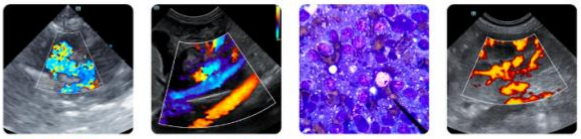


PATIENT

Demitri Lewis

SPECIES

Canine

BREED

Poodle

SEX

Male

AGE

13 Years

WEIGHT

67 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

15300

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Elevated WBC of unknown origin and elevated liver values. Chronic skin condition suspected to be autoimmune. Treated on 3/24/26 with doxy for 2 weeks.

Abnormal PE/Chem/CBC/UA Results: Fecal neg. CBC today: WBC: 22.6, neut: 16.9, Mono: 1.54 Bloodwork 3/24/26: Glob: 4, AST: 74, ALT: 367, ALK: 88, GGT: 7. Chol: 365. WBC: 20.4, neut: 15428, mono: 2030.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths 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 measuring 1.6 cm in diameter.

The visualized medial iliac lymph node was normal measuring 2.3 cm x 0.80 cm.

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 6.8 cm in length. The right kidney measured 7.5 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 0.61 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 0.62 cm width at the caudal pole.

Spleen

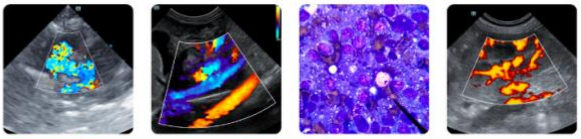
The spleen presented overall normal in size with potentially two mildly expansive non-enlarged hypoechoic nodules. An example measured 1.3 cm to 1.7 cm.

Liver & Gallbladder

The liver presented subjectively mild enlarged in size. 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.

The gallbladder was non distended in size with gravity dependent mild to moderate 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 mild progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing intestinal ingesta without 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

- Hepatopathy.
- Splenic nodules.
- Mild chronic renal changes.
- Normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is non-specific yet, suggestive of benign criteria with unspecified hepatic or hepatobiliary inflammatory disease and non-obstructive cholestasis given ALT elevation suspected. The splenic nodules may indicate hyperplasia, hematopoiesis, granulomas, hematomas, inflammation with potential for emerging tumors.

Assuming normal clotting status, further assessment may include hepatic parenchyma, splenic nodule FNA cytology +/- leptospirosis, titers/PCR, if clinically indicated. Splenectomy with hepatic biopsies could be considered. Hepatosupportive medication and consideration for empirical therapy for non-specific hepatitis/cholangiohepatitis with monitoring of hepatic response and sonographic monitoring of the splenic nodules would be more conservative.

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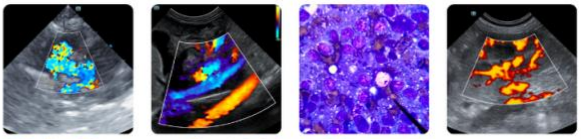

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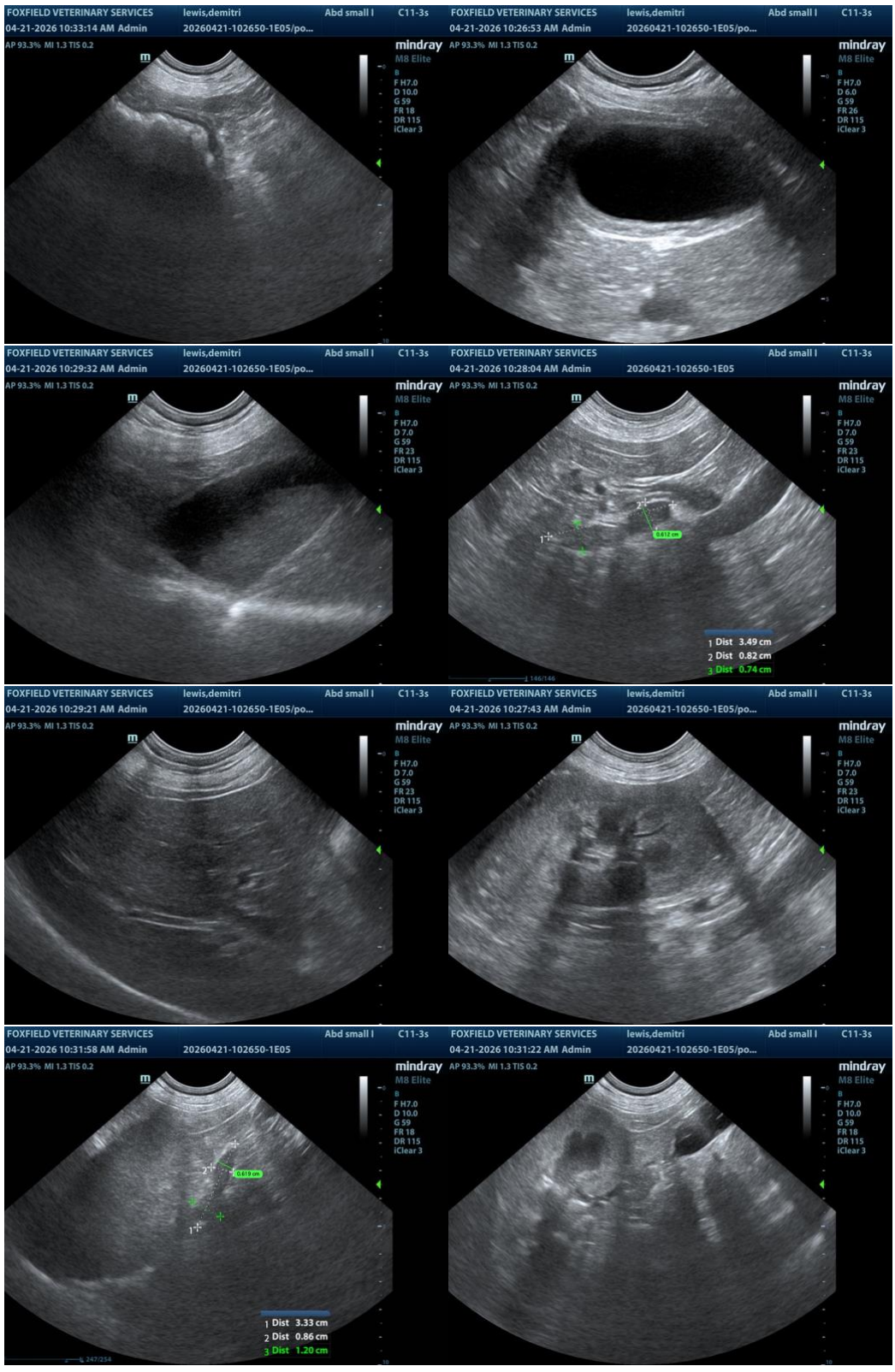

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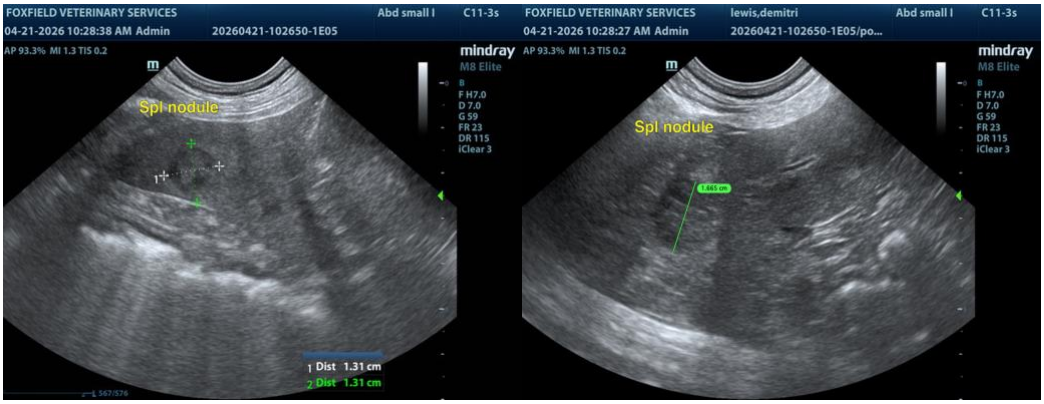

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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