



PATIENT

Aragon Figueroa

SPECIES

Canine

BREED

Border Collie mix

SEX

MN

AGE

12 yrs

WEIGHT

48

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

10832

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Elevated liver values, Pre Anes. labwork for spindle cell sarc. removal.
Abnormal PE/Chem/CBC/UA Results: ALT = 238 (10-118 U/L)

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 or sediment. NO mineral or calculi were noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 6.5 cm in length. The right kidney measured 6.5 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 0.74 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 0.56 cm width at 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/Gallbladder

The liver was subjectively normal in size with maintained symmetrical contour and normal hepatic vascular volume. The liver parenchyma was nonuniform and hypoechoic to the spleen with a coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary, homogeneous to hypoechoic intraparenchymal nodule was present adjacent - ventral to the gallbladder, measuring 1.5 cm in diameter. The gallbladder was non-distended in size, containing primarily anechoic content with mild to moderate, variably congealed yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing chyme was present without evidence of foreign material or obstruction.

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 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 nonspecific intraparenchymal nodule
- Mild congealed yet nonorganized gallbladder debris (non mucocele)
- Age-related renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the overall liver suggests benign criteria such as nonspecific to low-grade chronic inflammation or similar in conjunction with elevated ALT and subjective adequate hepatic vascular volume. The liver nodule is nonspecific and may indicate focal area of nodular to regenerative hyperplasia, or granuloma, although focal metastasis is not definitively excluded.

Assuming normal clotting status, hepatic parenchyma and nodule FNA cytology is recommended for further clarification. Serial sonographic monitoring of the liver nodule for evidence of progression or additional hepatic nodular changes, with initial recheck in 4 weeks, would be more conservative. Hepatosupportive medications, including Denamarin and Ursodiol, if tolerated, may prove beneficial.

Hepatic anesthetic risk is considered low if evidence of adequate hepatic function, i.e., normal albumin, glucose, BUN, and cholesterol levels.



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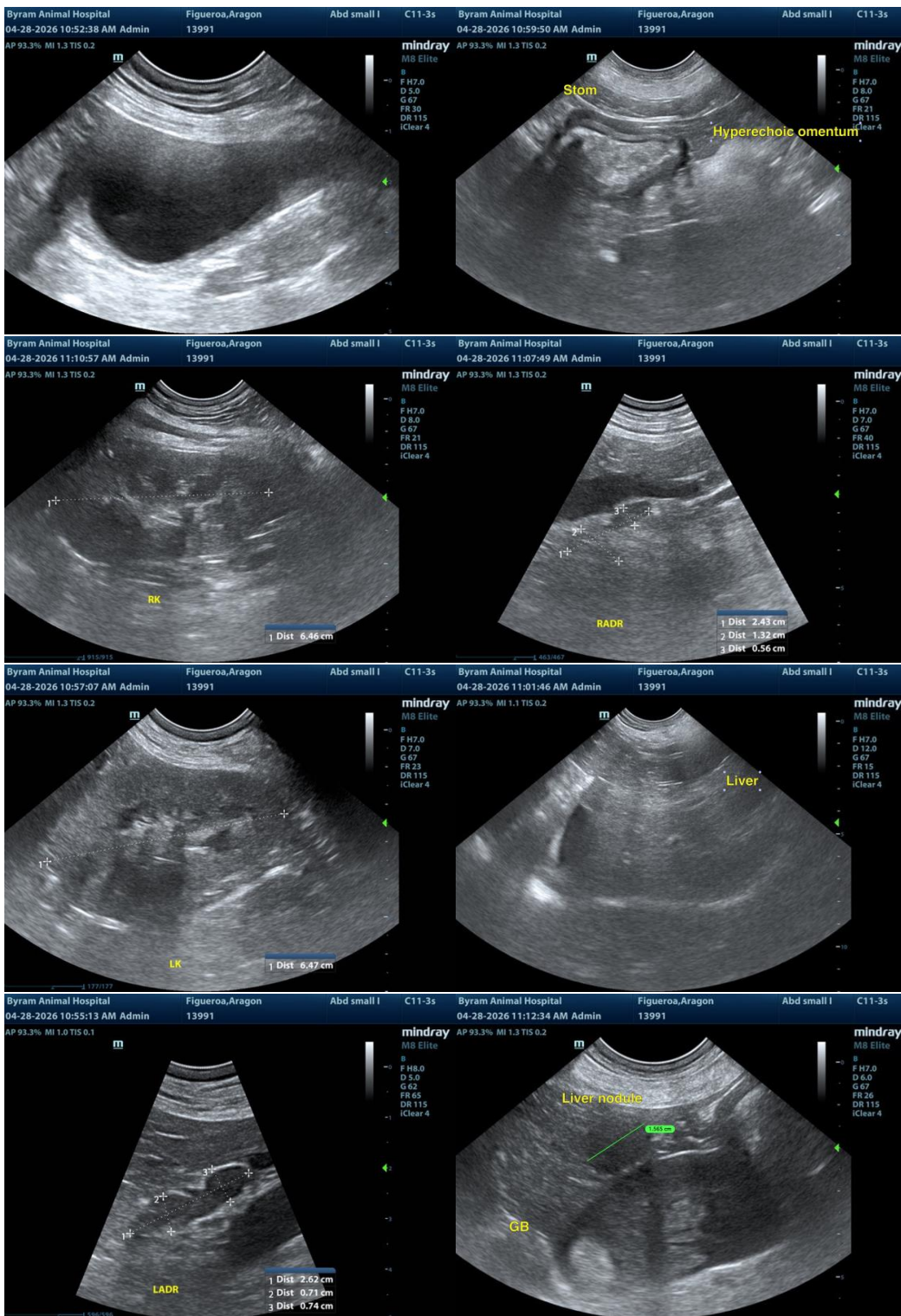
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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