



## PATIENT

Nova Gerenscer

## SPECIES

Canine

## BREED

Mixed Breed

## SEX

FS

## AGE

9 years

## WEIGHT

32 kg

## PRESENTING CLINICAL SIGNS

Patient has hx of protein losing nephropathy and mitral valve disease, as well as persistently elevated ALKP. BP and proteinuria controlled with telmisartan and benazepril, but recent labwork shows increasing proteinuria.

Patient is doing well clinically. Owner has been holding off switching to renal diet. Had u/s 2 years ago (not through sonopath) that showed renal changes. U/s was recommended to look for other contributing causes to the proteinuria.

Abnormal PE/Chem/CBC/UA Results: Heart murmur Worsening proteinuria Elevated ALKP Isosthenuria

## 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. Mild, nondependent, particulate 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. Mildly thickened cortex was noted with adequate medullary volume. Mild to moderate loss of corticomedullary symmetry and definition was present which is expected for the age of the patient. Pinpoint areas of medullary mineral were noted. No evidence of pelvic dilation was present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 6.3 cm in length. The right kidney measured 7.4 cm in length.

### *Adrenal Glands*

Both adrenal glands were indistinctly visualized, exhibiting bilateral mild adrenomegaly, symmetrical contour, and non-mineralized parenchyma. The left adrenal gland subjectively measured 0.82 cm width at the caudal pole. The right adrenal gland subjectively measured 0.82 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/ Gallbladder*

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

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Abby Gerenser

## HOSPITAL NAME

Abby Road  
Veterinary

## REFERRING VET

Abby Gerenser

## INVOICE

10907

## DATE

5/26/26



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was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild, nonshadowing ingesta without signs of 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 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.

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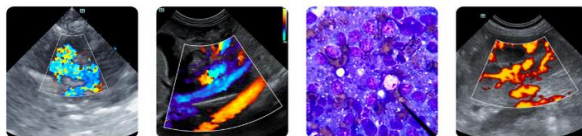
## ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Nonspecific chronic renal changes
- Subjective bilateral mild adrenomegaly
- Hepatopathy – subjective benign, suggestive of vacuolar / cholestatic hepatopathy given ALP elevation
- Mild nonorganized gallbladder debris (non mucocele)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal screening or workup is indicated if clinical signs consistent with Cushing's Syndrome are noted in conjunction with probable vacuolar hepatopathy pattern and subjective mild bilateral adrenomegaly. There is no obvious evidence of neoplastic criteria.

In addition to continued PLN therapy, hepatosupportive medications, including Denamarin and Ursodiol, if tolerated, may prove beneficial. As-needed sonographic monitoring is indicated if progressive hepatopathy or proteinuria are present.



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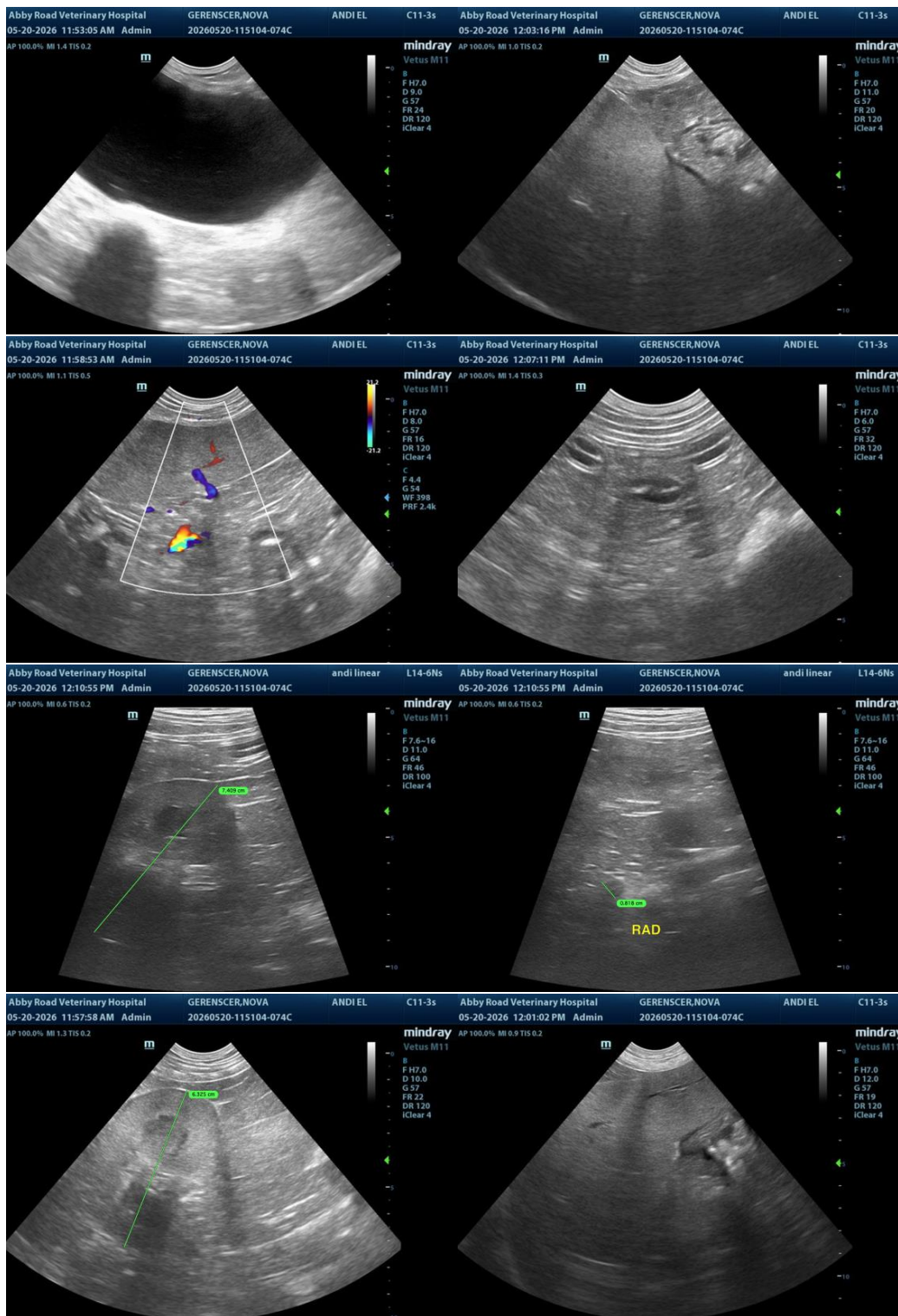
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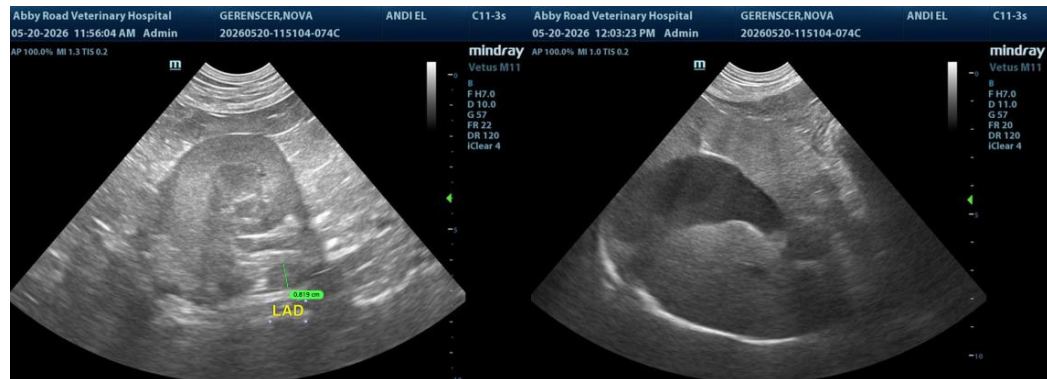
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)