



PATIENT

Cali Russo

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact female

AGE

6 year

WEIGHT

46 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

71680

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Presented one month ago for vomiting, weight loss, inc. appetite, Pu/Pd
- Exam revealed Jaundice
- No current meds

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 7.5 cm. The right kidney measured 6.77 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 left adrenal gland measured 1.97 x 0.55 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 2.24 x 1.2 cm at the cranial pole and 0.51 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** was small and heterogenous with multi-focal, coalescing, hypoechoic nodular changes. The portal vein was enlarged. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were also enlarged.



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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.

Free Abdomen

A slight amount of free fluid was noted in the abdomen. This is consistent with early ascites and portal hypertension.

Left gonadal vein was enlarged, dilated and tortuous.

ULTRASONOGRAPHIC FINDINGS

Diffuse, hepatic fibrosing cholangiohepatitis, cirrhosis pattern with secondary ascites. Enlarged hepatic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for hepatic neoplasia, yet end stage liver disease owing to cirrhosis is likely given the breed. Primary copper storage disease is possible. Core liver biopsy is necessary for further definition. Leptospirosis titers are indicated. However, the prognosis is poor given the lack of viable hepatic tissue.





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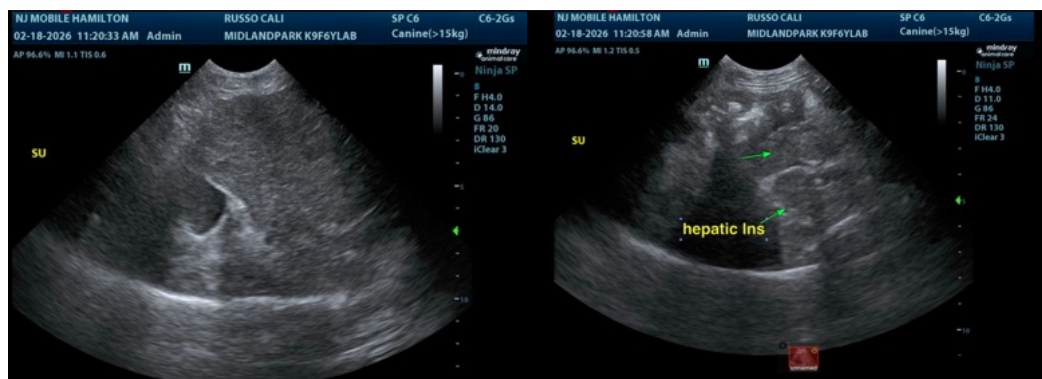
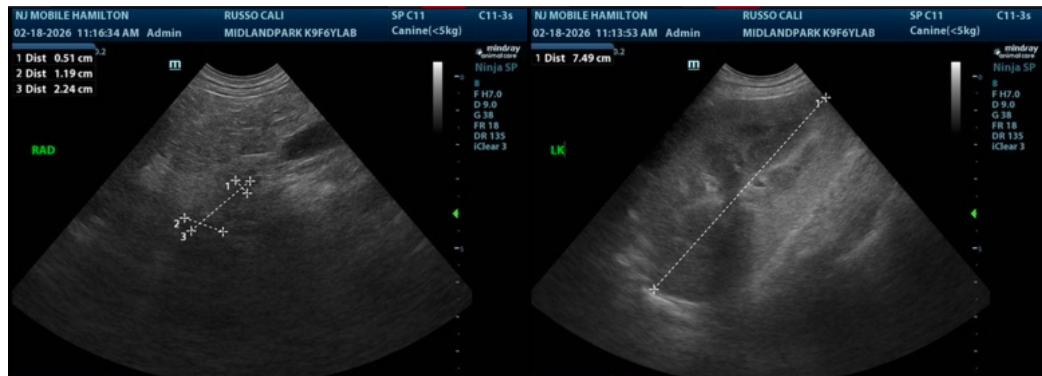
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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