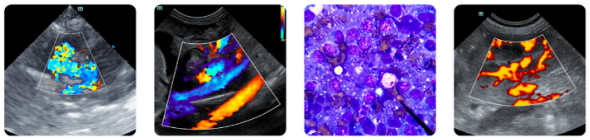

PATIENT

Kenzie Schupp

SPECIES

Canine

BREED

Scottish Terrier

SEX

Female Spayed

AGE

8y

WEIGHT

24.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

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INVOICE

13297

DATE

3/18/26

PRESENTING CLINICAL SIGNS

History:

- Chronic isosthenuria with extensive previous workup including negative Cushing's workup and negative urine culture
- Persistent polycythemia with elevated red blood cell count for the past year

Abnormal PE/Chem/CBC/UA Results: ALT 556 ALKP 747 RBC 9 Urine specific gravity 1.010 Protein 1+

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. 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 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. The left kidney exhibited a small caudal corticomedullary border cyst The left kidney measured 5.0 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

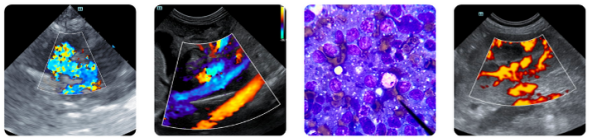
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width 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 was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was moderately remodeled and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mildly non-homogeneous, hypoechoic intraparenchymal cyst mid liver adjacent to the gallbladder was present measuring 1.1 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized 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 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 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

- Non-homogeneous focally nodular liver
- Non-organized gallbladder debris (non-mucocele)
- Age-related kidneys with small left kidney cyst
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with chronic hepatopathy criteria with considerations including chronic idiopathic or breed associated vacuolar hepatopathy, inflammatory disease, hyperplasia, fibrosis, non-obstructive cholestasis or other with hepatic neoplasia thought less likely yet not excluded. Further assessment may include, FNA cytology assuming normal clotting status and bile acid profile to assess hepatic functionality. Hepatic core surgical biopsy required for definitive diagnosis. Continued hepato-supportive medications may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

https://sonopath.com/services/sonopath-ct-services

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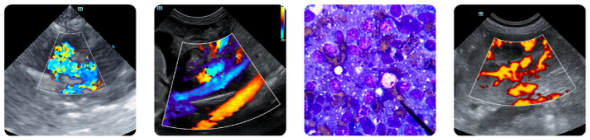

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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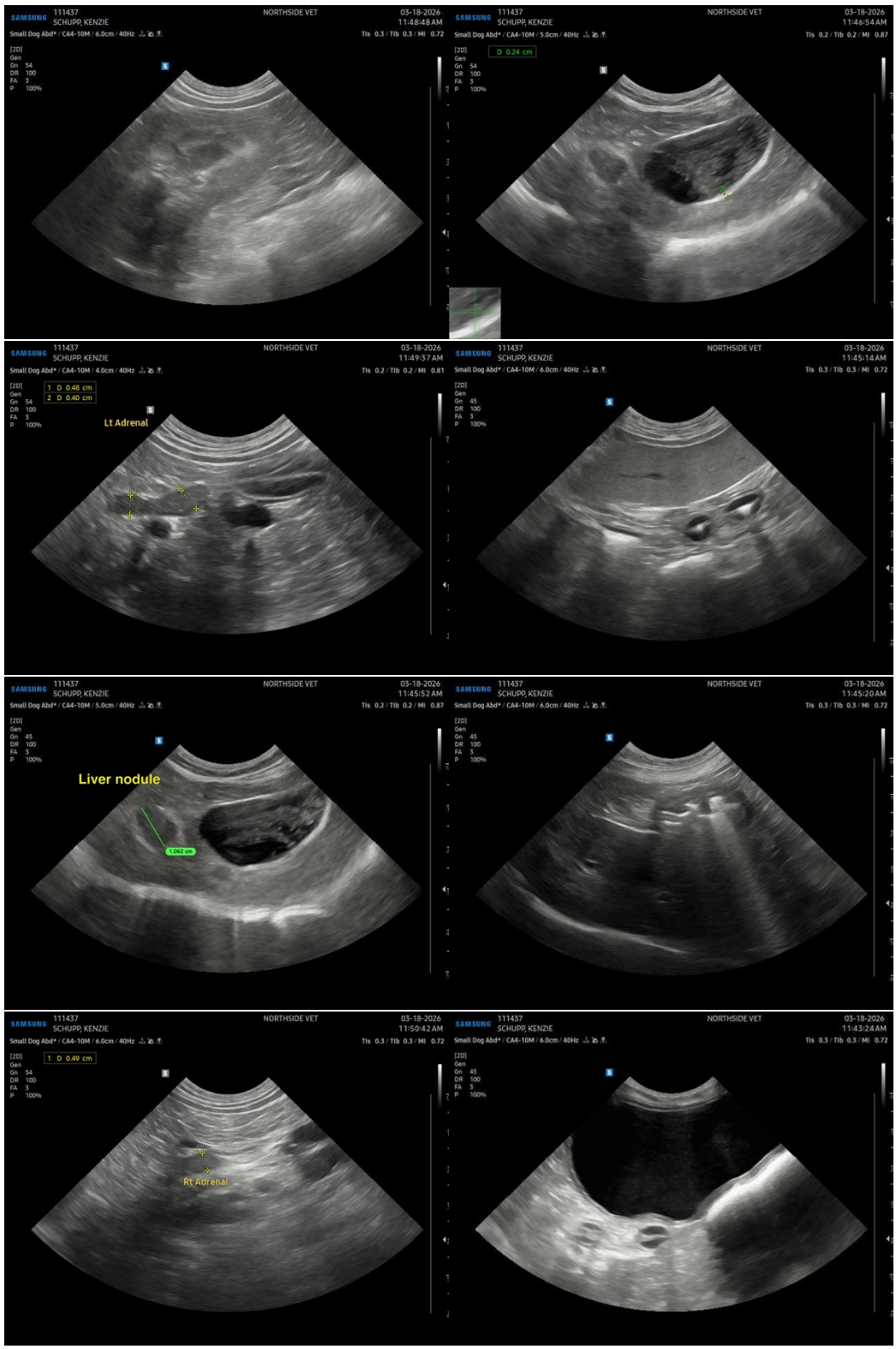

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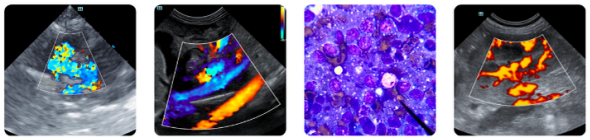

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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