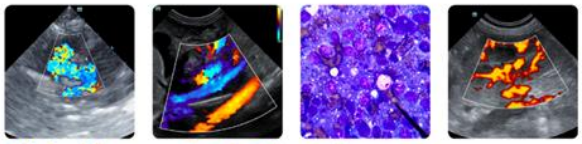


PATIENT

Princess Wisniewski

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

11yr

WEIGHT

16.44lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr Readdy

INVOICE
22328

DATE
12/23/2025

PRESENTING CLINICAL SIGNS

- Abdominal ultrasound due to rising liver enzymes over the past 2 years - P is on Denamarin daily - Rare episodes of vomiting do occur, no diarrhea

Abnormal PE/Chem/CBC/UA Results: 11/2023 - ALT - 212, ALKP - 193, GGTP - 15 12/17/2025 - TP - 7.7, Globulin - 3.9, ALT - 541, ALKP - 1516

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. Bilateral areas of mild medullary mineral were present. A right kidney craniomedial infarct was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly prominent at the cauda pole with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, exhibiting subjective borderline prominent caudal pole. The right adrenal gland subjectively measured 0.64 cm in width.

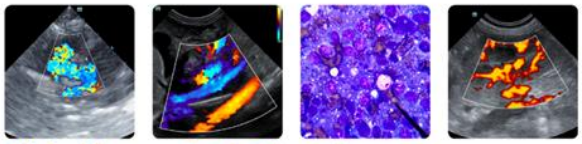
Spleen

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 mildly enlarged. 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 solitary, subtle hypoechoic non-capsule deforming nodule was present in the caudal liver measuring 1.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The pylorus contained mild non-shadowing ingesta sonographically suggestive of food echogenicity 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 mechanical/metabolic 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. A mildly complex to multi-chambered pancreatic cyst was present in the area of the pancreas base, measuring 3.6 cm in diameter.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

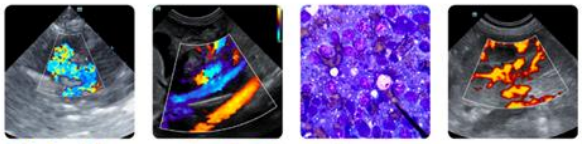
Primary

- Mildly enlarged non-homogenous liver with subtle intra-parenchymal nodule
- Normal gallbladder
- Pancreatic remodeling with pancreatic cyst
- Mild chronic renal changes exhibiting mild medullary mineral and right kidney cortical infarct
- Borderline prominent adrenal glands
- Sonographically normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific the hepatopathy is most suggestive of benign criteria i.e. vacuolar changes, inflammatory disease, hyperplasia, fibrosis, non-obstructive cholestasis or similar with hepatic neoplasia thought less likely. Further assessment may include assuming normal clotting status, hepatic FNA cytology and if clinical signs consistent with adrenal disease, adrenal screening or LDDST.

If the patient is non-clinical, continued hepatosupportive medications and monitoring would be reasonable. A spec CPL could be considered if previous or current clinical signs suggestive of chronic pancreatitis are present. Correlation with UA is recommended.



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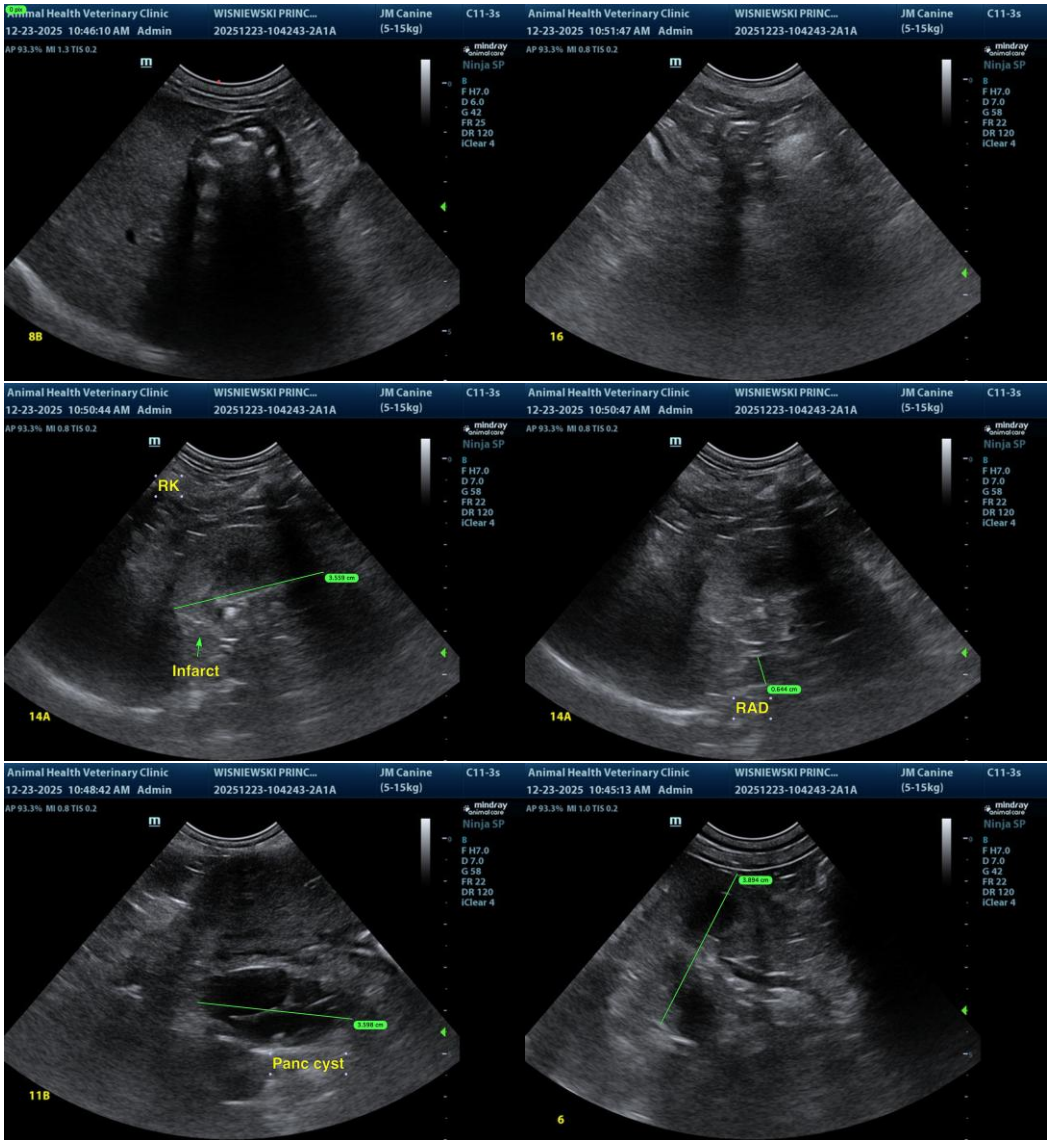

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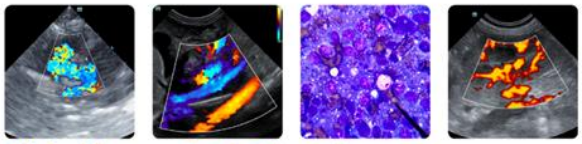

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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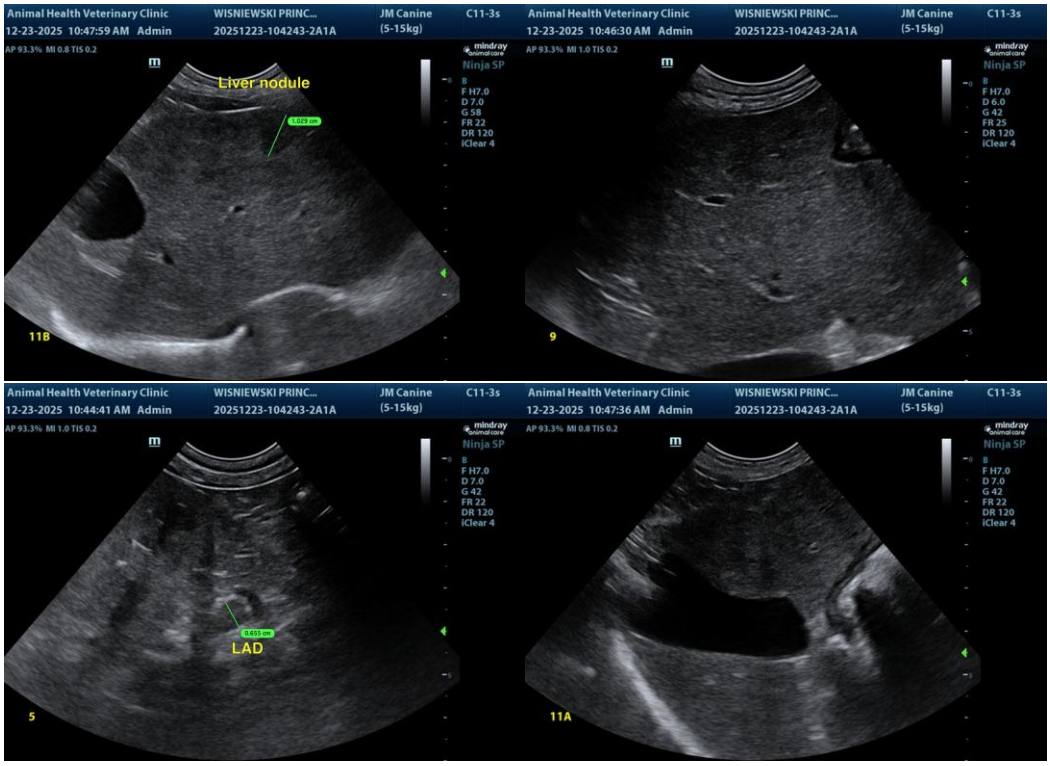

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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