

PATIENT

Benji Fervilon

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered male

AGE

10 months

WEIGHT

4.6 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Vet for Life AH

REFERRING VET

Dr. Bajaj

INVOICE

69793

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: ALT- 246 (Normal range :0-120 U/I) on November 27th, 2025 Bile acid- Pre-<1.0 (Normal range<13.0 umol/L) Post- 22.7 (Normal range<25.0 umol/L) ALT- 203 (Normal range :0-120 U/I) on December 20th, 2025

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 4.1 cm and the right kidney measured 4.2 cm.

Adrenal Glands

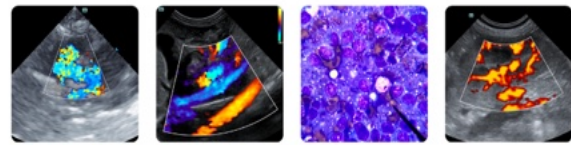
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.6 x 1.0 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 1.4 x 0.41 cm at the caudal pole and 0.41 cm at the cranial 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

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Slightly increased portal markings were noted consistent with inflammatory hepatopathy. The hepatic parenchyma presented normal vascular volume. Vascular and biliary tracts were of normal volume with no evidence of congestion. The portal vein measured 0.4 cm, vena cava measured 0.5 cm and aorta measured 0.7 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. Minor amount of fluid filled stomach was noted. 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

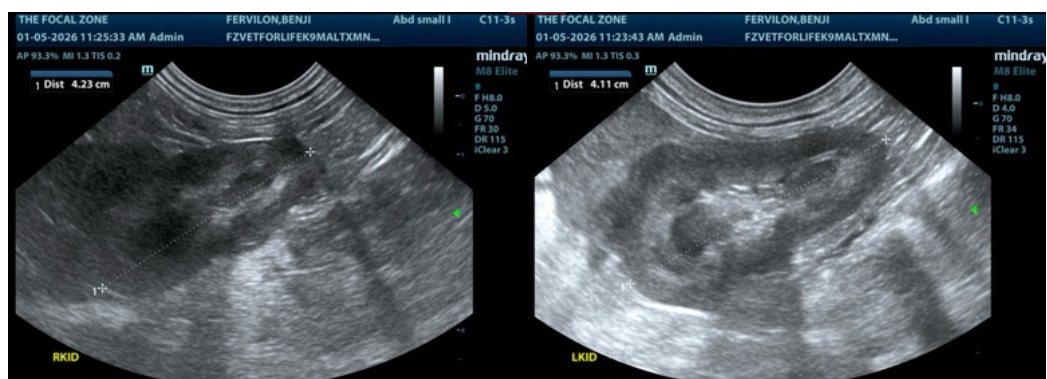
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

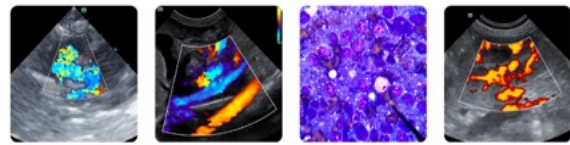
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable liver. Normal hepatic size, contour and vascularity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of portosystemic shunting. Given the minor bile acid elevations, underlying inflammatory parenchymal disease is likely, yet the changes sonographically were minor. Surgical biopsies would be necessary for further definition or empirical measures with diet change to a liver oriented diet +/- 5-7 days of Metronidazole and reassessment of the bile acids after 3-5 weeks.





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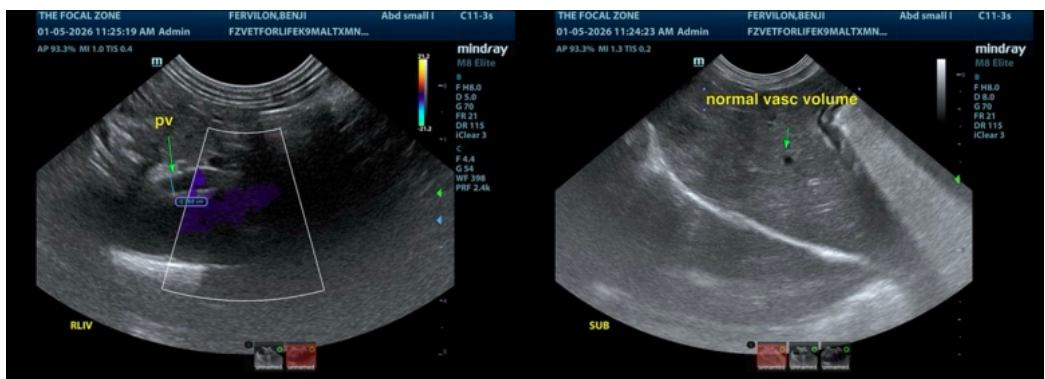
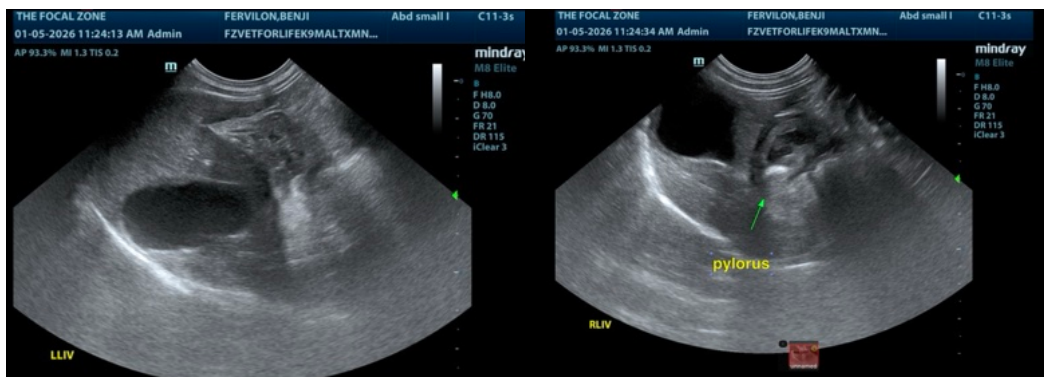
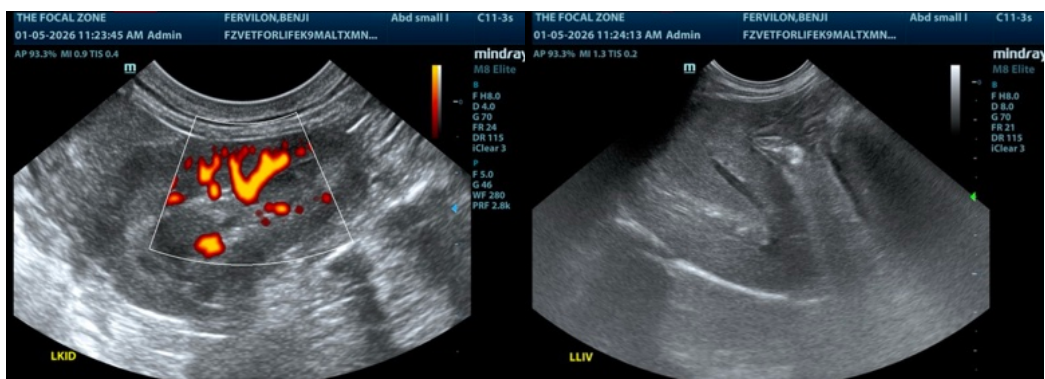
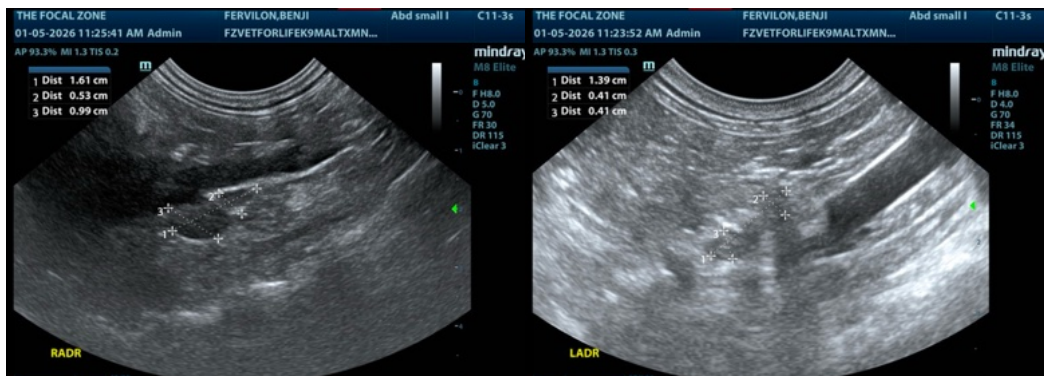
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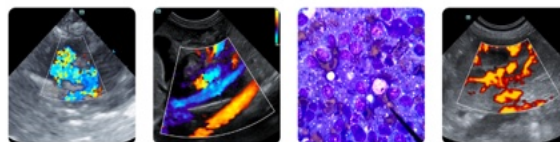
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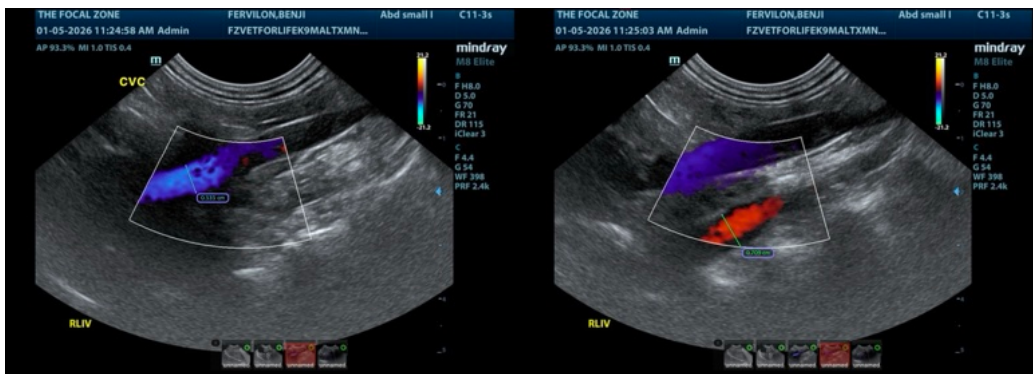
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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