

## PATIENT

Prince Gentile

## SPECIES

Canine

## BREED

Poodle

## SEX

Neutered male

## AGE

8 years

## WEIGHT

10.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Micheal Wasserman

## HOSPITAL NAME

Highlands AH

## REFERRING VET

Dr. Cindy Wasserman

## INVOICE

72081

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Had recent dental prophy (2/13/2026). Currently on denamarin. Purpose of sonogram, survey of abdomen due to mild/moderate liver enzyme elevations. No symptoms at home. Hx provided by referring veterinarian.
- Primary Reason for Sonogram: AlkPhos is increasing. Now is 737, AST & ALT are wnl but increased a bit from 1/2026 Any other pertinent historical information: Had recent dental prophy (2/13/2026)

## 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.

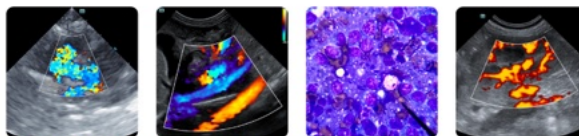
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.52 cm. The left kidney measured 3.96 cm.

### Adrenal Glands

Both **adrenal glands** were 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 1.54 x 0.4 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 1.97 x 0.81 cm at the cranial pole and 0.45 cm at the caudal pole.

### 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.



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## Liver

The **liver** revealed non-specific, slight course hepatic architecture. Minor uniform swelling was noted. The portal vein to vein cava ratio was 1:1. The hepatic veins were of normal volume. The gallbladder and common bile duct 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.

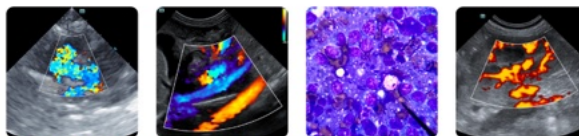
## ULTRASONOGRAPHIC FINDINGS

Minor uniform hepatic swelling, consistent with benign low-grade inflammatory hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated given the liver enzyme elevations, yet structurally the liver appears unremarkable. There was no evidence of portosystemic shunting. Leptospirosis titers are indicated to rule out occult disease.





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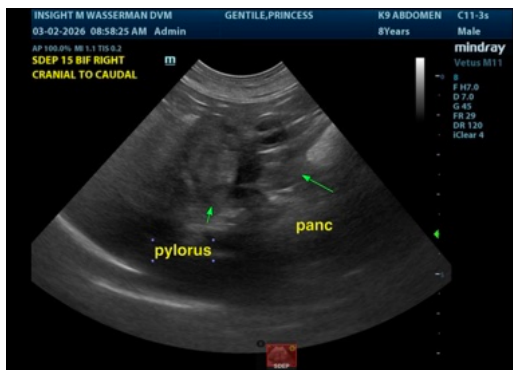
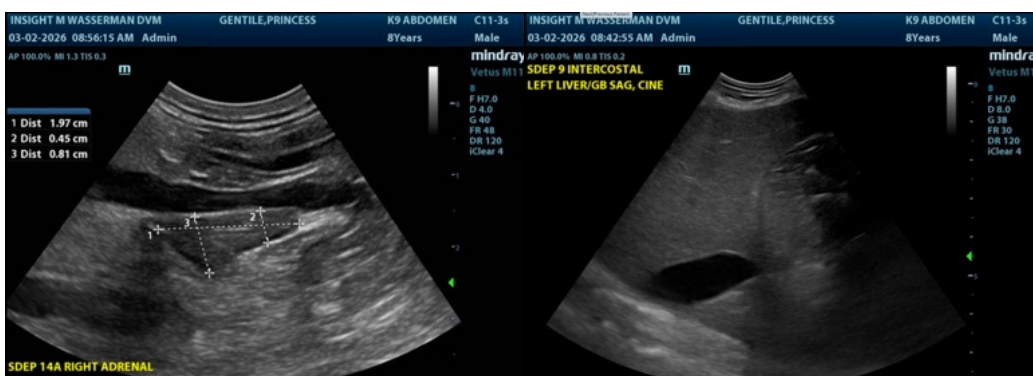
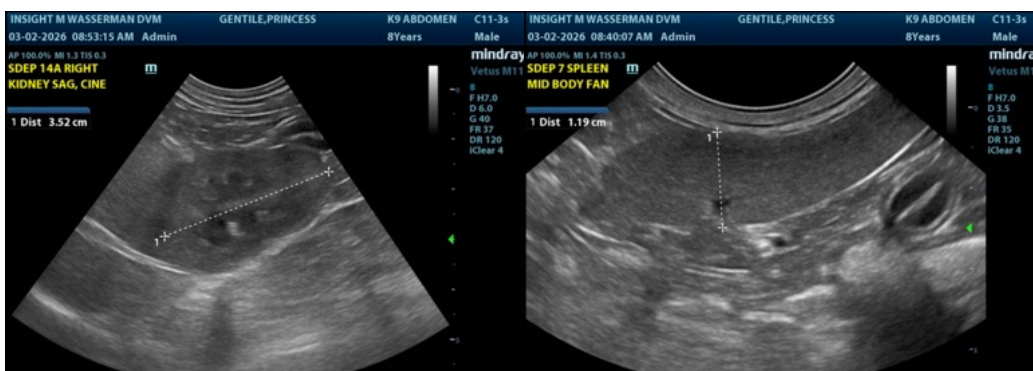
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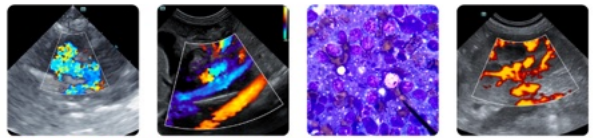
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The information and recommendations provided are based on the images presented by the



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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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