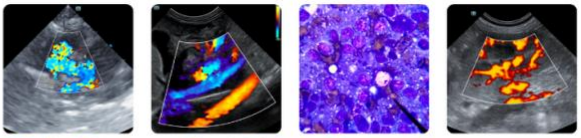

PATIENT

Mia Koenig

SPECIES

Canine

BREED

Coonhound Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

87 Pounds

INTERPRETED BY

Tam Mengine DVM, DABVP (Canine/Feline Practice)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Scaglione

INVOICE

36752

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Anorexia/ hyporexia
Abdomen mildly tense, rads- hepatomegaly, possible mass effect, hx of proteinuria, AFAST hyperechoic nodule on spleen
Current meds: Omeprazole, Entyce PRN, Meloxicam, Enalapril
Abnormal PE/Chem/CBC/UA Results: PLT 436, SDMA 18, Creat 1.2, BUN 33, K+ 5.6, ALT 129, ALP 1936, Lipase 1300 UPC 6.3, USG 1.023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm.

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 7.0 cm in length. The right kidney is 8.1 cm in length.

Adrenal Glands

Both adrenal glands are diffusely mildly enlarged and of normal echogenicity. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 8.7 mm at the cranial pole and 9.8 mm at the caudal pole. The right adrenal gland height is 8.3 mm at the cranial pole and 1.0 cm at the caudal pole

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with rounded margins and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with ingesta. The gastric wall is 3.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.0 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely hyperechoic rounded liver, consistent with nonspecific hepatopathy

Secondary Findings

- Bilaterally mildly enlarged adrenal glands
- Bilateral chronic renal changes
- Hyperechoic splenic nodules, consistent with incidental myelolipomas
- Gallbladder wall polypoid hyperplasia, which is an incidental finding in older dogs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver and elevated ALP are consistent with a reactive hepatopathy. The following next steps are recommended:

- Screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed. Hyperlipidemia has also been associated with protein losing nephropathy, which may be applicable for this patient.
- Testing for Cushing's disease is recommended only if clinical signs support the diagnosis, otherwise a false positive result may be obtained.
- Serial chemistry screens, at 3-6 month intervals, are recommended. As long as all other liver laboratory values are normal, then a clinically significant hepatopathy is highly unlikely. However, if ALT or TBili become elevated, then bile acid testing, liver support supplements such as SAMe, milk thistle and ursodiol, as well as recheck ultrasound would all be recommended.

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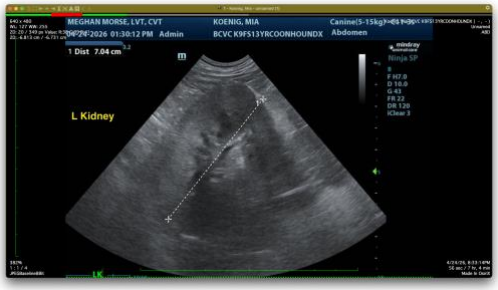
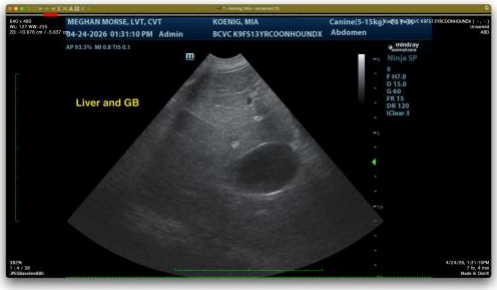
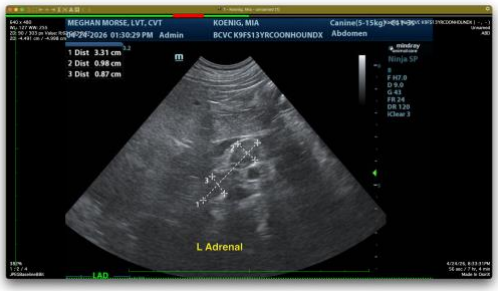
- Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Fine needle aspirate for cytology could also be performed but is less likely to yield a definitive diagnosis.

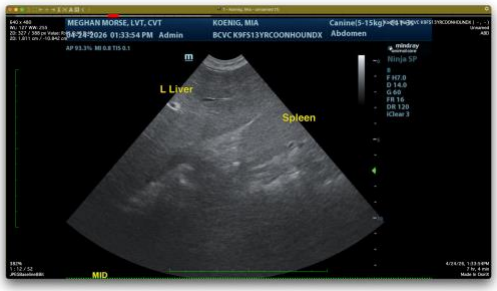
The mildly enlarged adrenal glands are more typical of benign hyperplasia than hyperadrenocorticism. If symptoms of Cushing's disease are present, then testing would be indicated, but in the absence of clinical signs, testing is not indicated.

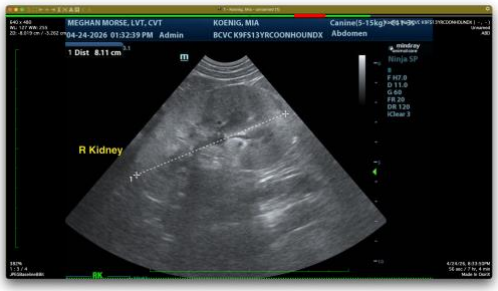
The appearance of the kidneys is typical of chronic degenerative change. Renal biopsy would be needed to definitively determine the cause for the proteinuria. Treatment for proteinuria in accordance with IRIS guidelines is recommended. Blood pressure measurement is also recommended if not already performed.

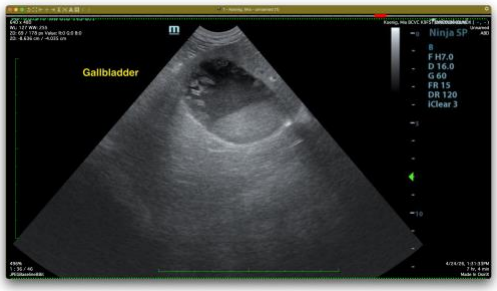












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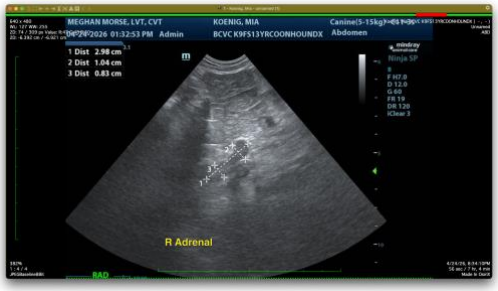

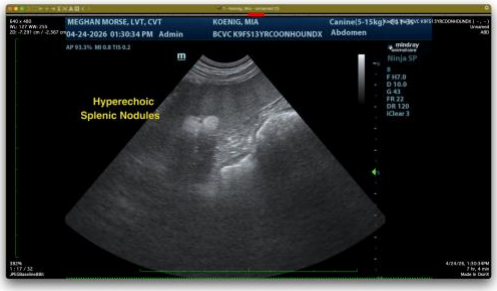

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com