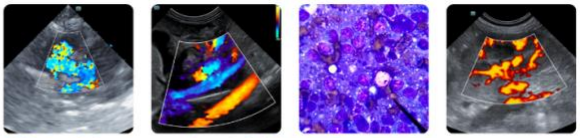

PATIENT

Avocado Rubio

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

9 Years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hohokus Veterinary Hospital

REFERRING VET

Dr. Gannon

INVOICE

16210

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Chronic weight loss, GI issues- on/off vomiting, R/O IBD, Neoplasia vs. other. meds: HP diet

Abnormal PE/Chem/CBC/UA Results: AST 77, ALT 773, ALP 245, GGT 16 Urine: WNL, USG 1.050

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. 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 normal corticomedullary definition 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 with no evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 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 0.6 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 0.6 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 & Gallbladder

The liver presented normal to possibly mild subnormal in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with mild to moderate nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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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. An example of small intestine wall measured 0.45 cm wall width.

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

Pancreas

The area pf the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy.
- Normal gallbladder.
- Sonographically unremarkable gastrointestinal tract.
- Normal area of the pancreas.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver may indicate vacuolar hepatitis, cholestasis, chronic active hepatitis (favored), cholangiohepatitis, hepatotoxicosis i.e. copper, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded.

Further assessment may include screening FNA cytology and if evidence of hepatic dysfunction i.e. abnormal BUN, glucose, albumin, or cholesterol level of bile acid profile. Gold standard hepatic biopsy with histopathology and copper assessment is likely required for a definitive diagnosis. No sonographic evidence of gastrointestinal pathology, although microscopic gastrointestinal disease may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.

New Jersey Mobile
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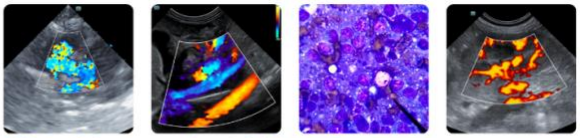

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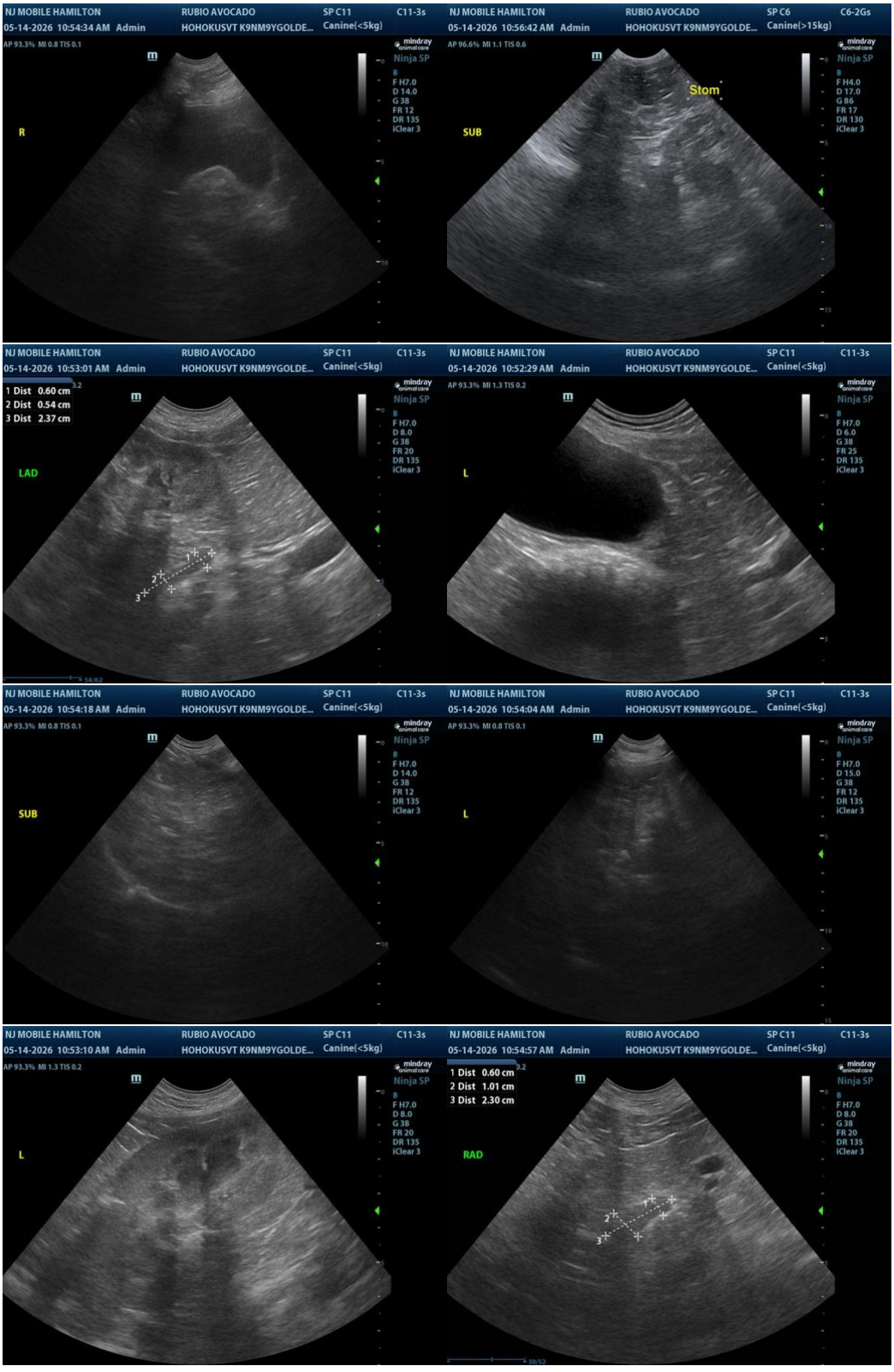

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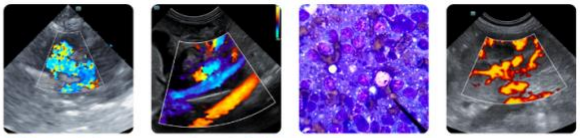

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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