



PATIENT

Jackson Jeffries

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered male

AGE

12 years

WEIGHT

85.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alex McFeely, DVM

HOSPITAL NAME

Centre AH

REFERRING VET

Dr. McFeely

INVOICE

77766

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: -Senior blood work 4/26 elevated liver enzymes
-First a.m. urine demonstrated concentrated urine, so Cushing's testing not pursued
-Presented 5/19/26 for abdominal ultrasound imaging
-FNA performed on rounded caudal liver lesion and submitted for cytology (pending)
-Jackson had butorphanol light sedation for abdominal ultrasound
Abnormal PE/Chem/CBC/UA Results: 4/12/26--Elevated ALT 260, AlkP 1532

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 left kidney measured 6.0 cm. The right kidney measured 8.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** in this patient revealed macronodular swelling and an adenomatous type mass measuring 7.0 cm. The left medial liver revealed mild disruption of architecture. Other hypoechoic nodules were noted and measured up to 1.0-1.5 cm. The gallbladder and common bile duct were 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

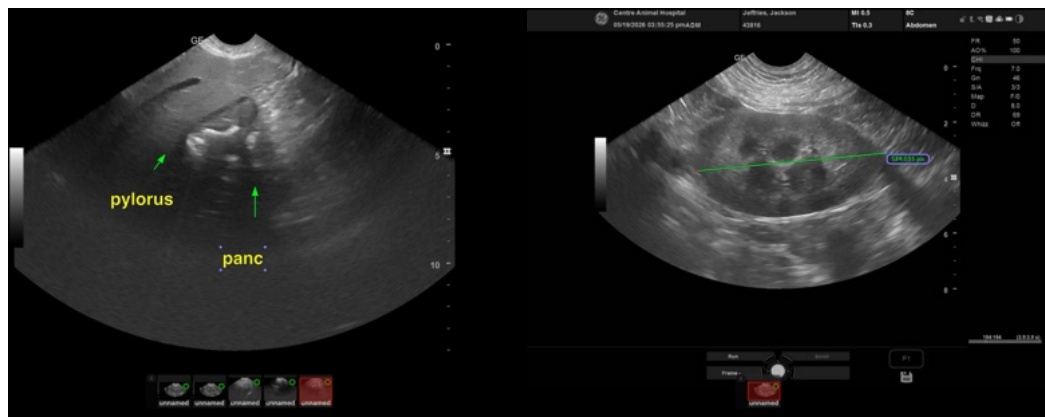
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Macronodular hepatic swelling, and adenomatous type mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of all lesions are recommended of the left and right liver. SDEP 9 approach to the left liver mass is recommended. Further imaging of the adrenal glands are indicated with lower frequency probe and potentially sedation. Hepatic adenoma, nodular hyperplasia, emerging carcinoma, sarcoma and hemangiosarcoma are all possible.





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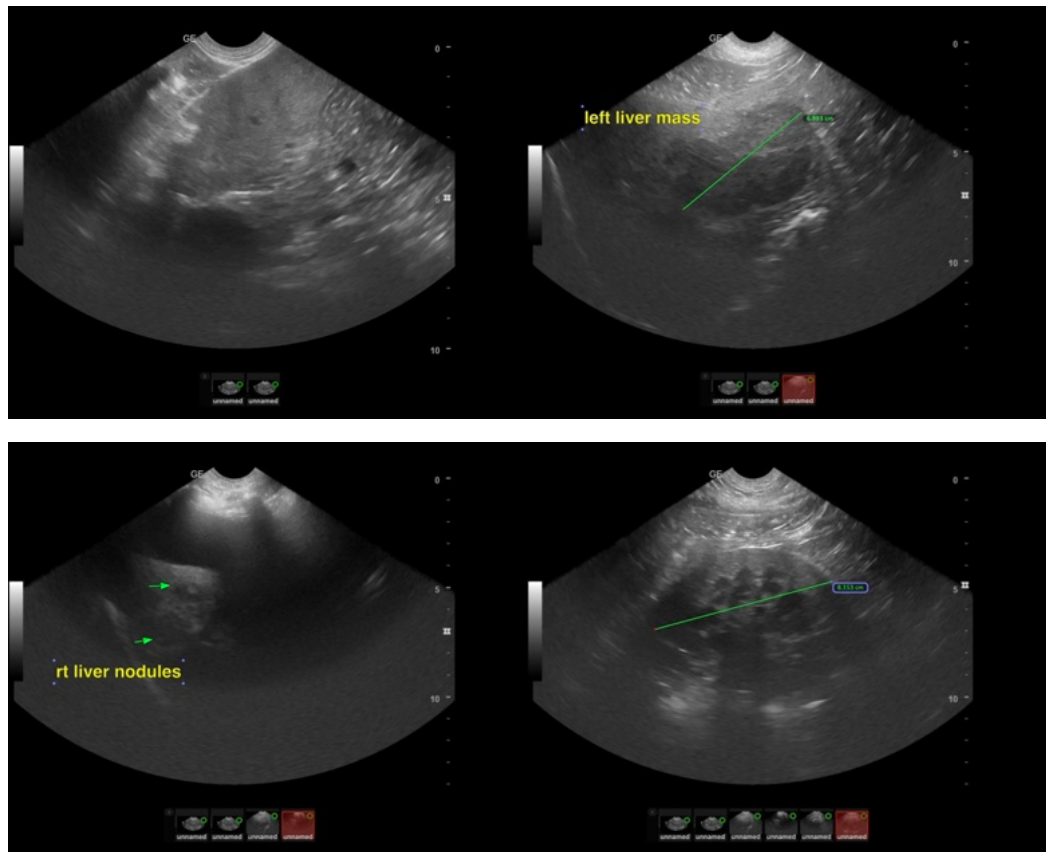
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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