



PATIENT

Bunni Grenga

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

13

WEIGHT

9.2 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Julia Wiederholt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Julia Wiederholt

INVOICE

13043

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Abdominal ultrasound pursued due to elevated liver values and bile acids done prior to anesthetic event. History of heart murmur and mild liver value elevations since 2024 managed with Vetmedin and Denamarin. Clinically doing well at home - no PU/PD, eating well, no GI upset.

Meds: Vetmedin and Denamarin

Abnormal PE/Chem/CBC/UA Results: Historical ALP in 300's, ALP in 200's. Labs done 12/24/2025 ALP now 1,118, ALT 213, 2+ proteinuria, remainder of senior profile WNL. Bile acids done 1/2/2026 pre 49.8, post 45.3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. Areas of medullary mineral to small renoliths. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 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 0.46 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm.

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

The liver was subjective mildly enlarged in size with normal vascular volume. The liver parenchyma was mildly non-homogeneous to the spleen with a moderate coarse echotexture and mild to variable parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A non-capsule deforming, non-homogeneous, mildly hyperechoic liver mass was present in the left liver measuring 4.0 cm in diameter. Concurrent non-capsule deforming, homogeneous, hyperechoic caudal hepatic nodule adjacent to the spleen measuring 1.4 m in diameter. The gallbladder was non distended in size with moderate, gravity dependent, non-organized, hyperechoic, nonmineralized biliary sludge. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

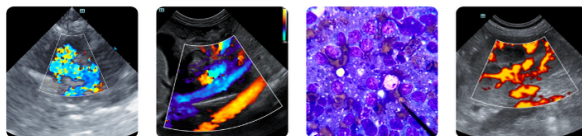
ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged non-homogeneous liver with left liver mass and mid caudal liver nodule
- Non-organized gallbladder debris (non-mucocele)
- Nonspecific chronic renal changes exhibiting medullary mineral/small renoliths
- Normal bilateral adrenal glands
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic vacuolar or cholestatic hepatopathy and inflammatory disease, fibrosis, variable nodular hyperplasia, lipogranulomas or hepatic neoplasia, all potentials. Assuming normal clotting status, FNA cytology of the hepatic parenchyma and mass is recommended for further clarification. No evidence of intrahepatic or extrahepatic macroscopic shunt or adrenal pathology. Hepato-supportive medications may prove beneficial. UPC level on sterile urine sample is suggested if persistent or progressive proteinuria.





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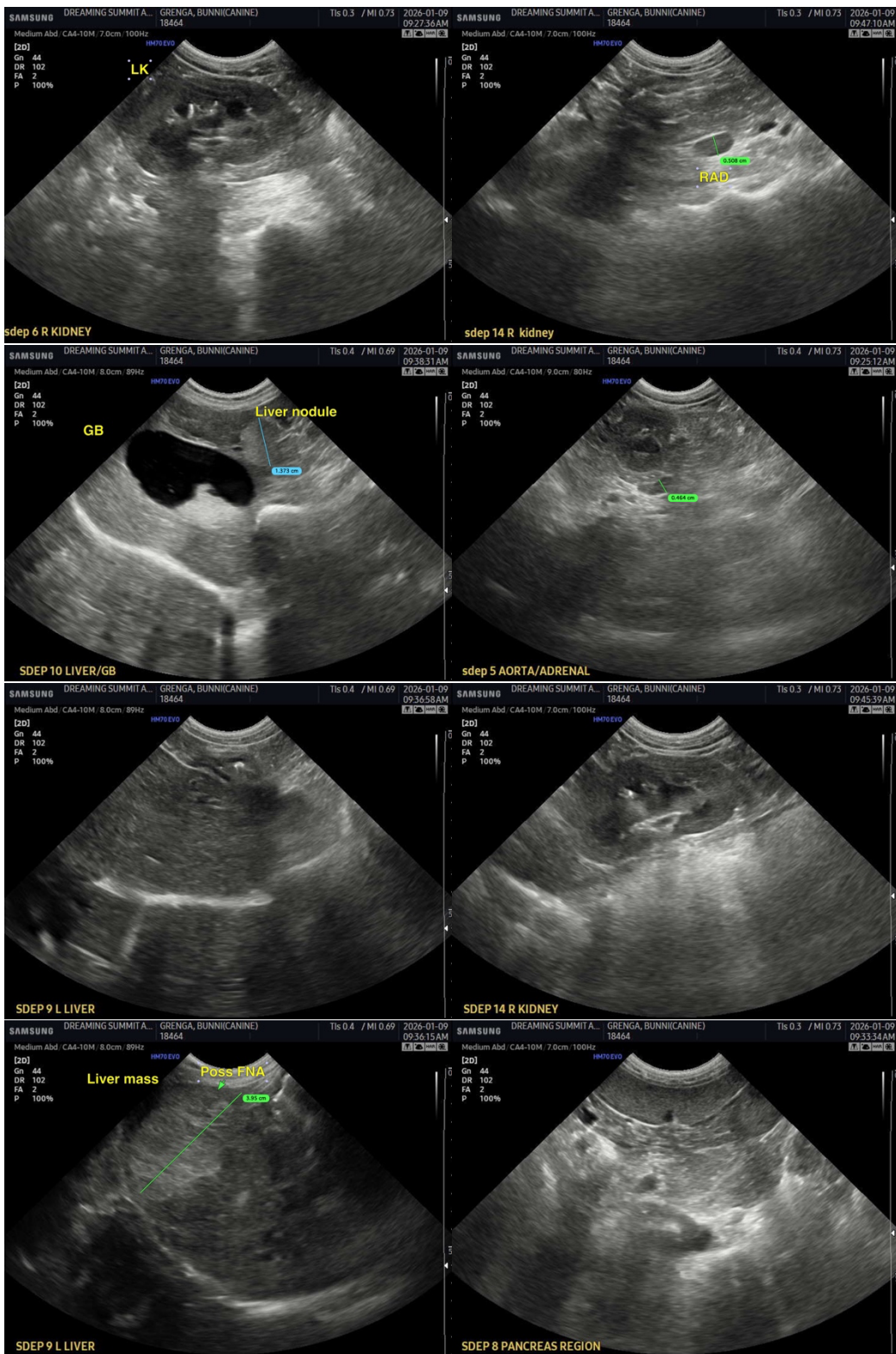
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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