



PATIENT

Manu Slott

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

12 years

WEIGHT

75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

77734

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: PU/PD/polyphagic
Chem- ALT and ALP elevated WBC 15.8K T4 <0.5, TSH and Free T4 normal, and thyro autoantibodies normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **left kidney** 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 capsule was acceptably uniform without significant irregularities. The left kidney measured 5.3 cm.

The midabdomen in this patient revealed a cystic structure measuring 8.3 x 6.7 cm with a parenchymal portion of 3.6 cm. This is deriving from the cranial aspect of the **right kidney** with slight pyelectasia.

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 revealed a hyperechoic nodule noted at the cranial pole measuring up to 1.3 cm. The right adrenal gland measured 0.98 cm at the cranial pole and 0.83 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.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without



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the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Gastrointestinal

The **stomach** in this patient revealed gastric material measuring up to 8.5 cm and non-obstructive. Assuming the patient was n.p.o. at the time of the sonogram then gastric foreign matter is likely.

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

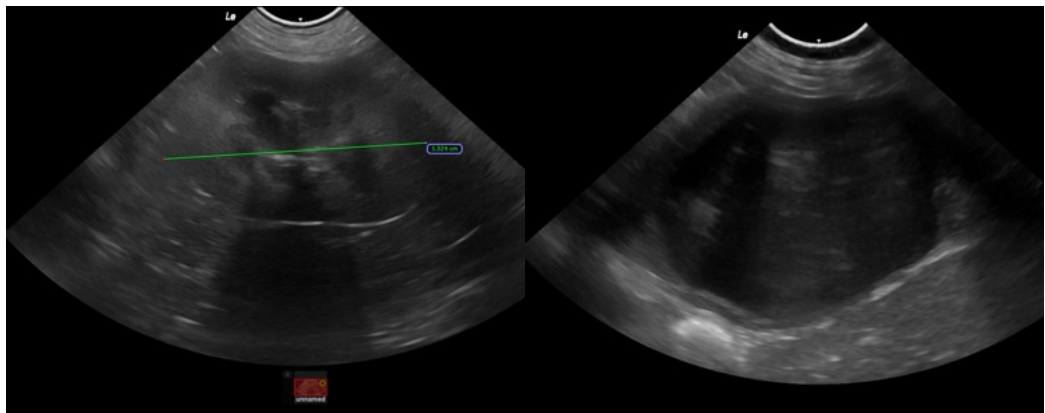
Complex right renal cyst, possible underlying neoplasia such as hemangiosarcoma or carcinoma.

Gastric foreign matter.

Benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right heminephrectomy or full nephrectomy should be considered. Gastrotomy and right heminephrectomy or full nephrectomy is warranted. Given the tissue proliferation within the cyst, I am concerned for secondary cyst owing to primary neoplasia such as carcinoma or hemangiosarcoma. Benign cyst with dystrophic tissue proliferation is possible, yet less likely.





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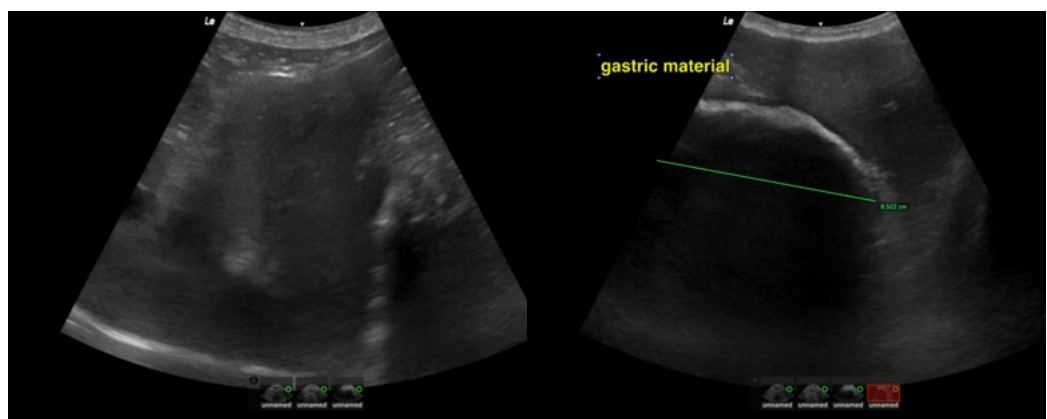
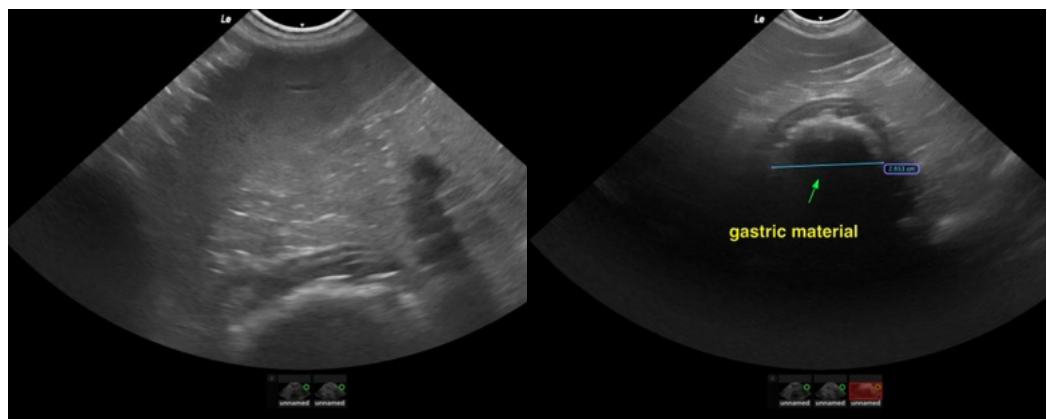
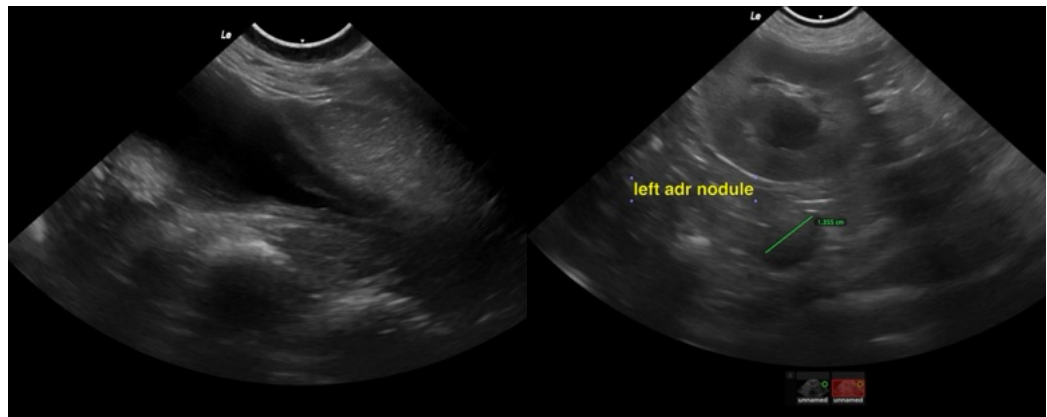
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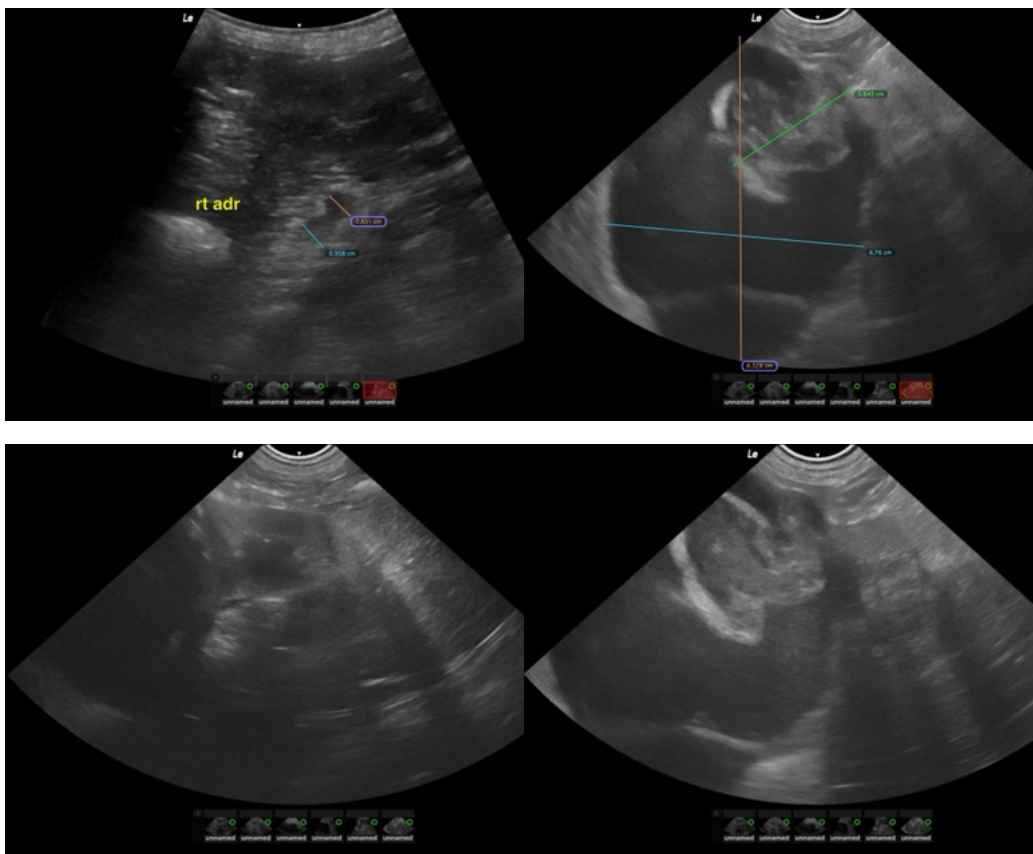
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com