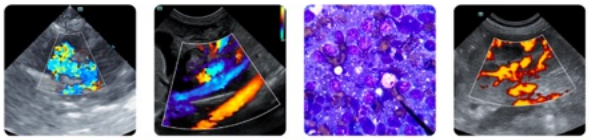

PATIENT

Oliver Kennedy

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

17 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mychajlonka

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Mychaljlonka

INVOICE

73484

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- P Presented for dental cleaning and wart removal, bloodwork showed liver elevations, O approved ultrasound and x-rays before procedure.
- TOTAL PROTEIN 7.5 HIGH 5.0-7.4 g/dL ALT (SGPT) 151 HIGH 12-118 IU/L BUN 32 HIGH 6-31 mg/dL BUN/CREAT RATIO 32 HIGH 4-27 Platelet Count 559 HIGH 170-400 103/mL Absolute Monocytes 963 HIGH 0-840 /mL UA: Protein Trace HIGH Negative RBC 4-10 HIGH 0-3 HPF

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Pyelectasia was noted in the left kidney with focal cortical collapse at the dorsal cortex. The left kidney measured 3.4 cm in length. The right kidney measured 4.1 cm.

The prostate measured 0.7 cm.

Adrenal Glands

The **left adrenal gland** was visualized and 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 left adrenal gland measured 0.54 cm. The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Hypoechoic macronodular and micronodular changes were noted. The changes are non-disruptive. The largest nodule measured up to 1.8 cm. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary

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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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. 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. 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

Pronounced nodular hyperplasia liver pattern with age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition. This is unlikely to be overtly pathological. I do not see an overt contraindication to anesthetic procedure. However, FNA of the general parenchyma and nodular changes, cytology +/- culture could be considered for further definition. This is likely low-grade inflammatory hepatopathy and nodular hyperplasia.

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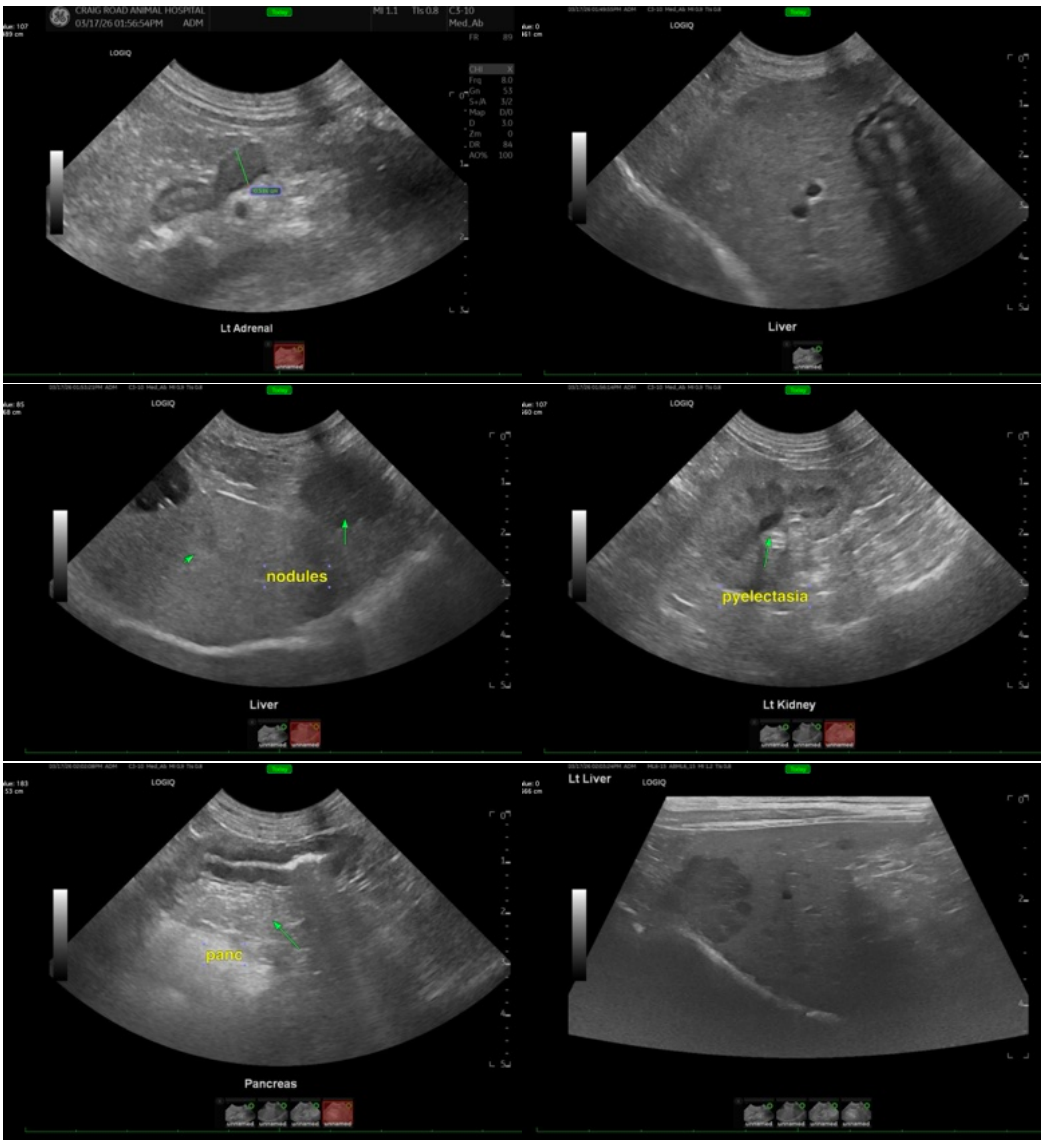

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com