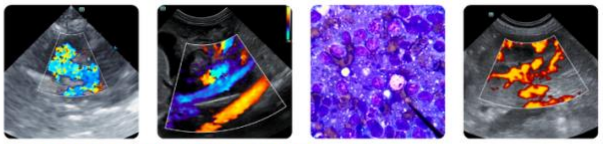

PATIENT

Bruferd Copeland

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

18.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Cranston VC

REFERRING VET

Dr. Brown

INVOICE

16230

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05/14/26

PRESENTING CLINICAL SIGNS

Elevation liver enzymes

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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral and left kidney caudal cortical cyst were present. The left kidney measured 6.2 cm in length. The right kidney measured 5.8 cm in length. Small concurrent small right kidney cortical cyst was present.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.57 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.

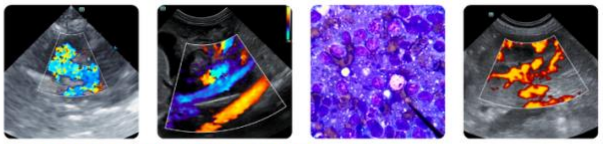
Liver & Gallbladder

The liver revealed generalized moderate to possible marked hepatomegaly exhibiting moderate generalized non-homogenous parenchyma and variable coarse echotexture. Ventrocaudal mixed echogenic to nodular lobar swelling or possible endoscopic marginated mass lesion was present measuring approximately 4.5 cm in diameter. Normal vascular volume was maintained.

The gallbladder was non distended in size with moderate nondependent variably congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mildly enlarged mid abdomen jejunal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 2.0 cm x 0.77 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogenous liver with ventrocaudal non-homogenous hypoechoic/nodular swelling versus indistinctly marginated mass.
- Non-organized gallbladder debris (non-mucocele).
- Chronic renal changes with cysts.
- Normal adrenal glands.
- Pancreatic remodeling/fibrosis.
- Mid abdomen mild jejunal lymphadenopathy with perilymphatic hyperechoic omentum - suspect reactive hyperplasia or possible nonspecific lymphadenitis.
- Age-related spleen- benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic hepatopathy with considerations including vacuolar, cholestatic, inflammatory hepatopathy, variable to significant nodular hyperplasia, lipogranulomas, fibrosis or low-grade neoplasia are all potentials.

Further assessment may include hepatic parenchyma and ventrocaudal lobar swelling/indistinct mass FNA cytology. Hepatic biopsies with histopathology are likely required for a definitive diagnosis. Hepatosupportive medications with sonographic monitoring of the liver for progressive parenchymal changes and gallbladder if evidence of progressive cholestasis would be more conservative. A spec cPL may be considered if clinical signs are consistent with chronic pancreatitis. Urinalysis is recommended if not recently done.

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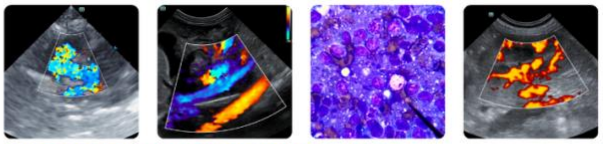

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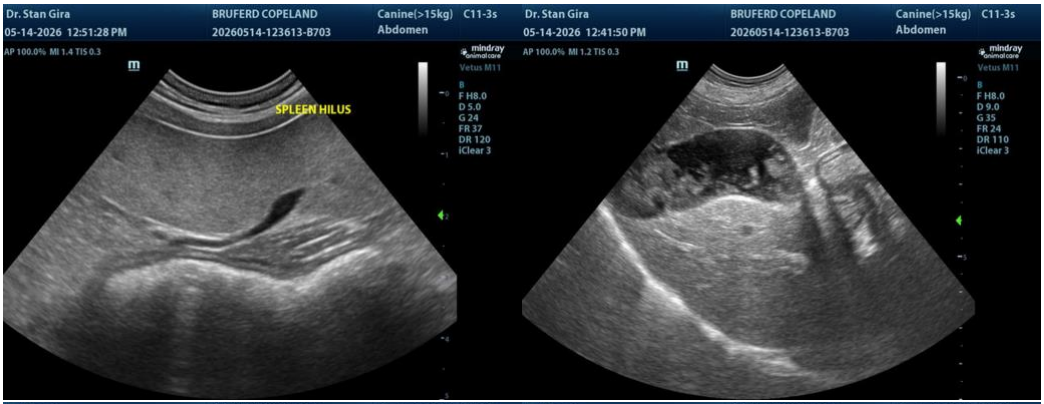

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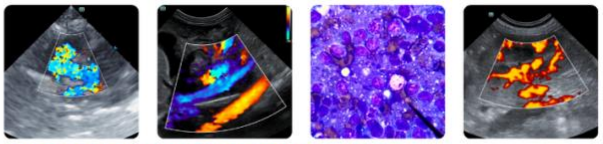

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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