



**PATIENT**

Mojo Jojo Sanchez

**SPECIES**

Canine

**BREED**

Cavapoo

**SEX**

M

**AGE**

2Y

**WEIGHT**

4.7kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
 CVT

**HOSPITAL NAME**

Bond Vet Union

**REFERRING VET**

Dr. Tedesco

**INVOICE**

75077

**DATE**

5-20-26

**PRESENTING CLINICAL SIGNS**

Elevated Liver Enzymes. Current medications - Denamarin, Monthly FT+HWP.  
 Abnormal PE/Chem/CBC/UA Results: 3/22/26 - ALT 208, 4/25/26 - ALT 512, AST 121

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate nondependent to accumulated nonmineralized sediment was present which may indicate cellular debris, crystalline debris, mucus, or lipid without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.4 cm diameter.

The area of the iliac trifurcation was free of pathology.

Normal size and margination were present in the kidneys. No evidence of renomegaly or calculi. 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 4.0 cm in length. The right kidney measured 4.1 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 0.41 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 0.45 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.

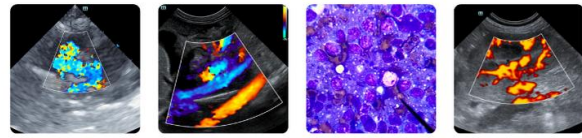
**Liver/ Gallbladder**

The liver was subjectively borderline to mildly enlarged in size with normal structure and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



<b>PATIENT</b>	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.
Mojo Jojo Sanchez	
<b>SPECIES</b>	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.
Canine	Normal visible colon wall layers were present with formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
Cavapoo	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 were evident.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
M	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	The left and right testicle are sonographically normal.
2Y	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>• Sonographically unremarkable normal volume liver with borderline/mild hepatomegaly.</li><li>• Normal gallbladder.</li><li>• Normal kidneys/adrenal glands.</li><li>• Urine sediment.</li><li>• Benign prostatic hyperplasia.</li></ul>
4.7kgs	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The hepatopathy is nonspecific and consistent with benign hepatopathy. Nonspecific inflammatory hepatic disease, infectious/immune mediated hepatopathy, hepatotoxicosis i.e. copper are all potentials in conjunction with ALT/AST elevation. No evidence of intrahepatic or extrahepatic macroscopic shunt. Portal hyperplasia/microvascular dysplasia not definitively excluded. Further assessment may include, assuming normal clotting status, hepatic FNA cytology primarily to assess for evidence of inflammation. Gold standard hepatic biopsy with histopathology and copper assessment are required for a definitive diagnosis. Leptospirosis titers/PCR may be considered if clinically indicated. If patient is nonclinical, current hepatosupportive medications with ursodiol trial given its antioxidant and immunomodulatory effects within the liver with monitoring may prove beneficial. Correlation with urinalysis recommended.
<b>IMAGING PERFORMED BY</b>	
Vincent Ravancho, CVT	
<b>HOSPITAL NAME</b>	
Bond Vet Union	
<b>REFERRING VET</b>	Urine culture and sensitivity suggested if inflammatory urine sediment.
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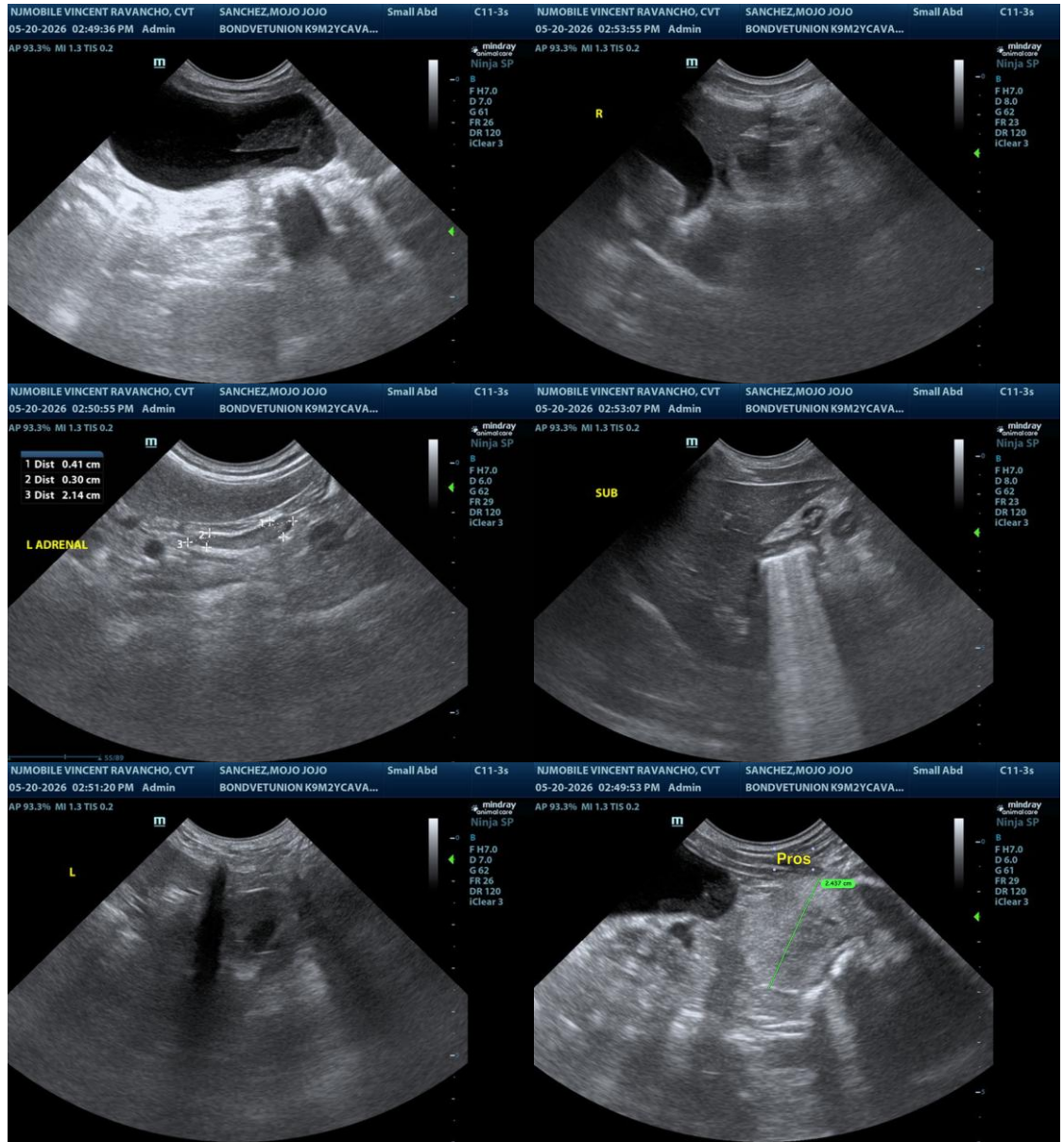
Dr. Tedesco

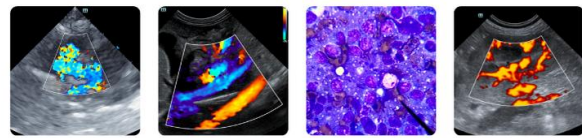
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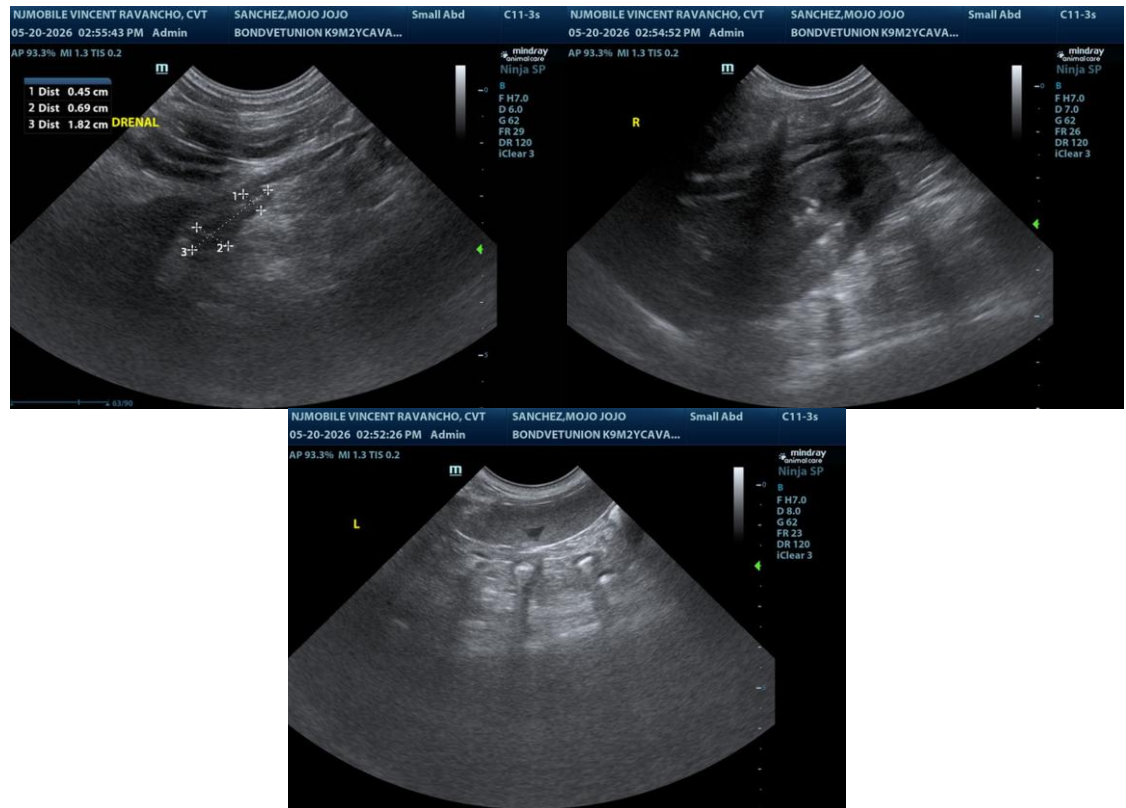
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)