



PATIENT

Max Suarez

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

14.1

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM (Internal
Medicine)

IMAGING PERFORMED BY

Dr. Marcela Salas

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Dr. Marcela Salas

INVOICE

14206

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Max Suarez is 14 yr old Poodle Mix 14 lb dog. Asymptomatic. Came in for annual labs and he had mild ALT elevation (132). Started Denamarin. Came back 4 weeks later to repeat ALT went to 172. Screening Abd US performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Small hypoechoic prostate.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.56 cm in width. The right adrenal gland measured 0.44 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, prominent portal markings and a regular curvilinear capsule. Normal appearance of the hepatic and portal vasculature. Few small hypoechoic parenchyma nodules were present measuring up to 1.3 cm in size. No mass is evident.

Gallbladder

Full gallbladder containing a small amount of nonadhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material present within the colon.

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Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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Free Abdomen

Normal mesenteric lymph nodes.

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No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion was evident.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy.
- Hepatic nodules.
- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with chronic hepatitis and infiltrative neoplasia, unlikely differential diagnoses. The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia. The gallbladder sediment can be considered an incidental finding.

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Further assessment would be FNA cytology of the liver, however, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

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Specific therapy would depend on an etiological diagnosis. Symptomatic management that could be considered for both the hepatopathy and the gallbladder sediment would be the use of ursodiol with regular monitoring of liver enzyme activity.

REFERRING VET

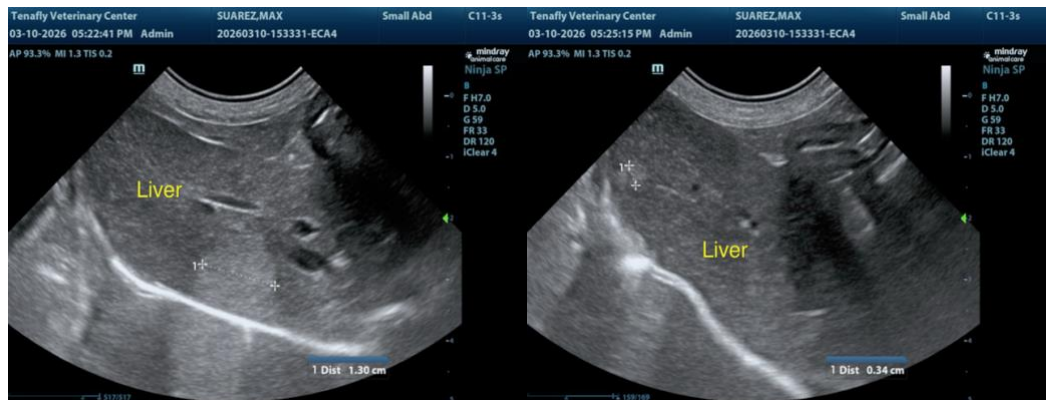
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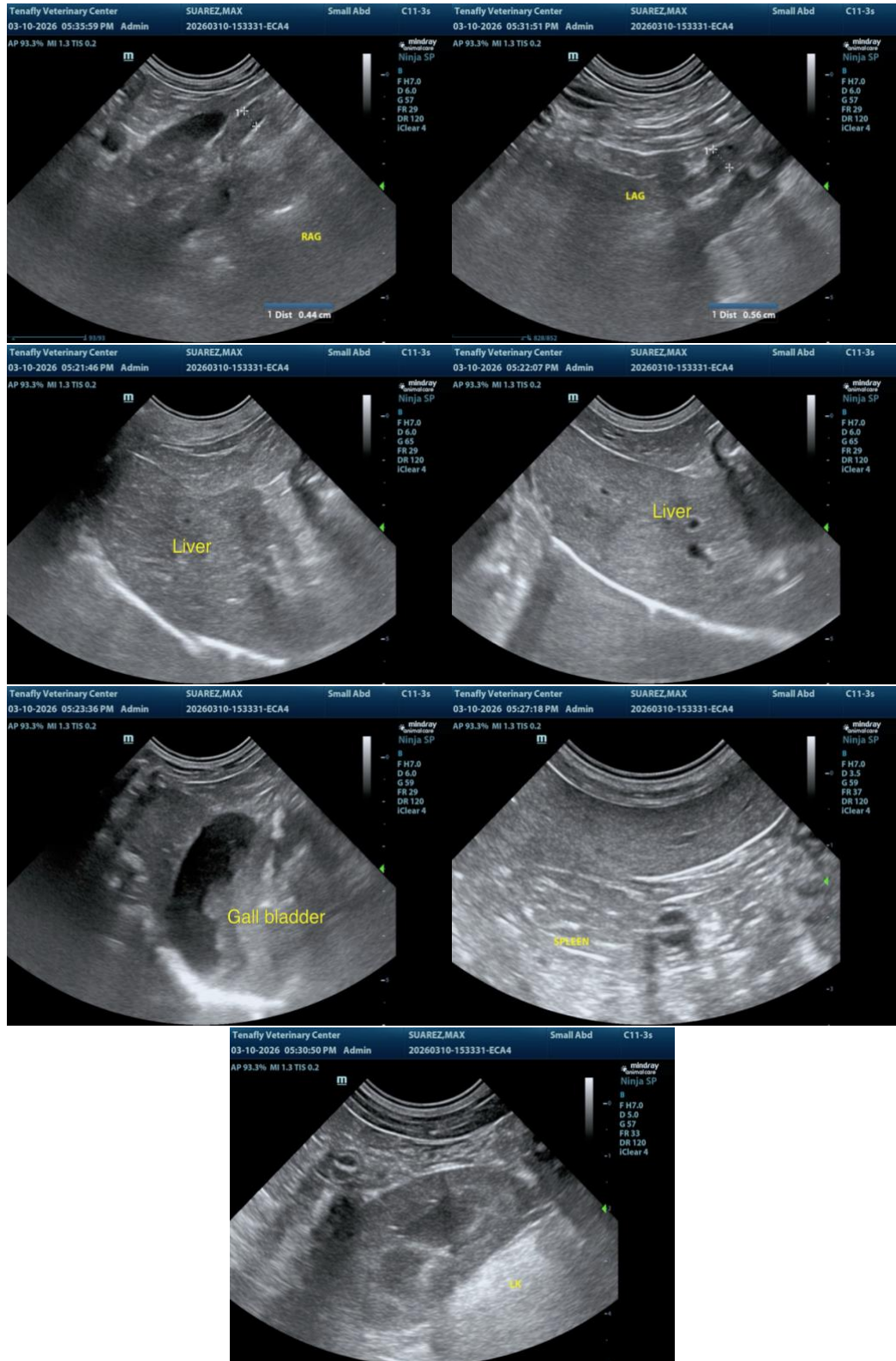
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com