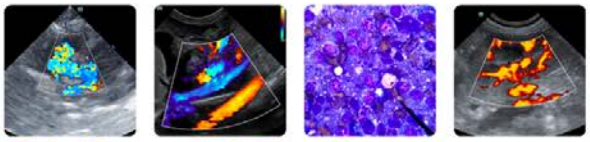

PATIENT

Ruby Rosario

SPECIES

Canine

BREED

Basset Hound

SEX

Male

AGE

16 Years

WEIGHT

39 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kimberly Carrion Rivas

HOSPITAL NAME

Consultorio Veterinario las Brisas

REFERRING VET

Dr. David Trautmann

INVOICE

72821

DATE

12/29/25

PRESENTING CLINICAL SIGNS

The patient has recently been experiencing elevated liver and kidney function tests. A change in diet and supplements was implemented, but his owners want to make sure there is not anything else that is causing theses changes. The patient previously had their spleen removed due to a mass present in it. No biopsy was performed at that time.

Abnormal PE/Chem/CBC/UA Results: ALP: 158 ALT: 123 BUN: 64 CRE: 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a trace amount of sand, non-obstructive at the time of the sonogram. The bladder wall and proximal urethra were unremarkable.

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. The left kidney measured 5.5 cm with trace pyelectasia noted. The right kidney measures 4.9 cm with an anechoic cyst or nodule at the caudal cortex measuring 0.75 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The region of the **splenic fossa** was unremarkable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Macronodular changes noted throughout the liver, non-disruptive. FNA indicated for further definition. Increased portal markings noted. An anechoic cyst was noted in the right cranial liver measuring 1.4 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Large amount of upper GI gas noted. 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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain

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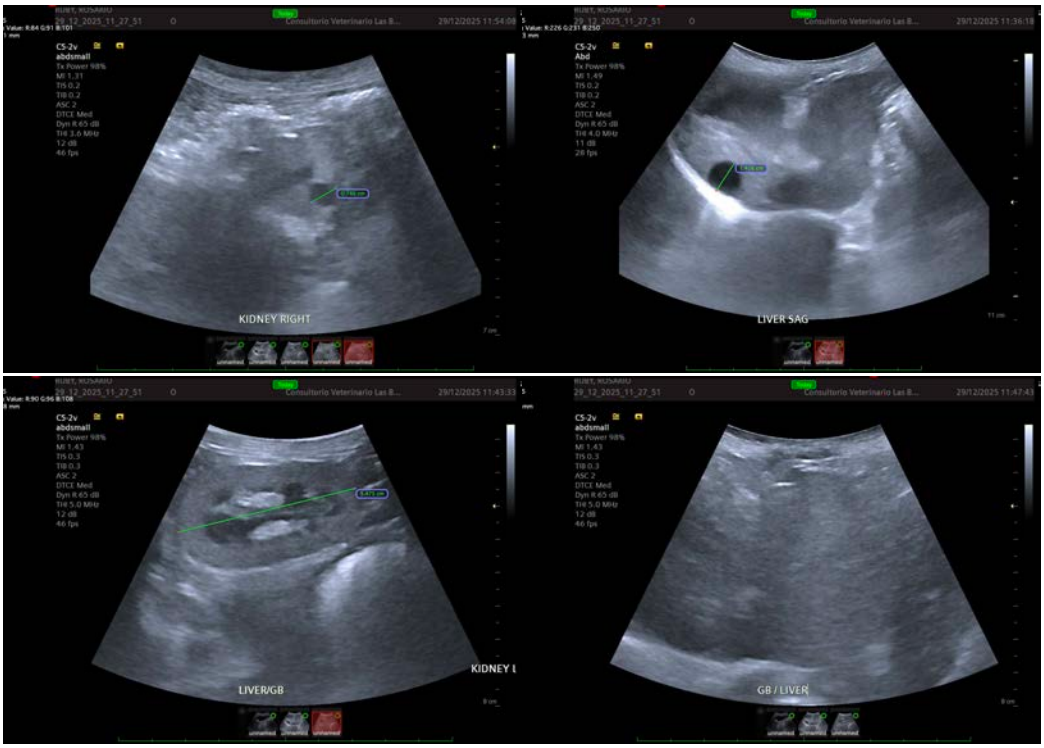
upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Subjectively benign hepatopathy with remodeling and occasional cyst.
- Moderate age related renal changes with occasional cyst.
- Minor bladder sand. Patient may be passing sand periodically from the kidneys to the bladder.
- Pancreatic remodeling.
- Large amount of upper GI gas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support to correct azotemia, urine culture and sensitivity, and eventual dissolution protocol warranted based on UA results. No overt evidence of metastatic disease. However, I cannot completely rule out the potential regarding the right renal cyst or nodule and the liver changes, yet no macroscopic metastatic changes overtly present.



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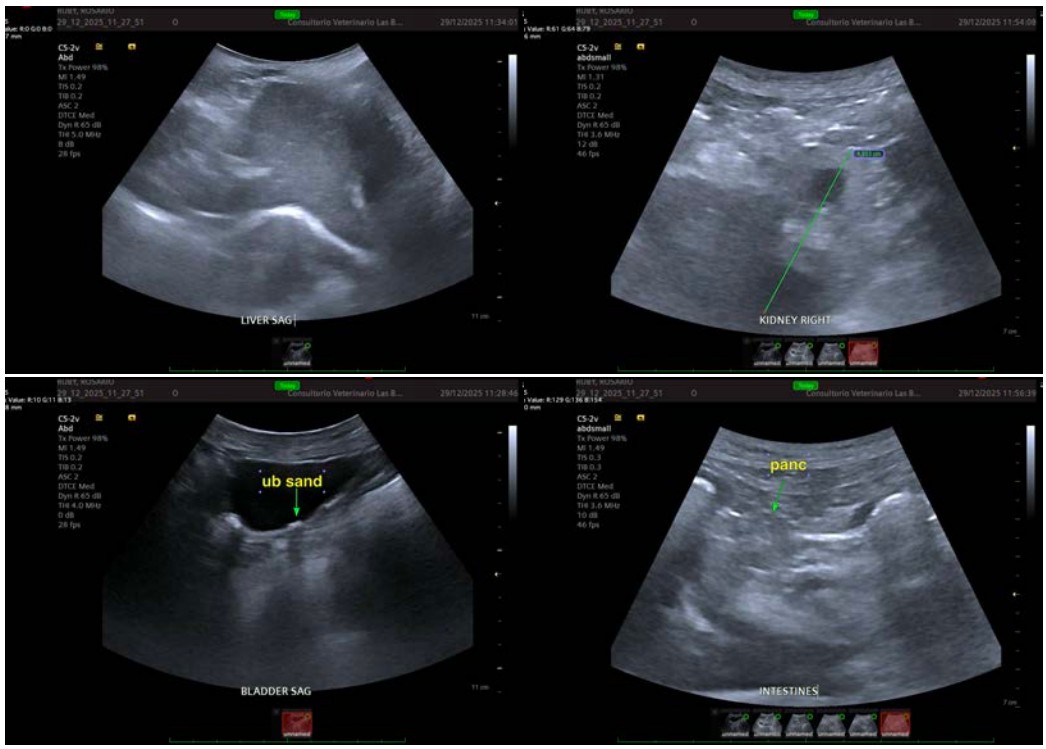

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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