



PATIENT

Samson Lozano

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

14 years

WEIGHT

19.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Verona AH

REFERRING VET

Dr. Stock

INVOICE

70379

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Recheck Hepatopathy + Liver Nodule
- PU/PD at home
- Current medications: Amoxicillin, Metro, Denamarin, Keppra, GabaALT 754 AST 81 ALP 1387 GGT 28

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 **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. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.7 cm. The right kidney measured 3.58 cm with cortical collapse at the dorsal cortex likely owing to infarct.

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 measured 1.27 x 0.56 cm at the cranial pole and 0.37 cm at the caudal pole. The right adrenal gland measured 1.94 x 1.12 cm at the cranial pole and 0.62 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

The **liver** revealed coarse architecture with mildly increased portal markings. A hyperechoic nodule was noted in the mid liver and measured 1.6 cm and was non-disruptive. Increased portal markings were noted. This is consistent with inflammatory hepatopathy. The nodular changes appear subjectively benign and are most consistent with lipid plaques were hyperplasia. However, the increased portal markings indicated chronic inflammatory hepatopathy. The changes are mild and no evidence of



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cirrhosis at this time. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed minor areas of muscularis hypertrophy and slight increased submucosal echogenicity and thickness. This is consistent with chronic inflammatory bowel.

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

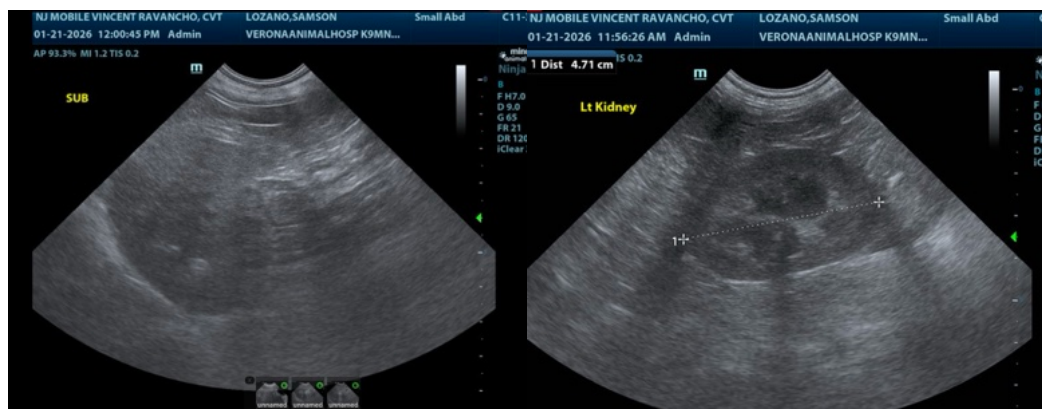
Infarcted right kidney.

Chronic inflammatory hepatopathy.

Mild, occult inflammatory bowel presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is likely a combination of inflammatory bowel and inflammatory hepatopathy in this patient. Diet change to a hydrolyzed diet may prove effective. Leptospirosis titers are warranted if not already performed given the liver enzyme elevations. FNA of the liver can be considered for further definition of inflammatory cell type. No evidence of neoplasia.





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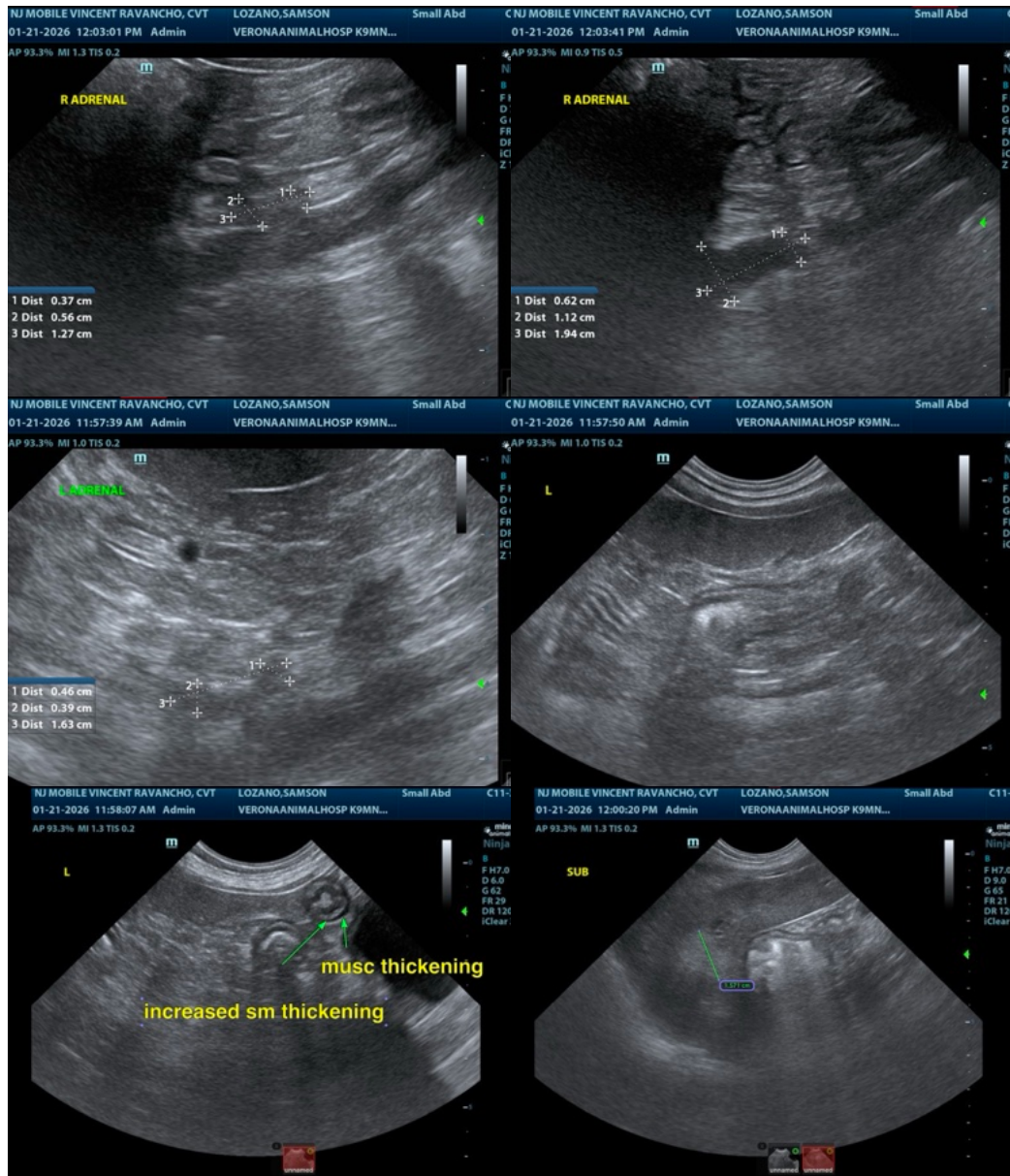
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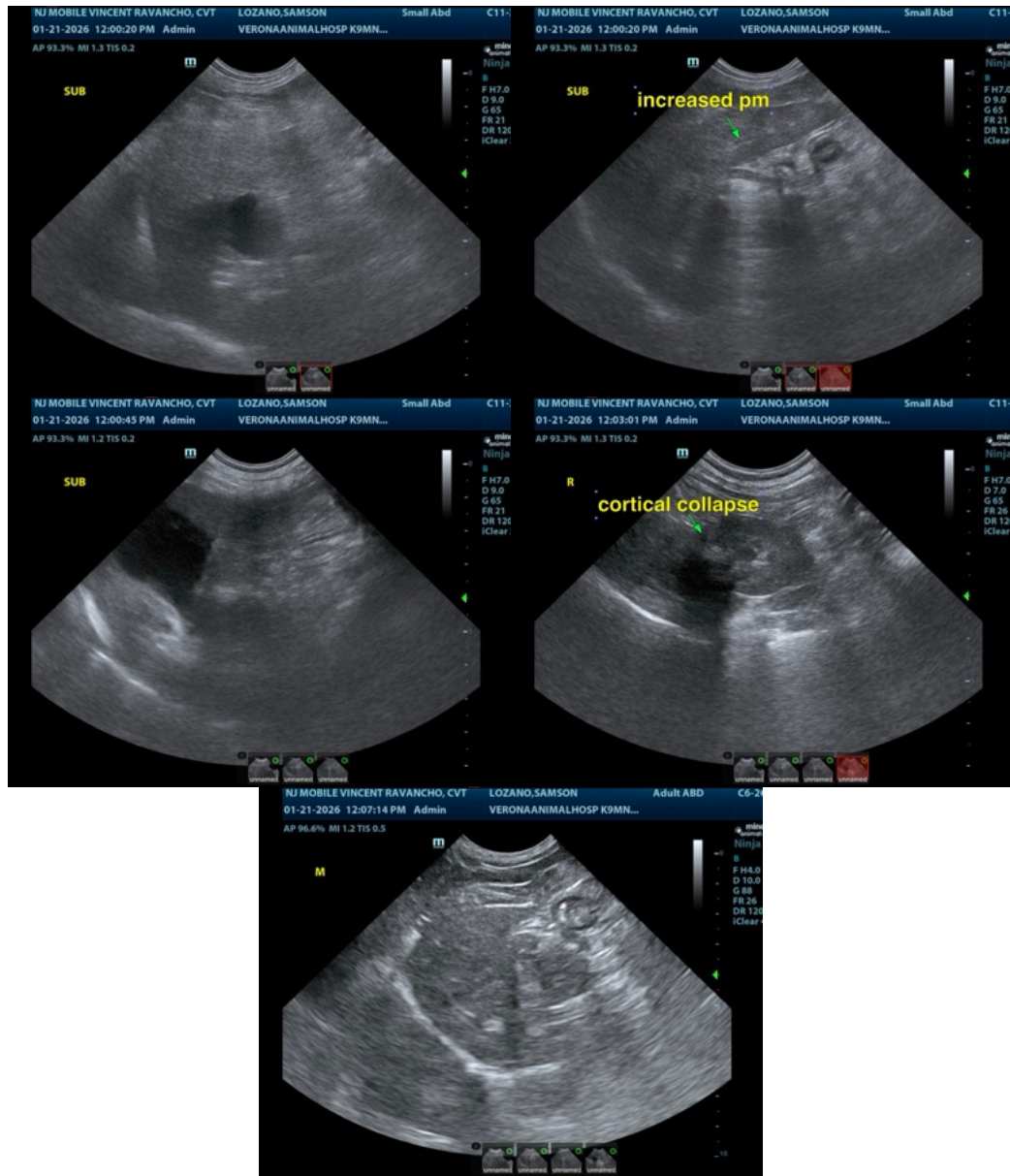
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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