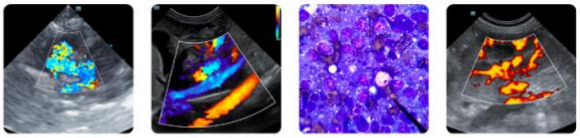


PATIENT

Roxy Doyle

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

27 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Vetco Total Care Kinnelon

REFERRING VET

Dr. Griffin

INVOICE

12694

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Hx of elevated renal and hepatic values. elevated Platelets

Abnormal PE/Chem/CBC/UA Results: Elevated liver and kidney values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate minor sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in left kidney while the right kidney presented with subnormal size compared to the left kidney. 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. Mild loss of corticomedullary border demarcation in the left kidney and moderate loss of corticomedullary border demarcation in the right kidney was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.4 cm in length. The right kidney measured 4.1 cm in length with mild pyelectasia.

Adrenal Glands

The left adrenal gland was enlarged at the caudal pole while the right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.80 cm width in the caudal pole. The right adrenal gland measured 0.57 cm width in the caudal pole.

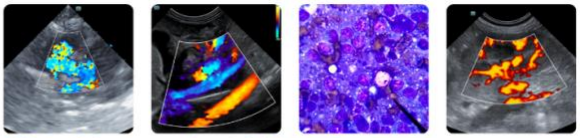
Spleen

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 with asymmetrical hepatic capsule contour. 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. A mildly expansive mixed echogenic to nonhomogenous caudate intraparenchymal mass was visualized measuring approximately 4.0 cm in diameter. Possible concurrent indistinctly visualized isoechoic to nonhomogenous left intraparenchymal mass was visualized measuring 5.4 cm.

The gallbladder was non distended in size with moderate nonorganized nondependent to dependent 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. Nonshadowing gastric ingesta was present.

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

Primary Findings

- Moderate to variable chronic renal changes exhibiting subnormal right kidney size with mild pyelectasia.
- Mildly enlarged caudal left adrenal gland.
- Hepatopathy with caudate lobe and possible left caudal intraparenchymal masses.
- Nonorganized gallbladder debris (non-mucocele).
- Minor urine sediment.

Secondary Findings

- Normal small intestine with gastric ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinary work up including urinalysis, culture/sensitivity and UPC level for renal staging is recommended. Assuming normal clotting status and if accessible, hepatic mass FNA cytology is warranted for further clarification. Adrenal screening if clinical signs are consistent with Cushing's syndrome and in conjunction with thrombocytosis may be considered. Monitoring of systemic BP given mildly enlarged caudal left adrenal gland and chronic nephropathy is recommended. Hepatorenal support with clinical and sonographic monitoring would be a more conservative approach.

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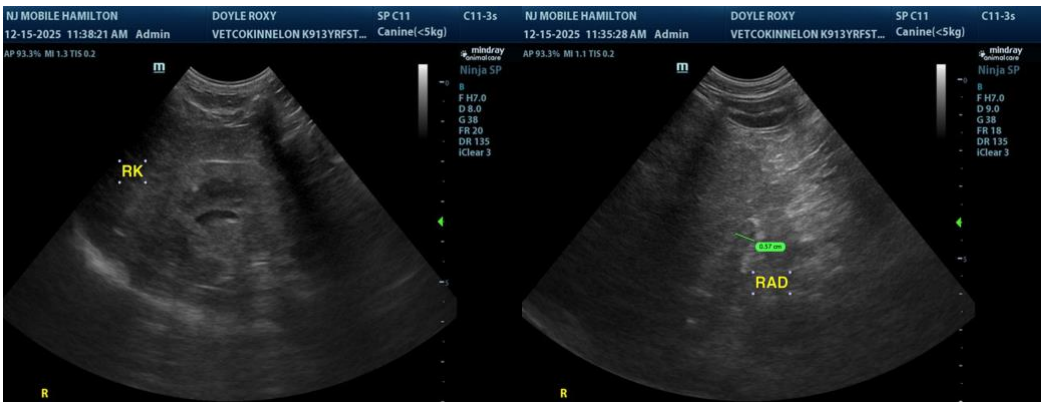

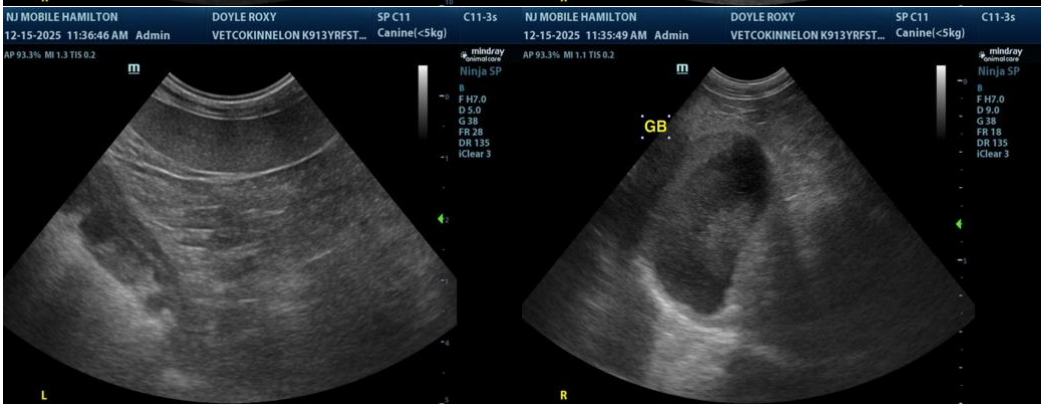

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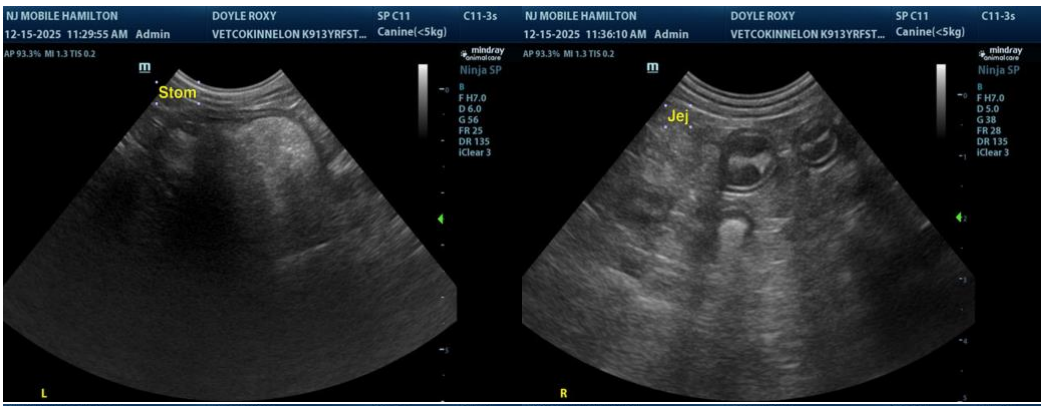

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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