



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sparky Ruivo
 Hepatic value elevation. No ongoing medications . Stopped Denamarin 4/21/26; had dexamethasone 4/22/26

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 189, 3/26/26, then 401 4/21/26, ALK PHOS 837 3/26/26, then 159 4/21/26. Hypothyroid both free and total T4 on 3/26/26. Stress leukagrams on both 3/26 and 4/21. UA WNL.
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Toy Poodle *Urinary System*

SEX 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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
MN

AGE 16 years 1 month
 The area of the residual prostate appeared normal and free of pathology.
 The area of the iliac trifurcation was free of pathology.

WEIGHT 9.8 lbs.
 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands exhibited mild heterogeneous, nonmineralized parenchyma with maintained symmetrical capsule contour. The left adrenal gland was mildly enlarged, measuring 0.7 cm width in the caudal pole. The right adrenal gland was borderline enlarged, measuring 0.59 cm width in the caudal pole.

IMAGING PERFORMED BY

Chloe Lowe, CVT

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.

HOSPITAL NAME

Hackettstown AH

REFERRING VET

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Liver/ Gallbladder

The liver was subjectively mildly enlarged in size with normal contour and vascular volume. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A ventral caudal, mildly nonhomogeneous, hyperechoic, intraparenchymal nodule was present, measuring 2.5 cm in diameter. The gallbladder was non-distended in size with a normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation. The common bile duct was normal.

INVOICE

10829

DATE

4/28/26



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Toy Poodle

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting nonhomogeneous parenchyma and ventral caudal intraparenchymal nodule
- Early immature gallbladder mucocele
- Borderline / mild adrenomegaly
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific chronic hepatopathy with considerations including vacuolar, cholestatic, or inflammatory hepatopathy with parenchymal remodeling, early fibrosis, nodular hyperplasia, lipogranuloma, and emerging potential low-grade hepatic neoplasia are all potentials.

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and nodule FNA cytology are warranted for further clarification. Adrenal workup is indicated if clinical signs consistent with Cushing's Syndrome are present. Hepatosupportive medications, including Denamarin, vitamin E, and Ursodiol (if tolerated), are recommended with clinical monitoring and sonographic reassessment of the gallbladder if evidence of progressive cholestasis is noted.



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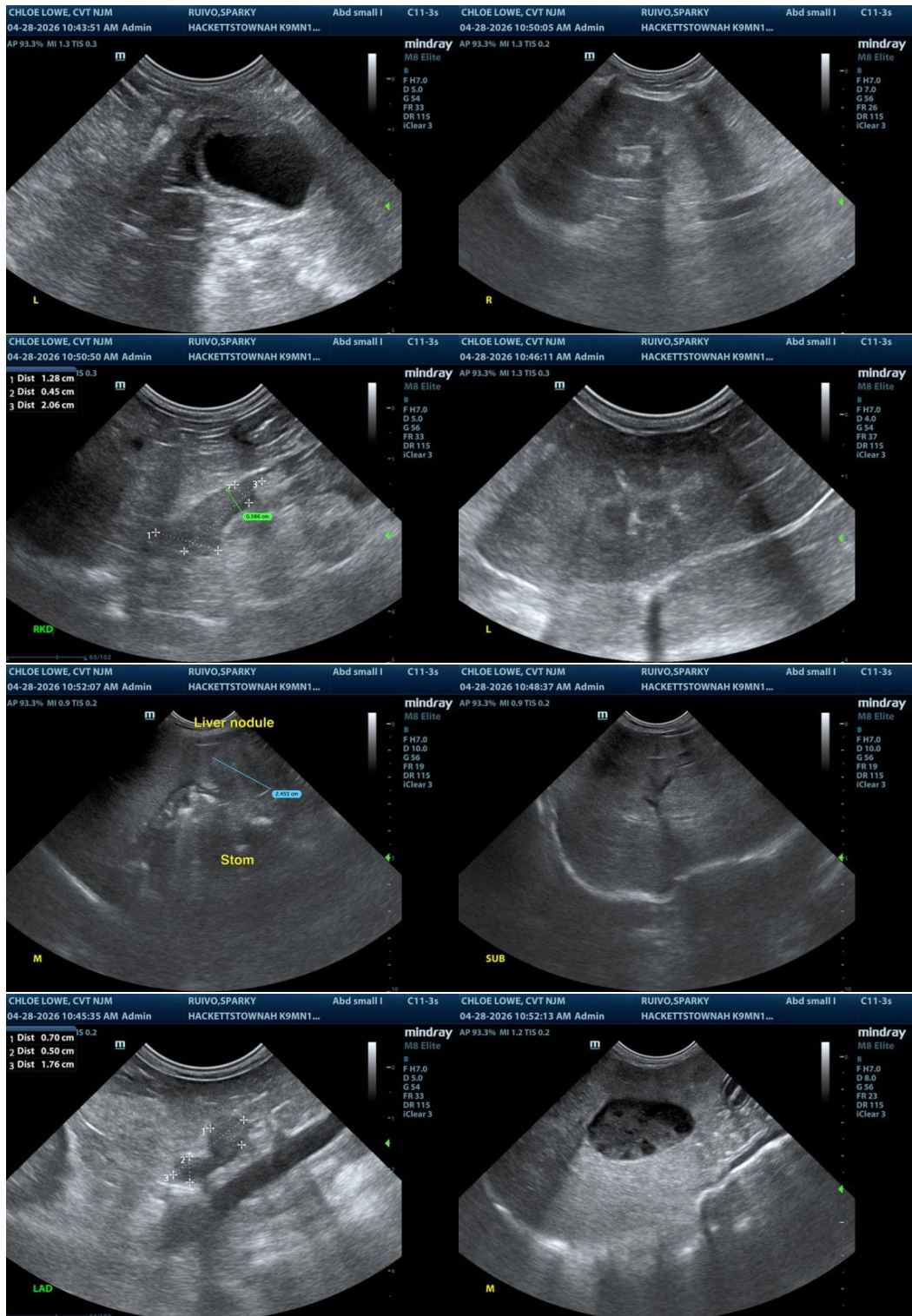
Dr. Long

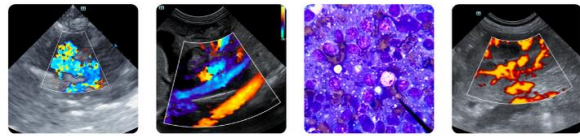
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Toy Poodle

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info@sonopath.com

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