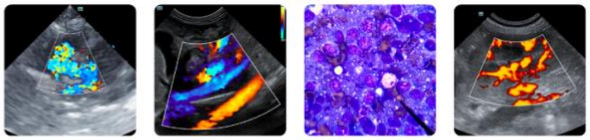

PATIENT

Bo Co

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

74.13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Lucas Budden

INVOICE

35993

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: Chronic history of ALP elevation. New ALT elevation. Ultrasound to assess for cause.

Current medications: Simparica Trio, Rimadyl, probiotic, Apoquel, Cosequin, Gabapentin and Trazodone to facilitate ultrasound.

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 5/9, multiple SC masses, no obvious masses or liver enlargement on abdominal palpation, peripheral LNs normal, moderate dental tartar, normal exam otherwise Lab work: 3/20/26 senior panel ALT high 133 ALP high 195 Cholesterol high 498 Triglyceride high 669 Precision PSL high 182 Remainder of chemistry normal CBC normal Thyroid normal 1.4 USG 1.030 Quiet sediment Acu Plex all negative.

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 were 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 minor 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. Trace pyelectasia and mineralization were noted. The left kidney measured 7.74 cm. The right kidney measured 7.74 cm.

Adrenal Glands

The **left adrenal gland** measured the upper limits of normal and was nodular. The left adrenal gland measured 0.8 cm at the caudal pole and 0.83 cm at the cranial pole.

The **right adrenal gland** revealed some heterogenous changes as well. The right adrenal gland measured 0.66 cm at the cranial pole and 0.6 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 were noted. Cranial folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume, and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable. Occasional hyperechoic lipid plaques were noted, measuring up to 1.1 cm.

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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

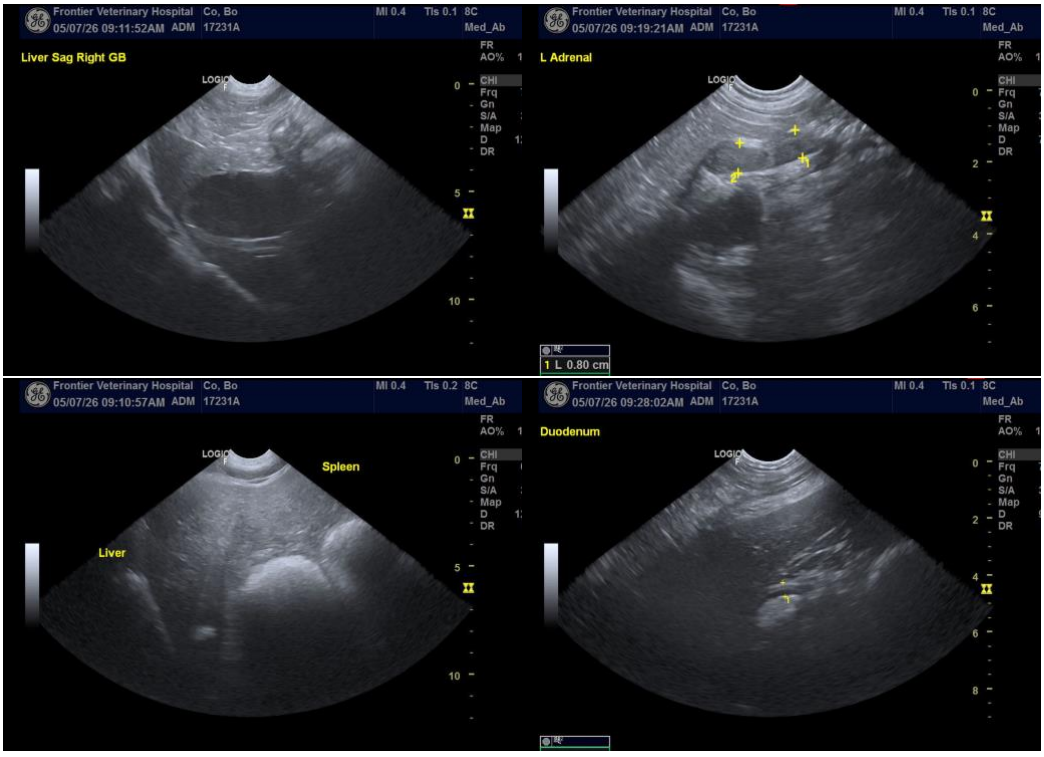
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with occasional hyperechoic lipid plaques.
- Prominent left adrenal gland – hyperplasia is likely. Mild potential for emerging carcinoma or pheochromocytoma.
- Heterogenous changes in the right adrenal gland.
- Cranial splenic fold
- Age-related renal changes with trace pyelectasia and mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland should be monitored. Recheck sonogram is recommended in 6 weeks. FNA of the liver could be considered, yet subjectively the liver appears unremarkable, consistent with metabolic hepatopathy or vacuolar hepatopathy.



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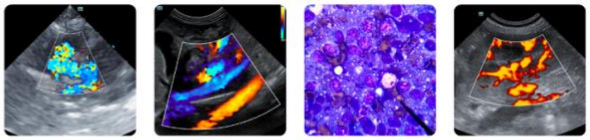

Clinical Sonography & Telecytology
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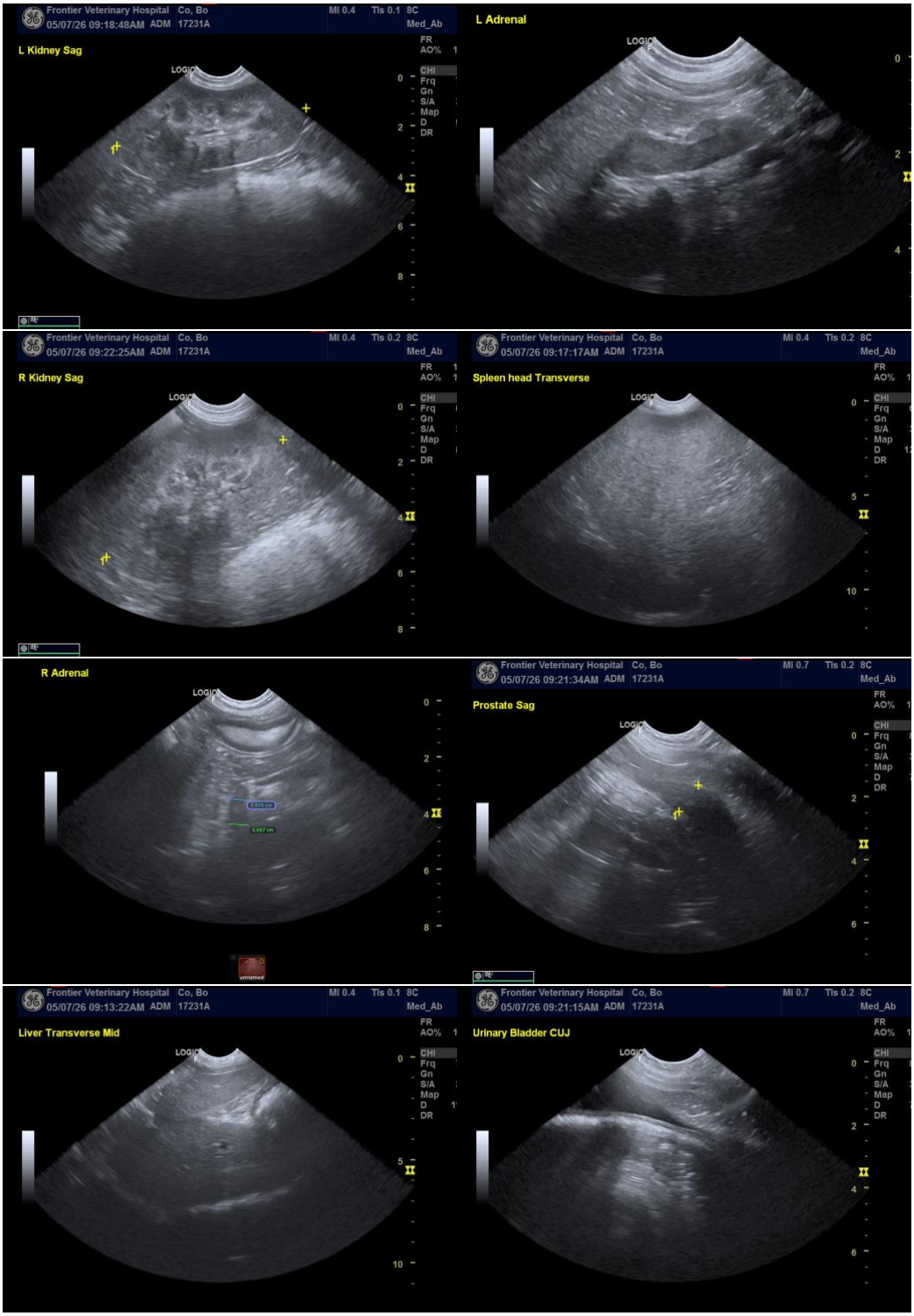

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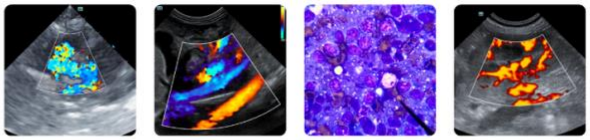

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com