



## PATIENT

Zeus Buczynski

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

12 years

## WEIGHT

50.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Wolfe

## HOSPITAL NAME

HomeVets

## REFERRING VET

Dr. Wolfe

## INVOICE

74103

## DATE

4/2/26

## PRESENTING CLINICAL SIGNS

- P presents for AUS for progressive ALT elevation
- ALT history: 3/15/25 = 141 9/5/25 = 164 3/25/26 = 273 remainder of CBC/chem normal thoracic radiographs clear

## 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm. The right kidney measured 5.0 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 0.4 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

### 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. Hyperechoic lipid plaques were noted and not pathological. 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** revealed an expansive, hypoechoic, non-disruptive 5.0 x 4.3 cm mass. Other nodular changes were noted throughout the liver. Minor gallbladder sand was noted and non-obstructive. The common bile duct was unremarkable.



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**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.

**Free Abdomen**

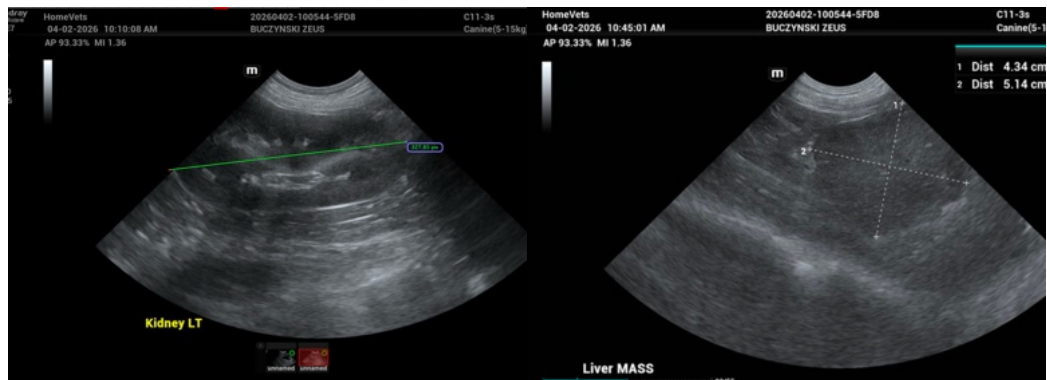
A trace amount of free fluid was noted adjacent to the liver mass with other nodular changes.

**ULTRASONOGRAPHIC FINDINGS**

Nodular hyperplasia liver pattern. Inflammatory hepatopathy, suppurative hepatitis, nodular hyperplasia and round cell neoplasia are all possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the general parenchyma and largest nodule/mass as well as smaller nodules are indicated. Cytology +/- culture would be ideal.





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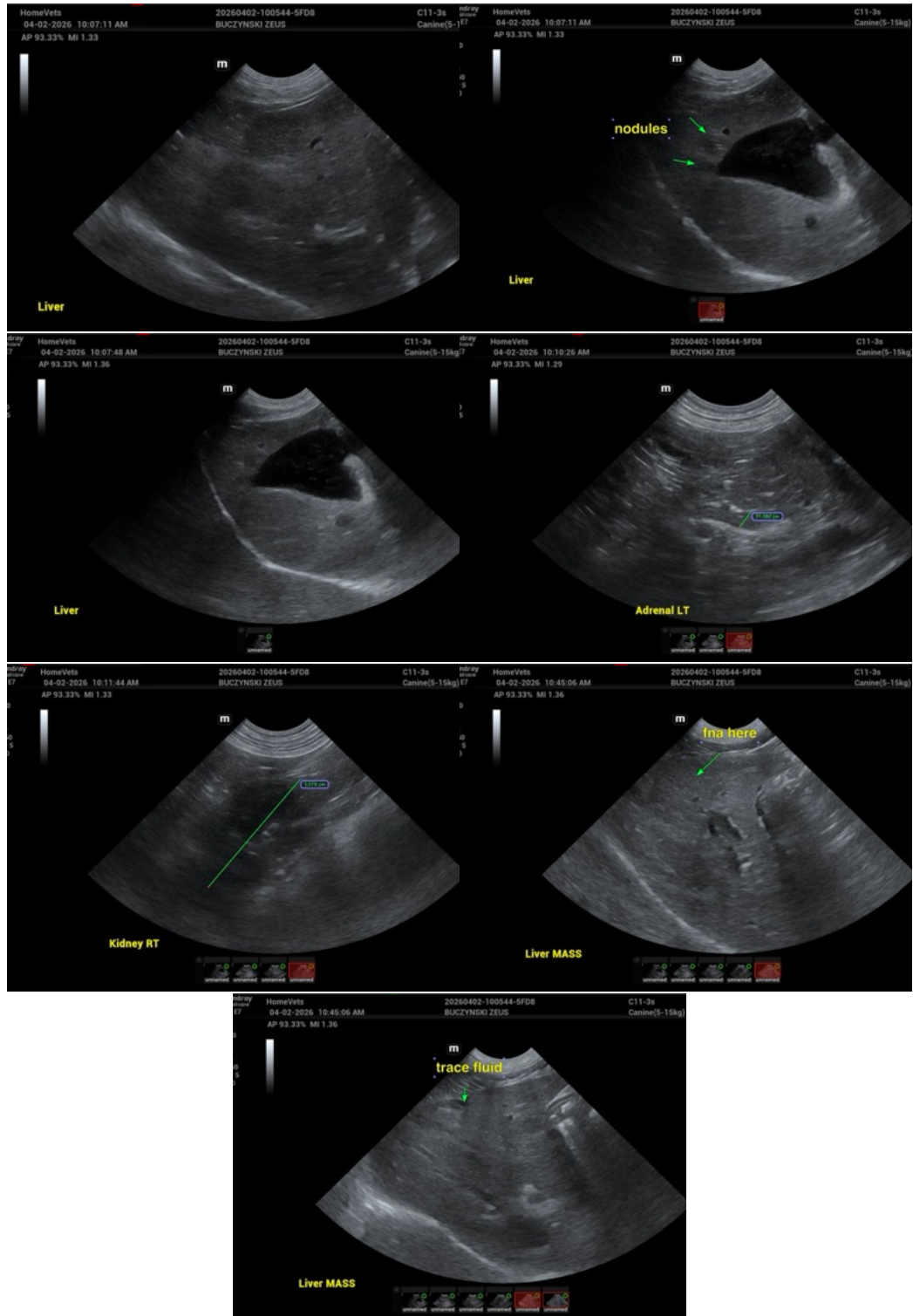
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)