



PATIENT

Freddie Sfraga

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

7 Years

WEIGHT

28.46 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Vincent Ravancho, CVT

HOSPITAL NAME

Packanack Animal
Hospital

REFERRING VET

Dr. Nicole Mahoney

INVOICE

72630

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Elevated Liver enzymes. Atopy+ Anxiety.

Current medications: Apoquel 16mg 1/2 SID, Fluoxetine 10mg 1 SID, Cytopoint q30d

Abnormal PE/Chem/CBC/UA Results: ALT 125 ALP 177

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The urethra was visualized to a distance of 4.0 cm beyond the cystourethral junction.

The residual prostate was normal in size (0.72 cm), shape, and echogenicity.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. There were diffuse pinpoint hyperechoic densities in the renal cortex. These may represent cortical mineralization, fibrosis or microinfarcts. The left kidney measured 5.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

Both adrenal glands were normal in size. There was an overall normal shape, with mild capsular irregularity and mild heterogenous parenchyma. The changes were mild with no suspicion of neoplasia. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal measured 0.50 cm at the caudal pole and 0.87 cm at the cranial pole.

Spleen

The spleen was mildly increased in size with a mildly rounded capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

Liver

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns



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throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The pancreas was normal in size with a mildly irregular capsule contour. The parenchyma was isoechoic to heterogeneous compared to the mesentery. No signs of active inflammation or neoplasia.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

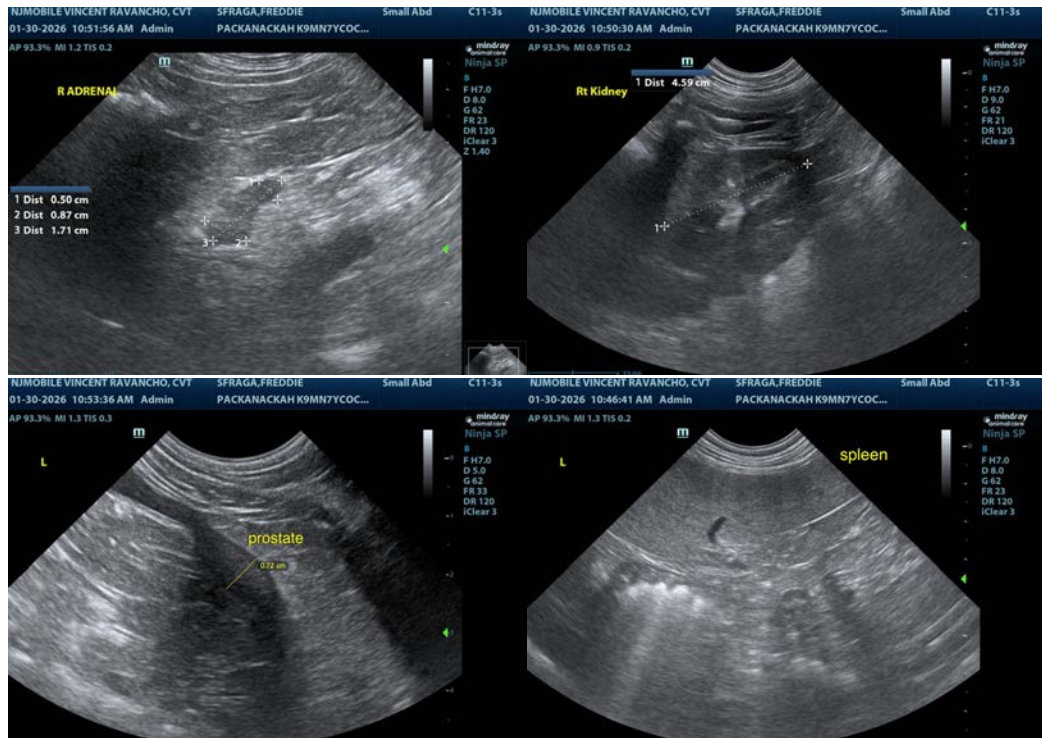
ULTRASONOGRAPHIC FINDINGS

- Age related kidneys, moderate.
- Mild hepatic parenchymal remodeling.
- Heterogeneous pancreas.
- Mild urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the liver is nonspecific, but most consistent with a benign hepatopathy. Differentials for this change include vacuolar hepatopathy, inflammatory or infectious hepatic disease, or less likely diffuse neoplasia. There was no overt evidence of neoplasia. This could be a reactive hepatopathy secondary to subclinical chronic pancreatitis, given the mild pancreatic changes. A cPL could be done for further assessment.

The urinary sediment and renal changes should be correlated with a urinalysis to assess for significance.





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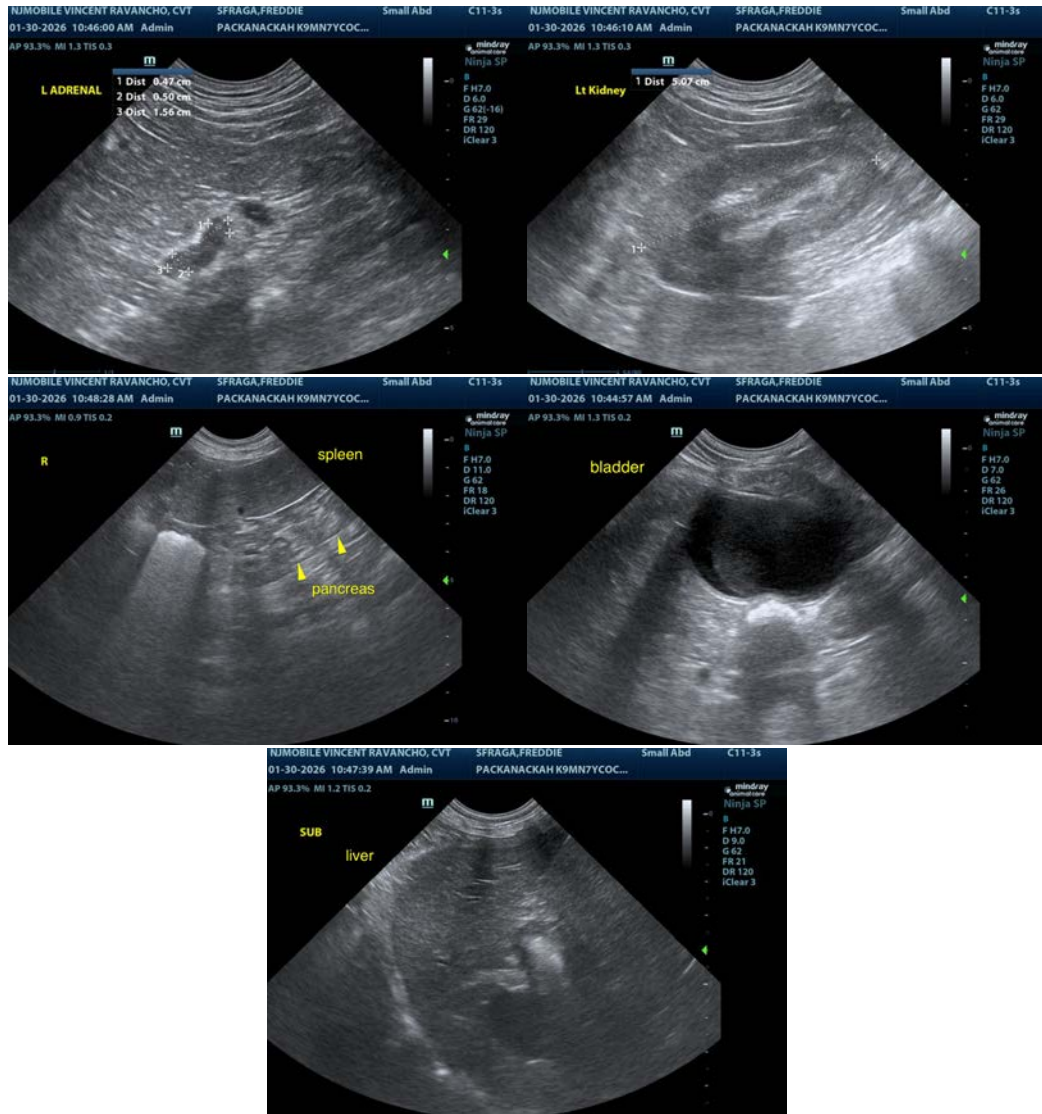
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com