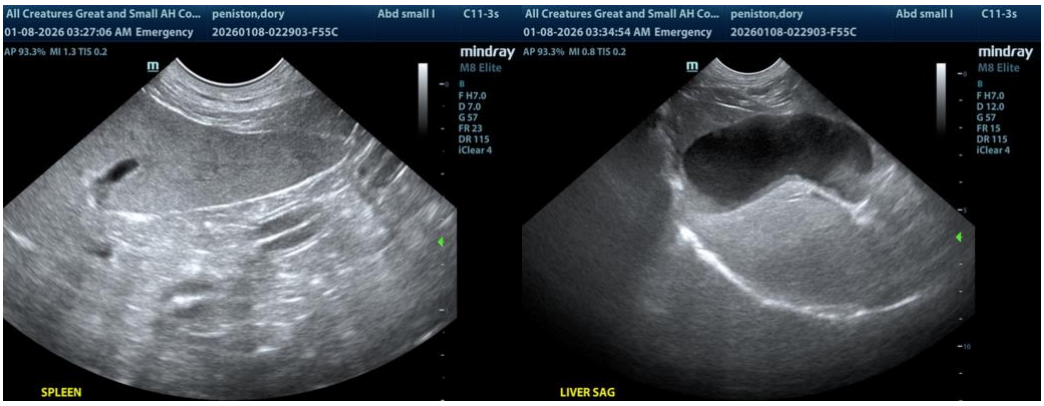
ULTRASONOGRAPHIC FINDINGS

- Static benign hepatopathy.
- Mild nonorganized gallbladder debris (non-mucocele).
- Static mild age-related renal changes.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears sonographically similar compared to the previous study without evidence of progressive hepatic parenchymal changes. Previously mentioned potential etiologies are still applicable, with benign hepatopathy criteria likely. Inflammatory hepatic disease is favored in conjunction with primarily elevated ALT and the presence of gallbladder debris.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology to assess for inflammatory cell type. Leptospirosis titer/PCR could be considered if clinically indicated. A definitive diagnosis would require hepatic biopsies for histopathology. No evidence of a hepatic vascular anomaly. If patient is non-clinical continued hepatosupportive medications and monitoring would be appropriate.



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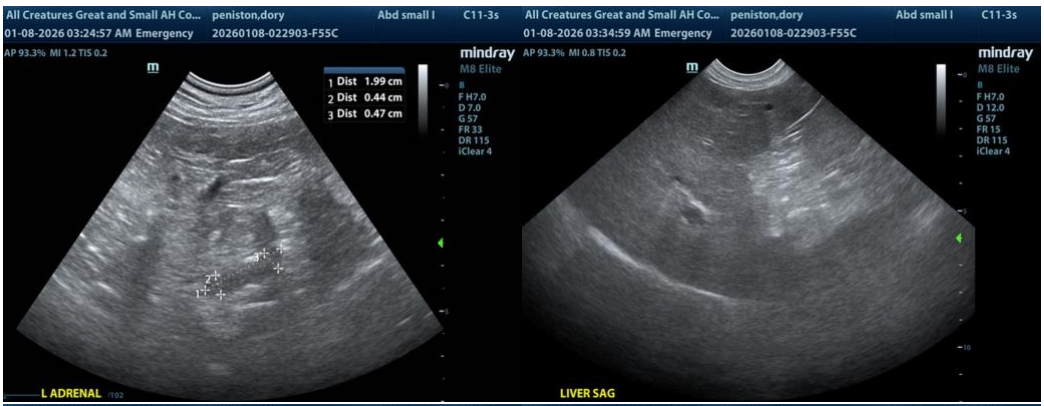

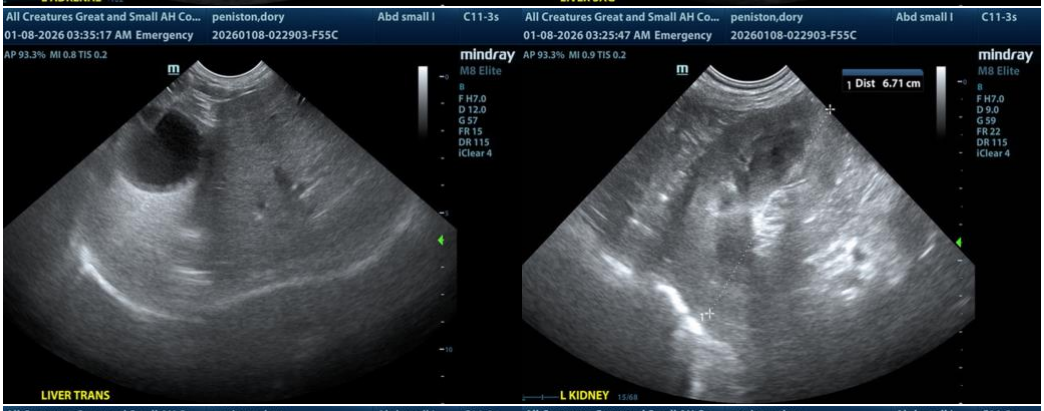

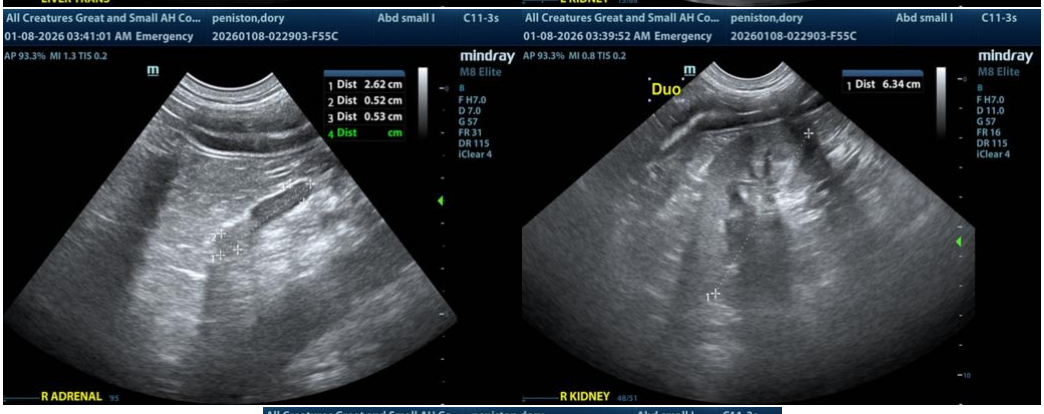

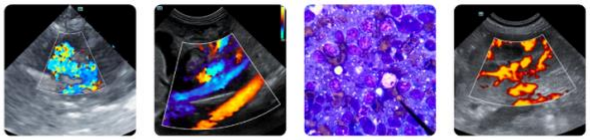

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com