



PATIENT

Keyla Karp

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

56 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Feldt

INVOICE

70971

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Keyla is a 12yo SF presenting for an evaluation of a mass near the groin area noticed by owner on Saturday. There are also two growths on the inside of the back right and left leg, that have grown in size. Owners have noted increased licking of the warts.
- - 1 cm ulcerated mass on the medial aspect of the right rear leg above the hock - licking it constantly - 1.5 cm wart on the left medial metatarsal area. - Multiple additional warts/sebaceous adenomas - 2/6 left sys murmur - Hepatomegaly CBC WNL Chem Gluc 123 - r/o stress BUN 32 - r/o GI, less likely renal Creat WNL 0.9, SDMA WNL 10 ALT 602 (was 95 8/2025), Alk Phos 3791 (was 1046 8/2025) - r/o progression of liver neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Microcystic cortical changes were noted. The left kidney measured 6.8 cm. The right kidney measured 6.9 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The **left adrenal gland** was visualized obliquely and measured 0.6 cm. The **right adrenal gland** was recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.7 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Attenuating sound beam and hyperechoic parenchyma was noted. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

The **stomach** revealed a large amount of luminal gas. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

Subjectively benign hepatopathy.

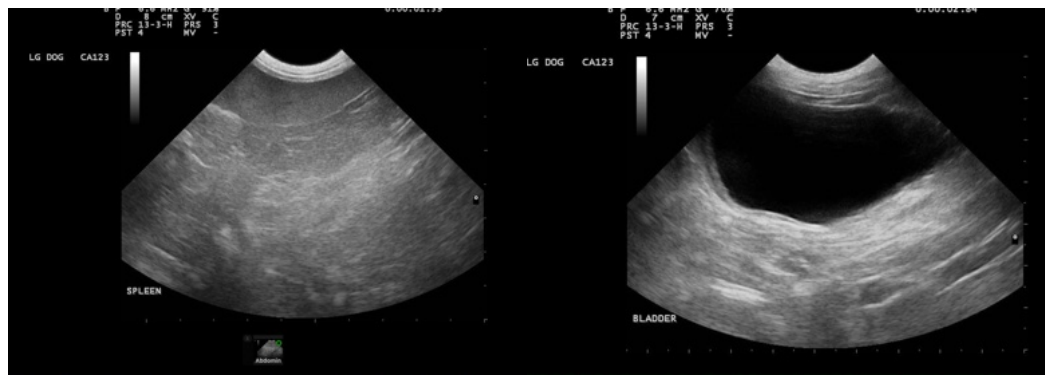
Age related renal changes.

Large amount of luminal gastric gas.

Spleen folded upon itself.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of metastatic disease. FNA of the liver is indicated given the ALT and ALKP elevations, yet subjectively appears benign and is consistent with metabolic hepatopathy.





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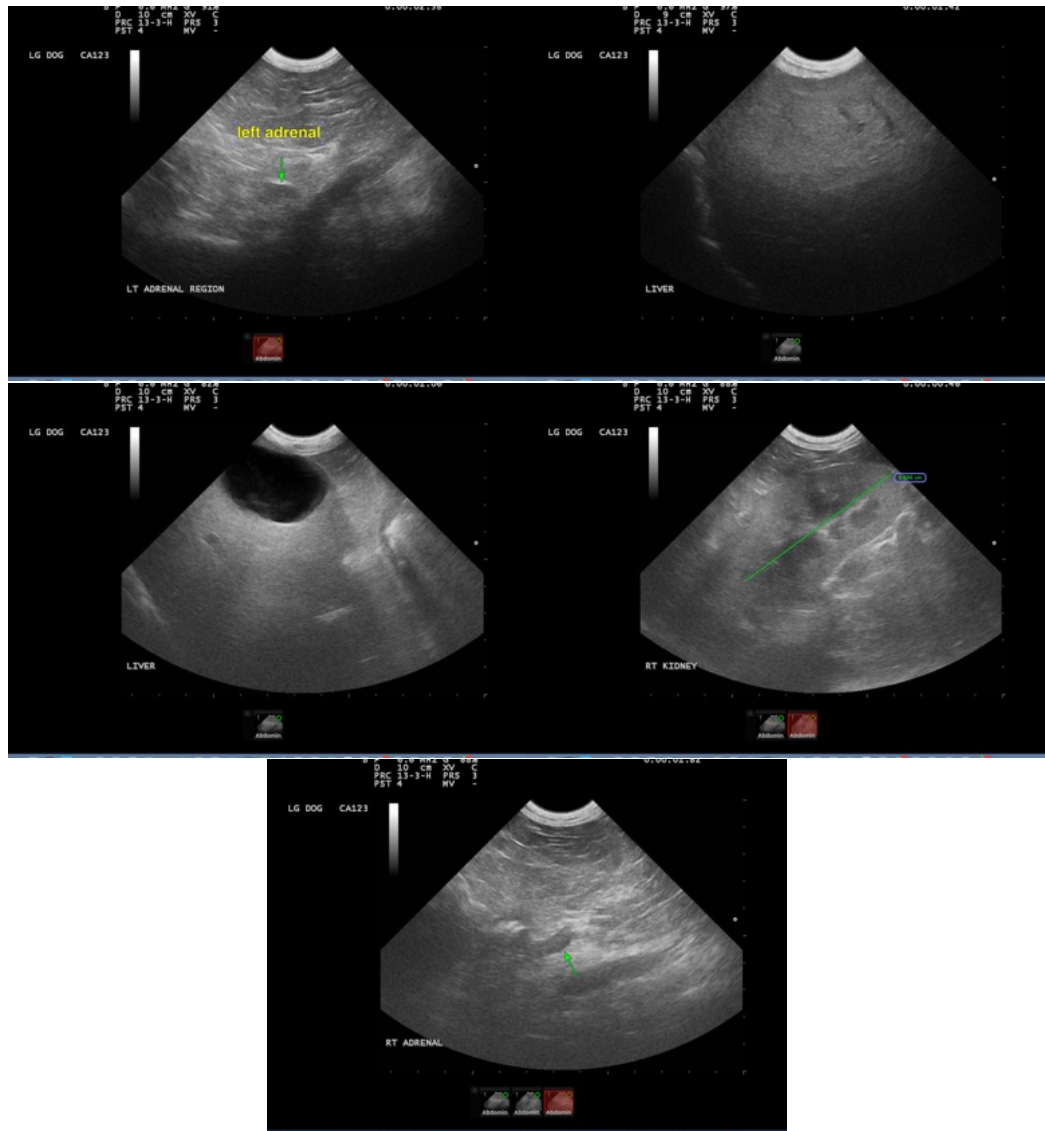
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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