



PATIENT

Bleu Dembosz

SPECIES

Canine

BREED

Husky Mix

SEX

Spayed Female

AGE

11 Years 8 Months

WEIGHT

50 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookwood Animal
Clinic LLC

REFERRING VET

Dr. Mariah Mountanos

INVOICE

14615

DATE

03/24/26

PRESENTING CLINICAL SIGNS

Submitted study was limited with images primarily focused on the liver, spleen and kidneys.

- Hx of ALP/ALT elevations
- Hx of urinary incontinence - per Os did poorly on proin - infrequent so want to monitor for now - next step DES

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 363 12-118 IU/L HIGH ALK PHOS 895 5-131 IU/L HIGH CALCIUM 11.9 8.9-11.4 mg/dL HIGH

LIMITED ULTRASONOGRAPHIC EXAMINATION

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 5.2 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 0.52 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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 presented subjective mildly 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 hyperechoic mineralized nonobstructive gallbladder debris. The common bile duct was not visualized.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Nonobstructive mineralized gallbladder debris- not consistent with mature mucocele.
- Normal left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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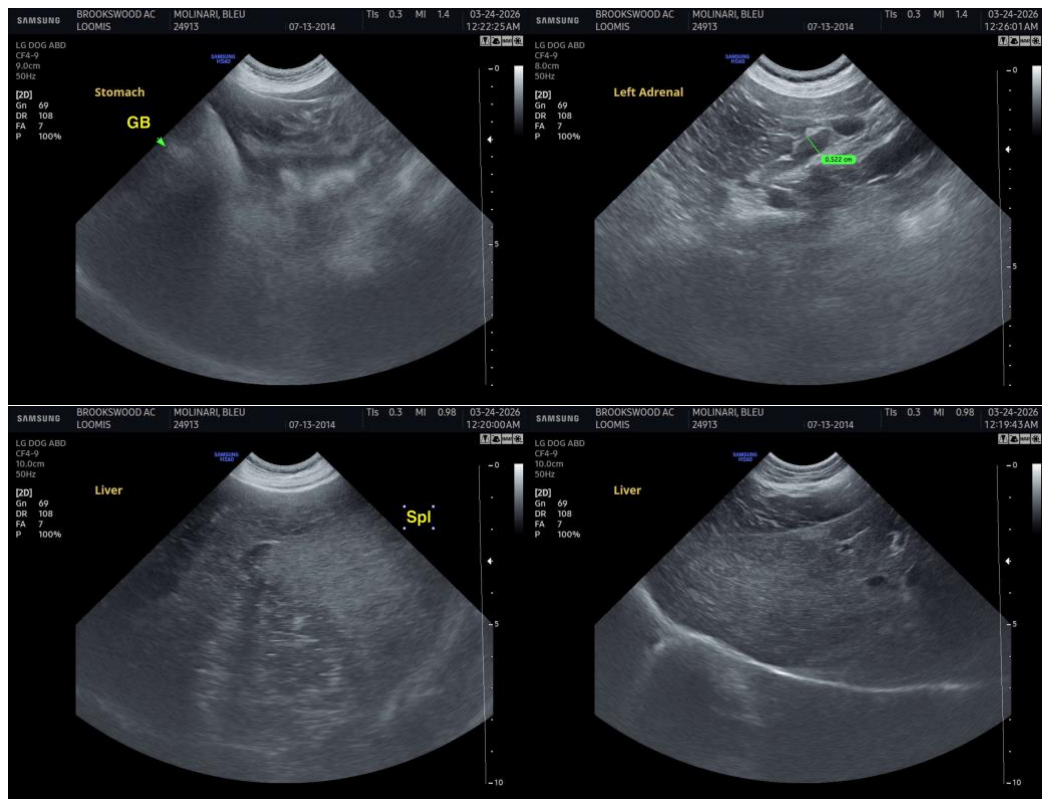
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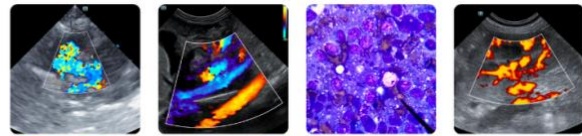
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The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e. copper), other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Sonographic monitoring or reassessment of the gallbladder is indicated if evidence of progressive cholestasis. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy likely required for definitive diagnosis. Adrenal disease is considered unlikely given normal left adrenal gland presentation and if clinical signs consistent with Cushing's syndrome are not present.





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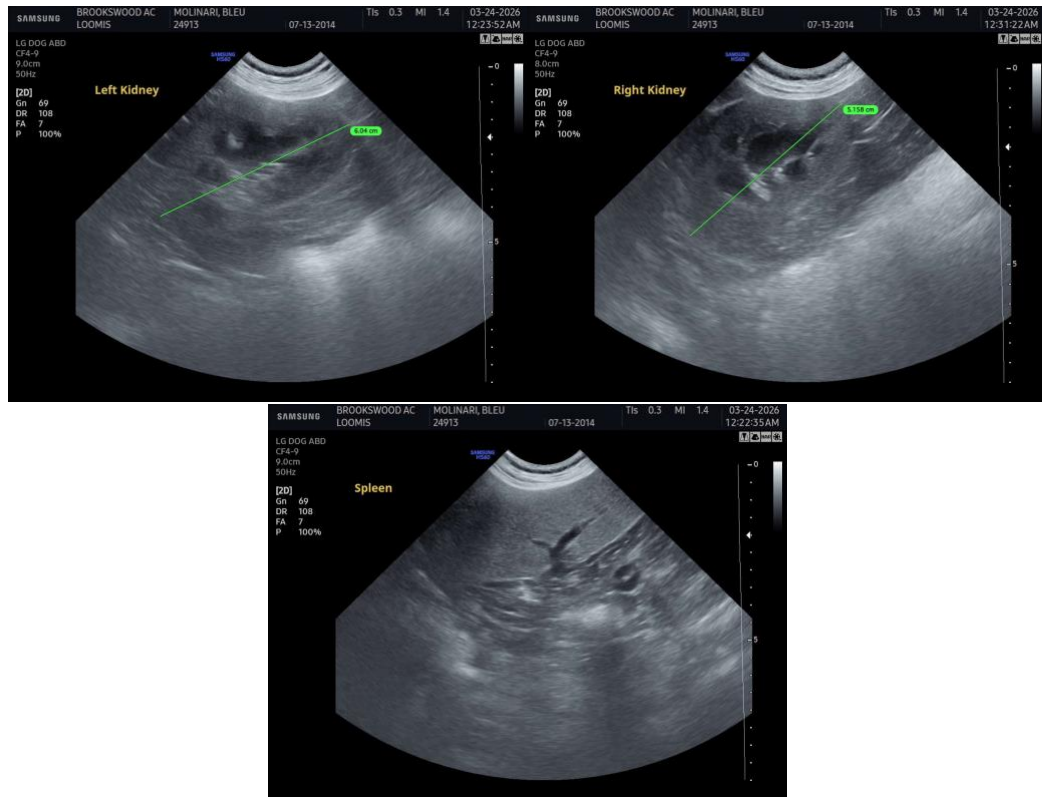
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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