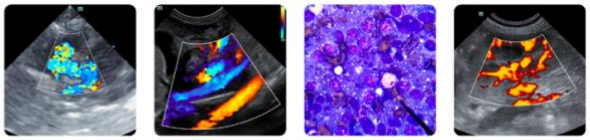

PATIENT

Aksel Demarest

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

7 Years 2 Months

WEIGHT

26.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Sranglein Veterinary Clinic

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

12295

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Patient presented for annual wellness exam, recommended dental pre-op BW showed elevation in ALT and ALP

Abnormal PE/Chem/CBC/UA Results: ALT 331, ALP 1153

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and adequate corticomedullary border demarcation were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Focal areas of medullary mineral were present bilaterally. The left kidney measured 4.6 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented subjective mild generalized hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary well demarcated mild nonuniform hyperechoic intraparenchymal nodule was visualized measuring 2.0 cm in diameter. No evidence of associated hepatic capsule distortion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

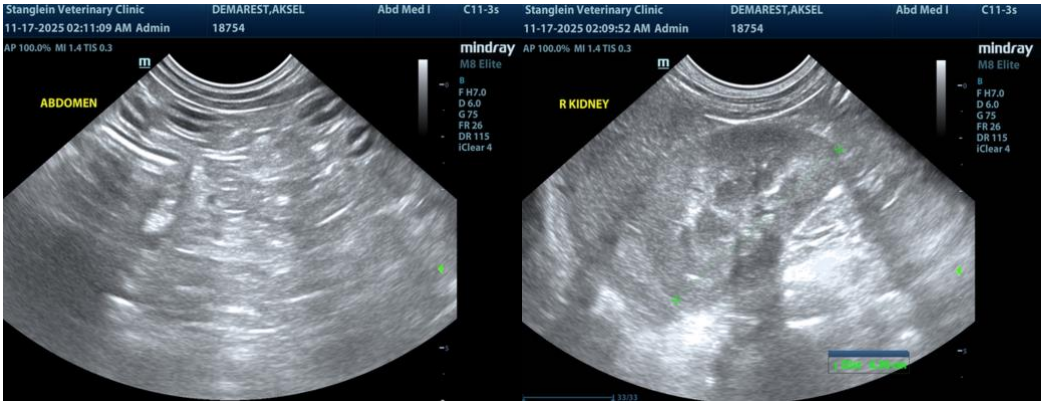
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with mildly hyperechoic intraparenchymal nodule- vacuolar hepatopathy, inflammatory/immune mediated disease, probable lipogranuloma or nodular hyperplasia, fibrosis, emerging low grade hepatic neoplasia or hepatic tumor thought less likely.
- Mild nonorganized gallbladder debris (non-mucocele).
- Mild bilateral renal medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status. Hepatic parenchymal and, if accessible, nodule FNA cytology is warranted for further clarification. Hepatosupportive medications and sonographic monitoring of the liver and liver nodule for evidence of progression would be reasonable. No anesthetic contraindications assuming no evidence of hepatic dysfunction i.e. abnormal albumin, BUN, cholesterol and glucose levels.



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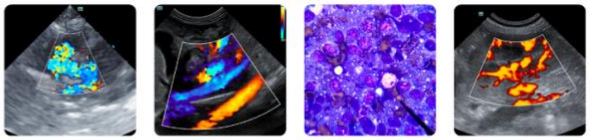

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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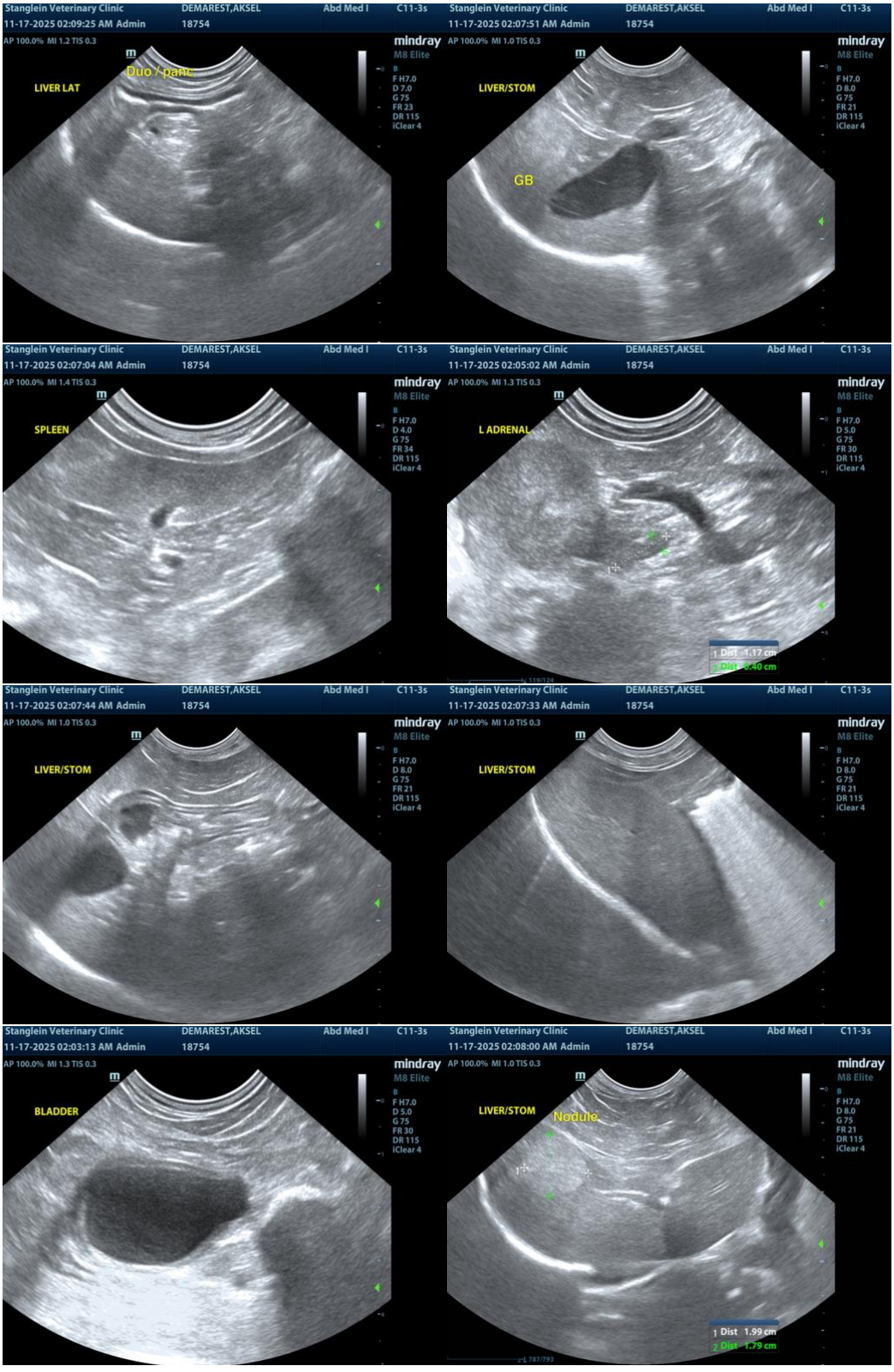

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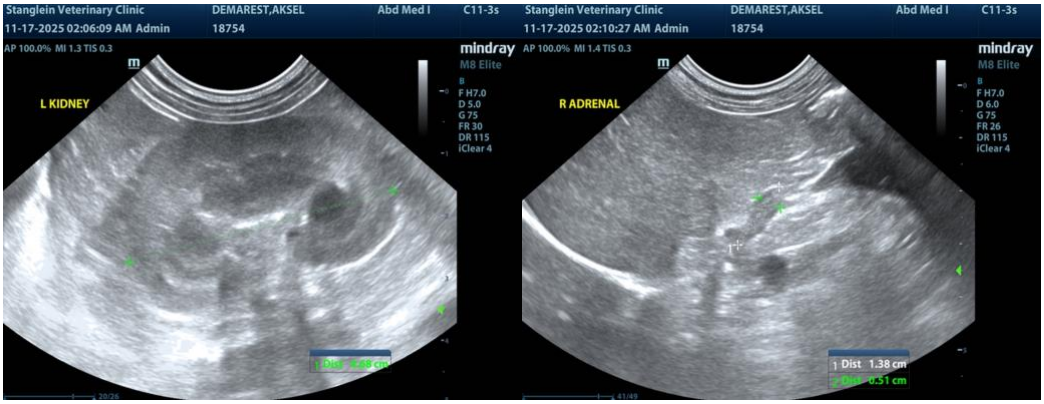

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com