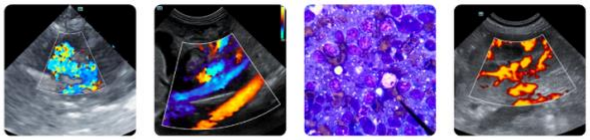

PATIENT

Billiam Evans

SPECIES

Canine

BREED

Basset Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

75

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

Emergency Animal Hospital of Crystal Falls

REFERRING VET

Dr. Scott Sabelhaus DVM

INVOICE

12099

DATE

11/05/25

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes and liver cyst

Abnormal PE/Chem/CBC/UA Results: ALP 2508 ALT 249 GGT 17

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was sonographically normal.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 5.3 cm in length with likely mild underestimation of right kidney size.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver revealed generalized hepatomegaly, symmetrical to rounded hepatic capsule contour and nonhomogenous mildly increased hepatic parenchyma exhibiting mild coarse echotexture and indistinct portal vascular borders. Normal vascular volume was maintained. A solitary ventral thinly walled hepatic cyst was visualized containing anechoic fluid measuring 2.9 cm in diameter.

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 visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively mild to moderate shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild similar appearing intestinal ingesta was present. No obstructive pattern to the level of the colon.

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

- Chronic hepatopathy with benign intraparenchymal cyst.
- Mild nonorganized gallbladder debris (non-mucocele).
- Age-related spleen.
- Age-related renal/adrenal changes.
- Gastrointestinal ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The chronic hepatopathy is most consistent with benign criteria with considerations including chronic vacuolar or nonobstructive cholestatic hepatopathy, inflammatory disease, hyperplasia, fibrosis or other with neoplasia considered unlikely. Further assessment may include (assuming normal clotting status) screening hepatic FNA cytology. If patient is nonclinical, hepatosupportive medications and continued monitoring would be reasonable. No evidence of adrenal pathology as a contributing factor.

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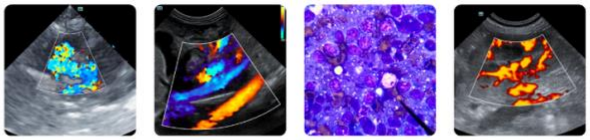

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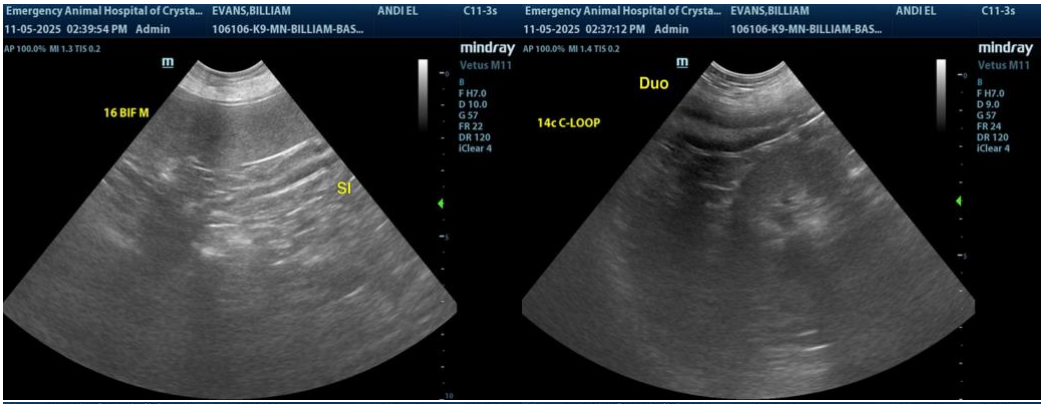

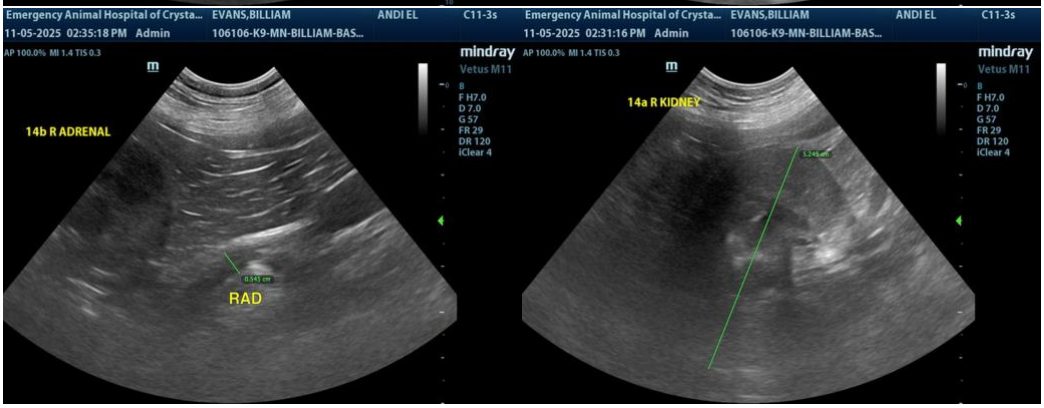

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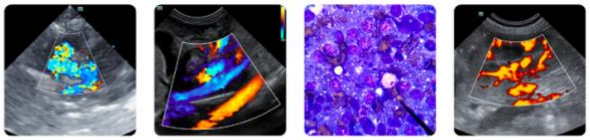

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com