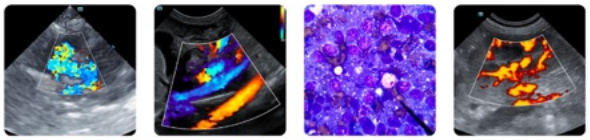


PATIENT

Eve Boyd

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

13 years

WEIGHT

69.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Steinberg

INVOICE

78360

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Hx of ALT elevation, hematuria; inappropriate urine concentration. Hx of completely excised hepatic carcinoma Sept 2025
- O opts for US to screen for bladder/renal pathology and CXR
- P was fasted for US scan, no sedation needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 6.32×3.43 cm, with a cortical thickness of 0.60 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

The right kidney is normal in shape and size: 6.51×3.28 cm, with a cortical thickness of 0.64 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.56 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measures 0.61 cm at the cranial pole and 0.60 cm at the caudal pole.

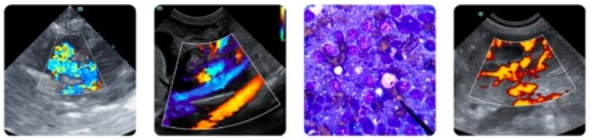
Spleen

Splenic thickness is 2.07 cm. The parenchyma is overall homogeneous with normal echogenicity. A small, well-defined hypoechoic focus measuring approximately 0.25 × 0.31 cm is identified. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin. The contents are predominantly anechoic with a mild to moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 3.44 mm and preserved wall layering. The pylorus measures 4.99 mm. The duodenum measures 2.81 mm. The jejunum measures 3.03 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.92 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild to moderate biliary sludge.
- Small focal hypoechoic splenic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appears normal, with no ultrasonographic evidence of a structural source for the reported hematuria. In this context, a lower urinary tract source cannot be identified on ultrasound, and further evaluation may be required if clinical signs persist.

The liver is sonographically normal, with no evidence of focal lesions, nodular change, or metastatic disease. This is clinically relevant given the history of previously excised hepatic carcinoma, and no ultrasonographic evidence of recurrence or metastasis is identified on this study. The biochemical changes (marked ALP elevation with only mild ALT increase) are therefore most consistent with a functional or cholestatic process rather than structural hepatic disease. Mild to moderate biliary sludge is present, which may reflect biliary stasis, particularly in older patients, and could contribute to the cholestatic enzyme pattern. However, there is no evidence of biliary obstruction.

A small, focal hypoechoic splenic lesion is identified. Given its size and appearance, this is most likely incidental (nodular hyperplasia or benign change), although clinical significance is considered low in the absence of additional findings.

Recommendations

- Given persistent hematuria without an identified ultrasonographic source, further evaluation is recommended, including cystocentesis urinalysis and urine culture if clinical signs persist.
- No evidence of recurrence of hepatic neoplasia. Continued routine monitoring is appropriate given history and enzyme elevation.

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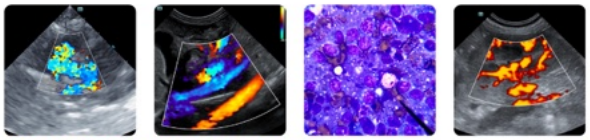

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Educational Teleconsultation Services™

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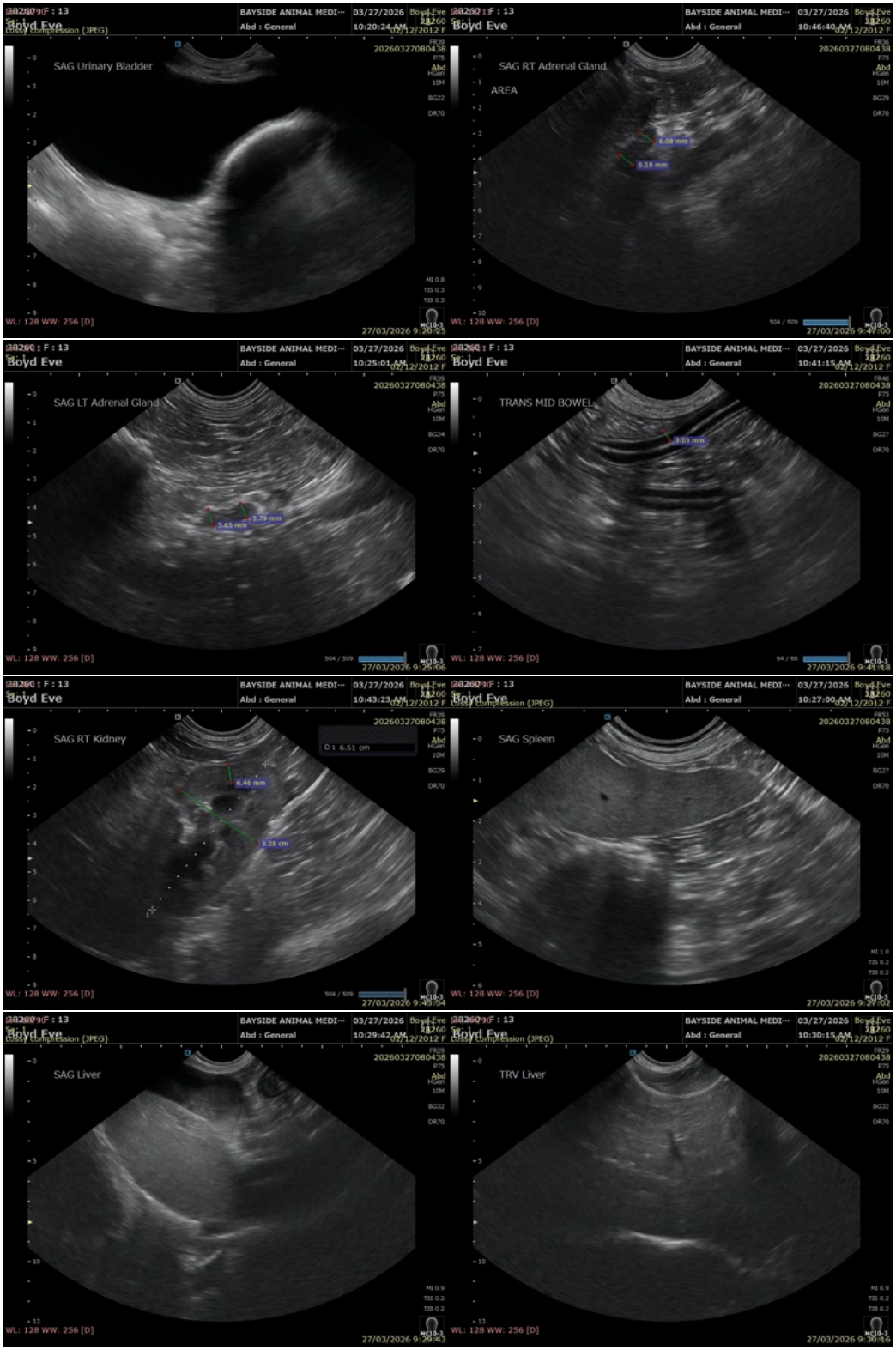

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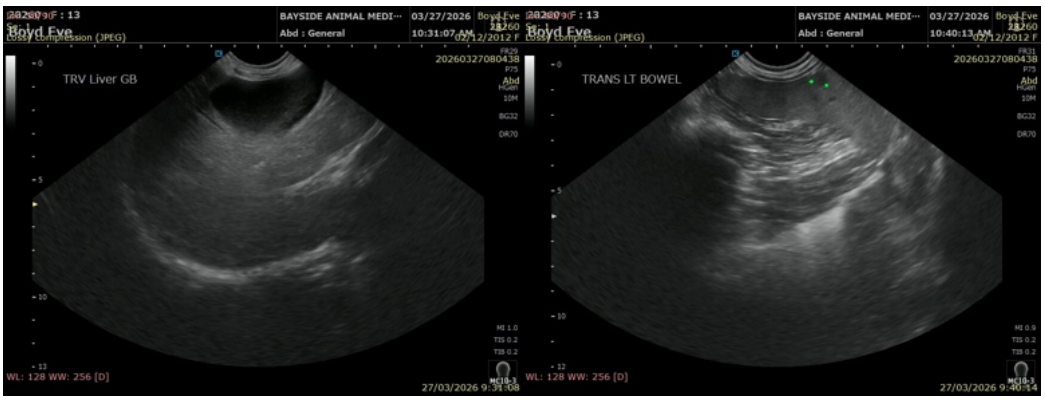

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com