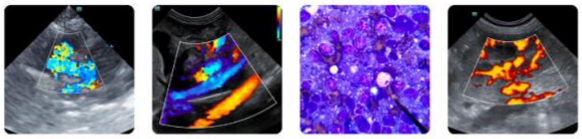

PATIENT

Mia Ritzman

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed Female

AGE

2019

WEIGHT

92

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Mt. Airy Animal Hospital

REFERRING VET

Dr. Palm

INVOICE

12301

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Obese, chronic elevated liver values, skin issues, proteinuria

Medication: Apoquel, Denamarin, carprofen

Labs: ALP 1725 Normal ALT, urine specific gravity 1.0273+ proteinuria

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal renal size with mild asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

Both adrenal glands were indistinctly visualized exhibiting subjective mild enlarged caudal left adrenal pole with normal right adrenal size. The left adrenal gland measured 0.84 cm width at the caudal pole. The right adrenal gland measured 0.69 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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate nondependent variably congealed primarily mid to caudal lumen and gallbladder neck debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta (most consistent with food echogenicity) with no signs of ileus, obstruction or foreign material.

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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

- Nonspecific chronic renal changes.
- Subjective mild enlarged caudal left adrenal gland- subjective benign.
- Hepatopathy- suggestive of vacuolar/nonobstructive cholestatic hepatopathy criteria.
- Nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UPC level on sterile urine sample is recommended if evidence of persistent proteinuria given quite urine sediment. Hepatosupportive medications and consideration for screening hepatic FNA cytology (assuming normal clotting status) is recommended. Recheck adrenal work up or consideration for potential atypical Cushing's syndrome if clinical signs consistent with hyperadrenocorticism are present.

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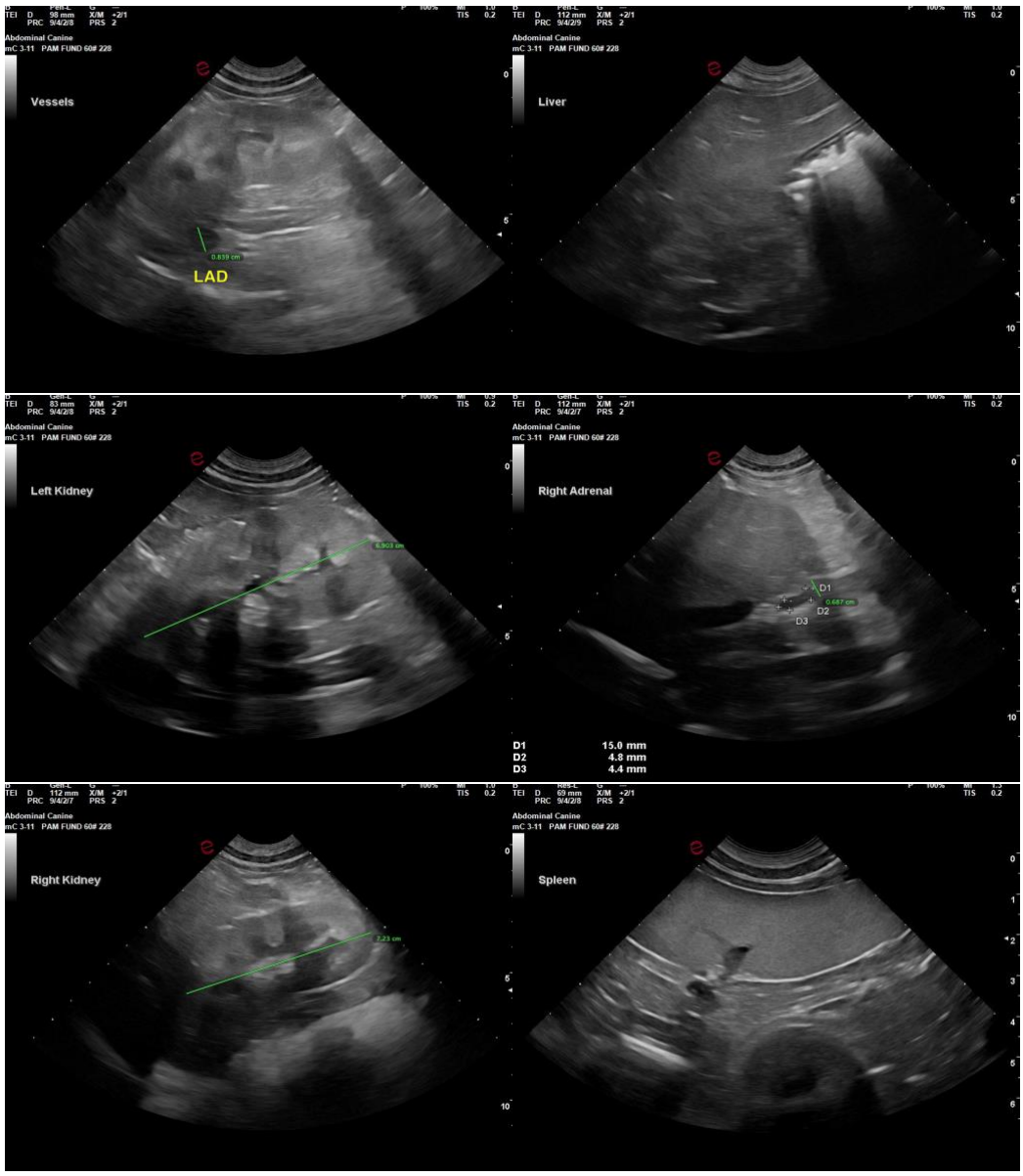

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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