



PATIENT

Yogi Centauro

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

59 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Santo

INVOICE

73560

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea for past week, on Afast- hyperechoic nodule present on liver. Vomited underwear on Saturday.

Abnormal PE/Chem/CBC/UA Results: Lipase -536

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is not visible.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 6.43 cm. Right kidney measures 6.74 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 3.07 cm in length x 0.68 cm at the caudal pole and 0.85 cm at the cranial pole. Right measures 2.29 cm in length x 1.03 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively slightly enlarged. Parenchyma has diffuse hypoechoic variably sized nodules, with the largest measuring 3.7 cm x 1.8 cm. There are no distinct masses seen.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach appears non-distended. There are some views where there is complete acoustic dropout, concerning for possible gastric foreign material. Wall layering is normal. There are no masses or abnormal thickening seen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.



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Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

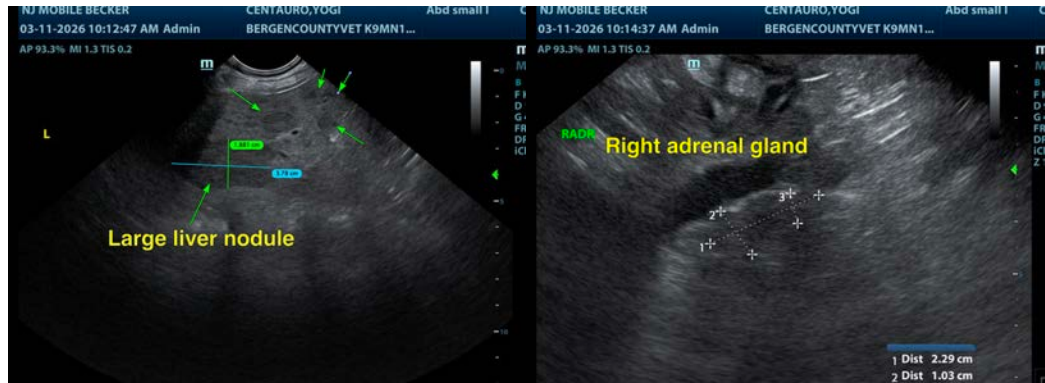
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic nodules.
- Shadowing material in the stomach, possible gastric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In some views there is complete acoustic dropout within the stomach concerning for possible gastric foreign material, especially given patient's clinical signs. Abdominal radiographs may be of use to further visualize gastric contents. If there remains a concern for gastric foreign material, endoscopy could be considered. The shadowing could also recommend benign material such as hair, accumulation of plant debris, or could be an unusual manifestation of a small amount of food coupled with gas shadowing, though it does not have the typical appearance of ingesta or gas shadowing.

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). They are likely at least partially chronic in nature but may represent an acute on chronic hepatopathy. Evaluation of a bile acid profile is recommended to further define the degree of liver dysfunction. Liver FNA is recommended to further characterize parenchymal changes. Ultimately liver biopsy is often required for more definitive diagnosis.





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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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