



PATIENT

Tucker Fink

SPECIES

Canine

BREED

Golden Doodle

SEX

MN

AGE

11yr

WEIGHT

56.3lb

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore

REFERRING VET

Regan Franko

INVOICE

24756

DATE

05/08/2026

PRESENTING CLINICAL SIGNS

History: annual exam, needs dental, elevated LE on bloodwork
clinically doing well

Abnormal PE/Chem/CBC/UA Results: ALP 767 ALT 157 overweight moderate periodontal
disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.02×3.43 cm, and the thickness of the cortex is 0.80 cm in the sagittal plane.

The right kidney is normal in shape and size: 6.43×3.60 cm, and the thickness of the cortex is 0.80 cm in the sagittal plane.

Both kidneys: The renal cortices demonstrate normal echogenicity. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland is partially visualized and measures 0.51–0.52 cm, which is within normal limits for a dog of this size. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 1.99 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively enlarged, with rounded edges and a regular contour. The hepatic parenchyma is isoechoic relative to the falciform fat and demonstrates a coarse, mildly heterogeneous echotexture. Multiple homogeneous hyperechoic nodules are present throughout the hepatic parenchyma, the largest measuring 2.27×2.68 cm. No hepatic lymphadenopathy is observed.

Gallbladder



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The gallbladder lumen is normally distended. The wall is thin and the contents are predominantly anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal Tract

The stomach is empty and folded, with gastric mural thickness measuring 3.39 mm and preserved wall layering.

The pylorus measures 6.59 mm in wall thickness. The duodenum measures 3.71 mm and the jejunum measures 3.61 mm in wall thickness, both with preserved wall layering.

No evidence of gastrointestinal obstruction, focal mural mass lesion, inflammatory change, ileus, or foreign material is identified.

The colon measures 1.52 mm in wall thickness and contains formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions 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 is normal.

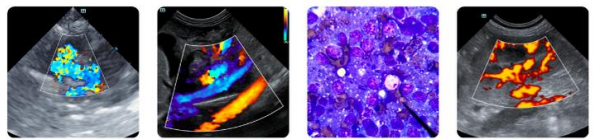
PRIMARY FINDINGS

- Hepatomegaly with coarse mildly heterogeneous hepatic echotexture.
- Several homogeneous hyperechoic hepatic nodules, the largest measuring 2.27×2.68 cm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver demonstrates hepatomegaly with coarse mildly heterogeneous parenchyma and homogeneous hyperechoic nodules. In an older dog with chronically increased liver enzymes and no clinical signs of hepatobiliary disease, these findings are most compatible with benign chronic hepatocellular change such as nodular hyperplasia, hepatocellular vacuolar change, chronic steroid hepatopathy, and/or chronic degenerative/fibrotic remodeling. The homogeneous hyperechoic appearance and lack of associated invasive features or abdominal lymphadenopathy decrease concern for aggressive hepatic neoplasia at this time, but ultrasound cannot definitively differentiate benign nodular hyperplasia from well-differentiated primary hepatic neoplasia.

No ultrasonographic evidence of biliary obstruction, clinically significant gallbladder disease, pancreatic disease, or metastatic abdominal disease is identified.



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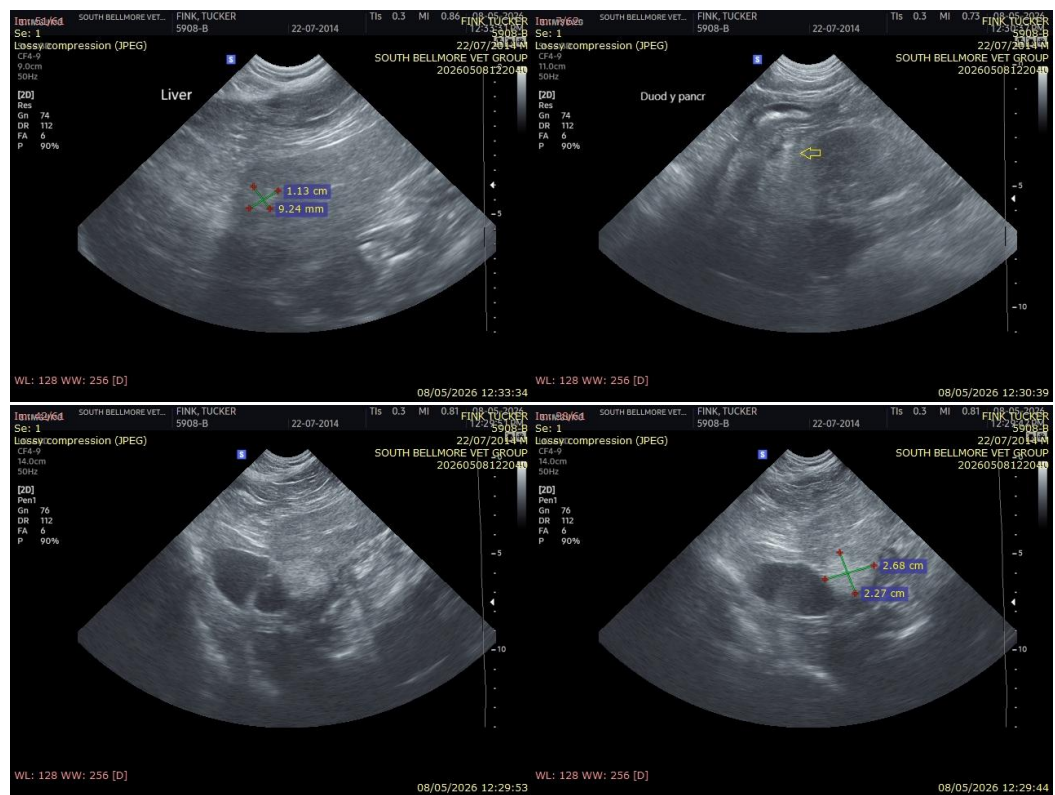
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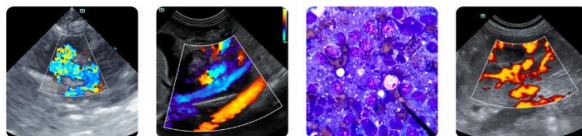
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Recommendations

- Given the chronic and progressive ALP elevation, medical management/support for chronic hepatopathy may be considered if not already instituted.
- Correlation with serial liver enzyme trends and clinical status is recommended.
- If definitive characterization of the hepatic nodules is clinically desired, ultrasound-guided fine-needle aspiration or biopsy could be considered.
- Periodic monitoring with repeat abdominal ultrasound and serum biochemistry is reasonable.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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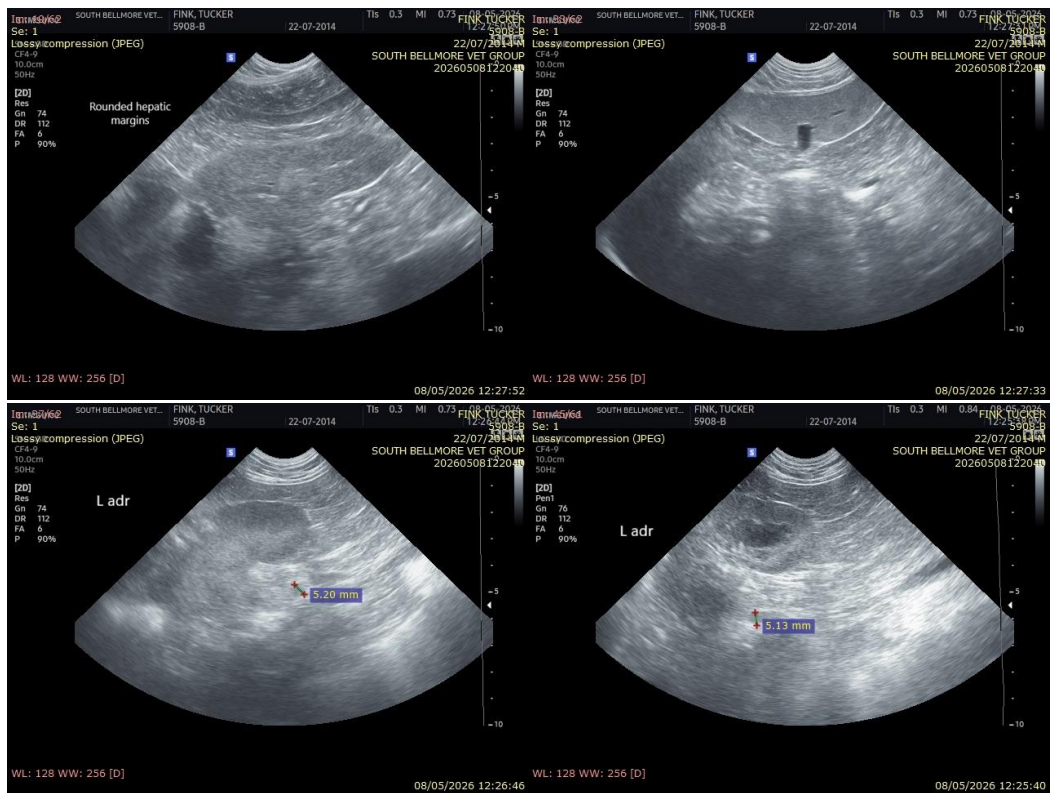
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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