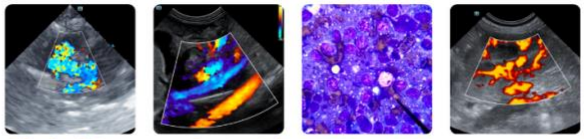

PATIENT

Max Yanez

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

12 Years

WEIGHT

57 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Millburn Veterinary Hospital

REFERRING VET

Dr. Turowsky

INVOICE

14661

DATE

03/25/26

PRESENTING CLINICAL SIGNS

- Elevated Liver Enzymes
- Asymptomatic, found on routine BW

Abnormal PE/Chem/CBC/UA Results: ALT 139, ALP 223, Alb 4.4, U/A - 2+ protein, USG 1.048

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. Anechoic urine was present with a minor amount of suspended debris. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **residual prostate** measured 0.96 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 7.38 cm in length. The right kidney measured 7.08 cm in length.

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 2.3 cm x 0.70 cm width at the cranial pole and 0.74 cm width at the caudal pole. The right adrenal gland measured 2.09 cm x 1.46 cm width at the cranial pole and 0.61 cm width 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 were noted.

Liver

The **liver** revealed coarse architecture and mildly increased portal markings with swollen irregular contour. Macronodular swelling in the right medial liver measuring 6.0 cm consistent with adenoma or hepatoma.

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

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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

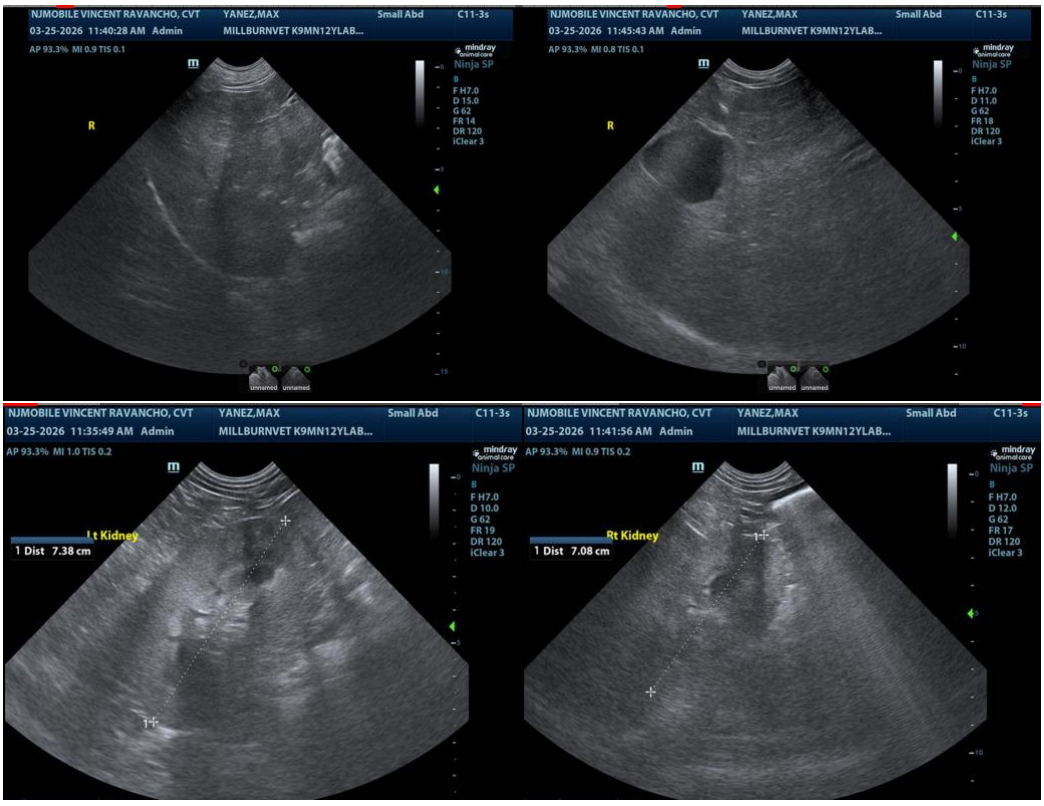
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

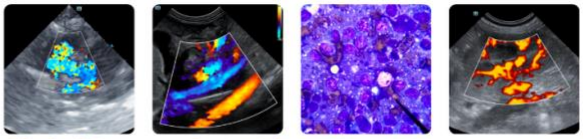
- Age-related renal changes.
- Urinary bladder debris.
- Subjectively benign hepatopathy with hepatomatous type swelling and mild remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA could be considered for further definition. Low-grade inflammatory hepatopathy is likely as a component of this presentation. Leptospirosis titers are warranted if not already performed. FNA would be ideal to ensure more significant disease is not present, yet no overt evidence of neoplasia other than potential benign swelling of the medial liver.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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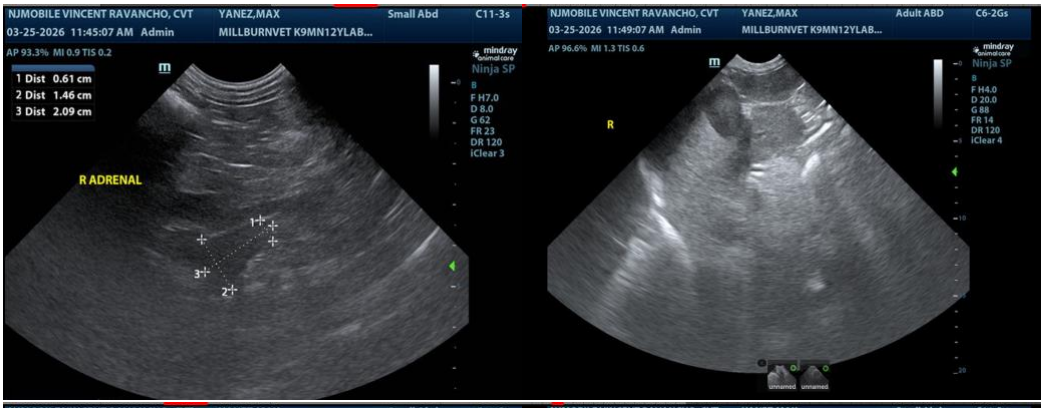

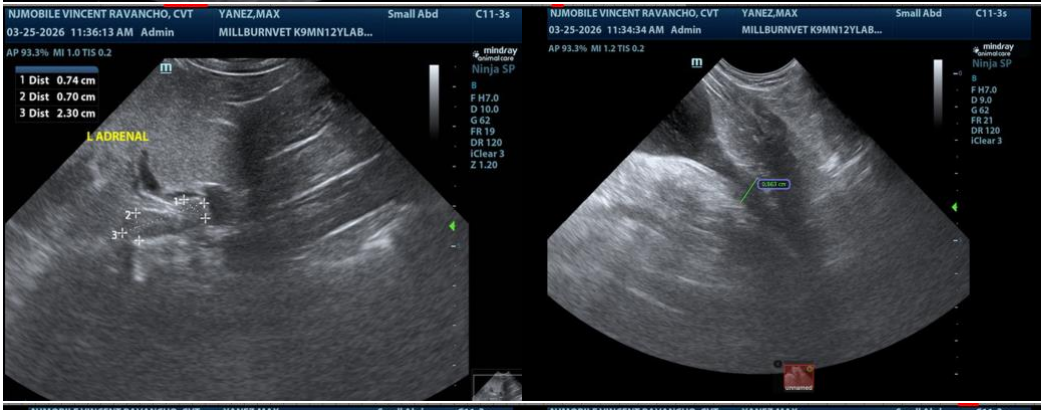

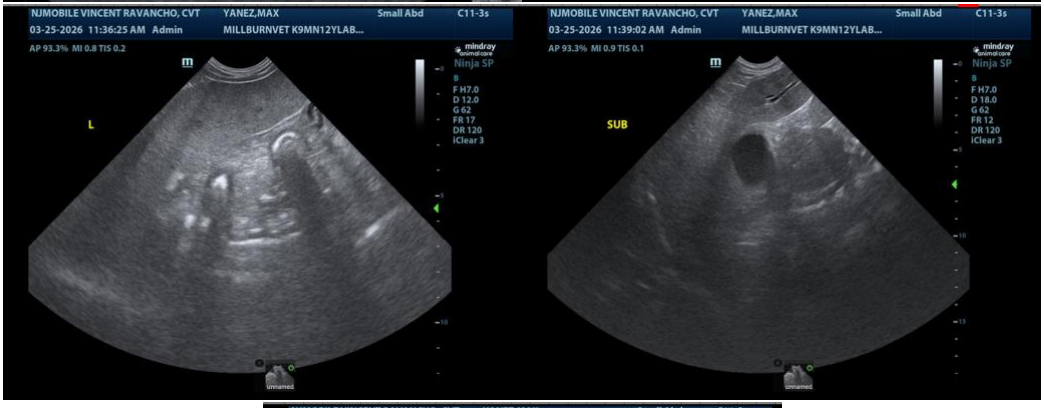

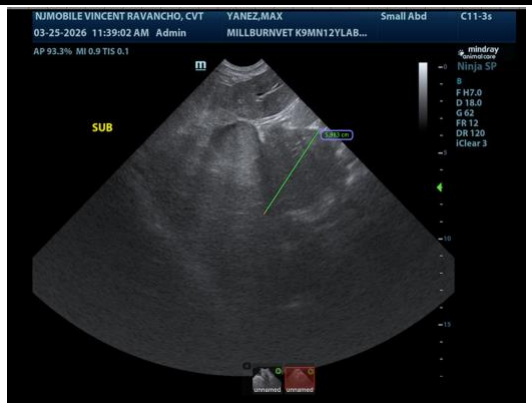

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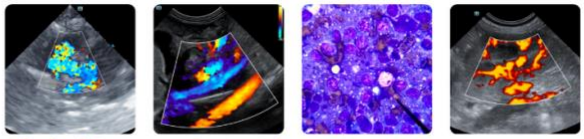

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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