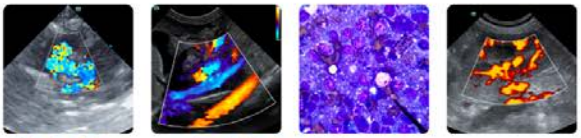

PATIENT

Rudyturtle Chapman

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

14 Years 5 Months

WEIGHT

84 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Halloran

INVOICE

72265

DATE

1/15/26

PRESENTING CLINICAL SIGNS

VPC's on pre sedation ECG. Clinically pt doing ok- biggest issue has been mobility. O thinks hes been weaker in the last week. HC of variable liver values- prev. AUS showed moderate hepatic remodeling in May 2025. Liver values most recent are normal.

Abnormal PE/Chem/CBC/UA Results: ALP-1040 ALt normal HCT-40.9 PLT 440 T4-1.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Similar to prior sonogram. Left kidney measured 7.07 cm. Right kidney measured 7.4 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed persistent mixed echogenic changes with some remodeling, similar to the prior sonogram. Occasional isoechoic nodular change noted yet not likely a clinical issue. The right crania liver revealed a particularly hyperechoic nodule measuring 3.6 cm with mild disruption of architecture. Minor congealed bile noted in the gallbladder.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

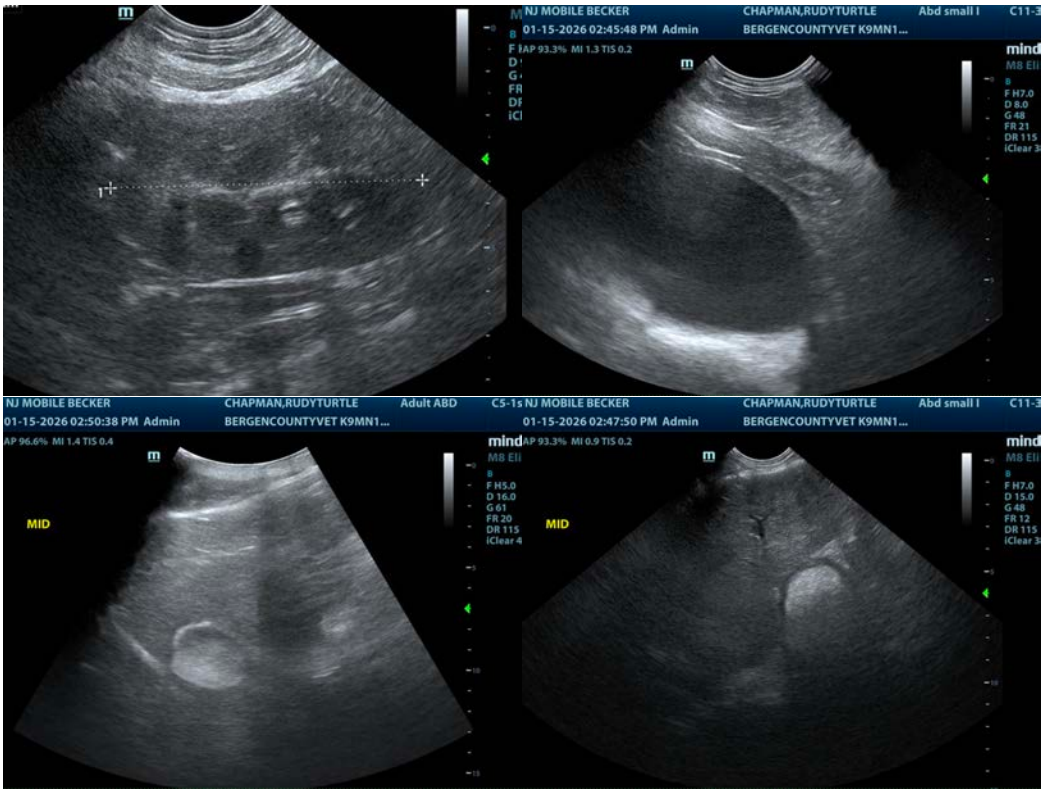
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and nodule – hyperplasia versus potential low-grade carcinoma.
- Age related renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered. However, these are likely benign changes. Bile acid profile could be considered to assess for early hepatic dysfunction that may be playing a role in the clinical signs. However, there is no overt evidence of abdominal disease playing a direct role in the clinical history. Sedation would be necessary for full visualization of the adrenal glands, given body conformation and tension.



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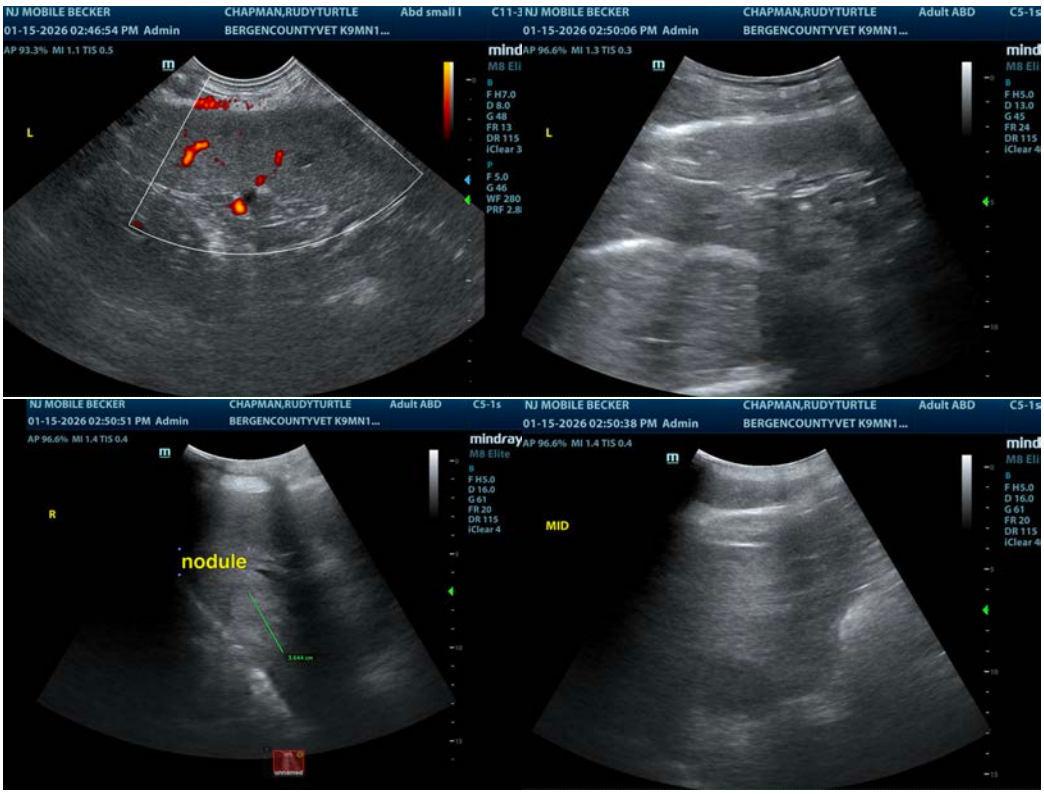

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com