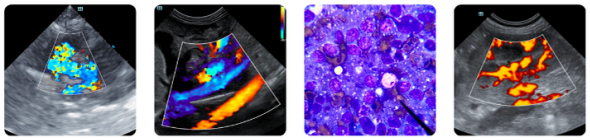


PATIENT

Thor Vacho

SPECIES

Canine

BREED

Great Dane

SEX

MN

AGE

7 years

WEIGHT

72.1 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Leah Richter

HOSPITAL NAME

Allied Veterinary Emergency & Referral

REFERRING VET

Dr. Leah Richter

INVOICE

12100

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Presented to Allied EC on 6/4 for vomiting blood and decreased appetite. Blood work showed neutrophilia and mixed hepatopathy; AXR and AFAST unremarkable. Lepto SNAP was negative. He was hospitalized overnight with IVF, cerenia, ondansetron, Denamarin, sucralfate, pantoprazole, and opioid pain meds (methadone first, then fentanyl CRI). He was transferred this morning to Allied Brooklyn Park for an abdominal ultrasound and continued hospitalization. History 6/4 Allied EC. Thor has been vomiting blood for the last 2 days. At first, they did not know if it was Thor or the puppy. But they saw Thor vomit today with blood clots present. He had had a decreased appetite for the last 2 weeks; only eating and drinking small amounts. No diarrhea. Thor started carprofen for arthritis 4-6 weeks ago, and shortly after his stools did get darker. He lost around 20lbs since starting the carprofen, and a new lump on the sternum area has also been noticed.

Abnormal PE/Chem/CBC/UA Results: 6/4/26 Allied EC (9pm) CBC: WBC 18.97 (H), NEU 14.30 (H), MONO 2.29 (H) Chem: ALT 773 (H), ALKP 816 (H), GGT 14 (H), TBIL 6.2 (H) PCV/TS: 52/6.4 Coags: PT 21.0 (H), PTT 88.0 (N) Lepto: NEG AXR: Clinically unremarkable abdominal radiographs AFAST: Negative for fluid in all 4 quadrants Today at the Brooklyn Park location. CBC: WBC 17.57 (H), Neut 13.72 (H), Mono 1.72 (H) Chem17/lytes: ALT 702 (H), ALP 591 (H), GGT 13 (H), Tbili 5.3 (H). Coags: PT 21.0 (H), PTT 103 (H) PCV/TP: 48/5.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is turbid and contains abundant suspended echogenic debris. Normal appearance of the trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 7.71×4.42 cm, with a cortical thickness of 0.88 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 8.22×4.82 cm, with a cortical thickness of 0.81 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

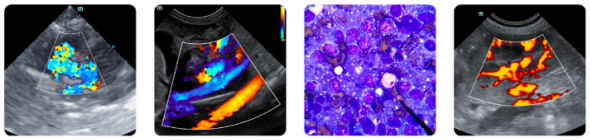
Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.78 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland could not be reliably visualized.

Spleen

Splenic thickness measures 2.43 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Color Doppler evaluation demonstrates a normal vascular pattern.

Liver



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The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 3.77 mm and preserved wall layering.

The duodenal wall measures 2.79 mm.

The jejunal wall measures 2.32 mm.

The ileal wall measures 1.47 mm.

Normal wall layering is preserved throughout the examined gastrointestinal tract. No evidence of gastrointestinal obstruction, inflammatory mural changes, ileus, or foreign material is identified.

The colonic wall measures 2.30 mm and is largely devoid of luminal contents.

Pancreas

The pancreas could not be confidently identified. However, the surrounding mesenteric fat and expected pancreatic region do not demonstrate evidence of overt inflammatory change, mass effect, or peripancreatic fluid accumulation.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Turbid urine containing abundant suspended echogenic debris.
- No clinically significant structural hepatobiliary abnormalities identified despite marked biochemical evidence of hepatopathy and hyperbilirubinemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of extrahepatic biliary obstruction, gallbladder disease, hepatic mass lesions, pancreatitis, abdominal neoplasia, or other significant structural abdominal diseases are identified. Despite the marked hyperbilirubinemia, increased liver enzyme activities and clinical evidence of hepatopathy, the hepatobiliary system appears sonographically unremarkable.
The absence of ultrasonographic abnormalities does not exclude clinically significant hepatocellular disease, hepatitis, toxic hepatopathy, drug-associated liver injury, or other diffuse functional hepatopathies that may occur without detectable structural changes.

Given the recent initiation of carprofen therapy and the temporal association with the onset of anorexia, weight loss, gastrointestinal signs, and hepatobiliary biochemical abnormalities, drug-associated hepatotoxicity should be considered among the differential diagnoses.

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Cytologic evaluation of the collected liver aspirates may provide additional information regarding the nature of the underlying hepatopathy.

Suspended urinary sediment is present within the urinary bladder. In the absence of concurrent sonographic evidence of cystitis, urolithiasis, or urinary tract obstruction, the significance of this finding is uncertain. Correlation with urinalysis results is recommended.

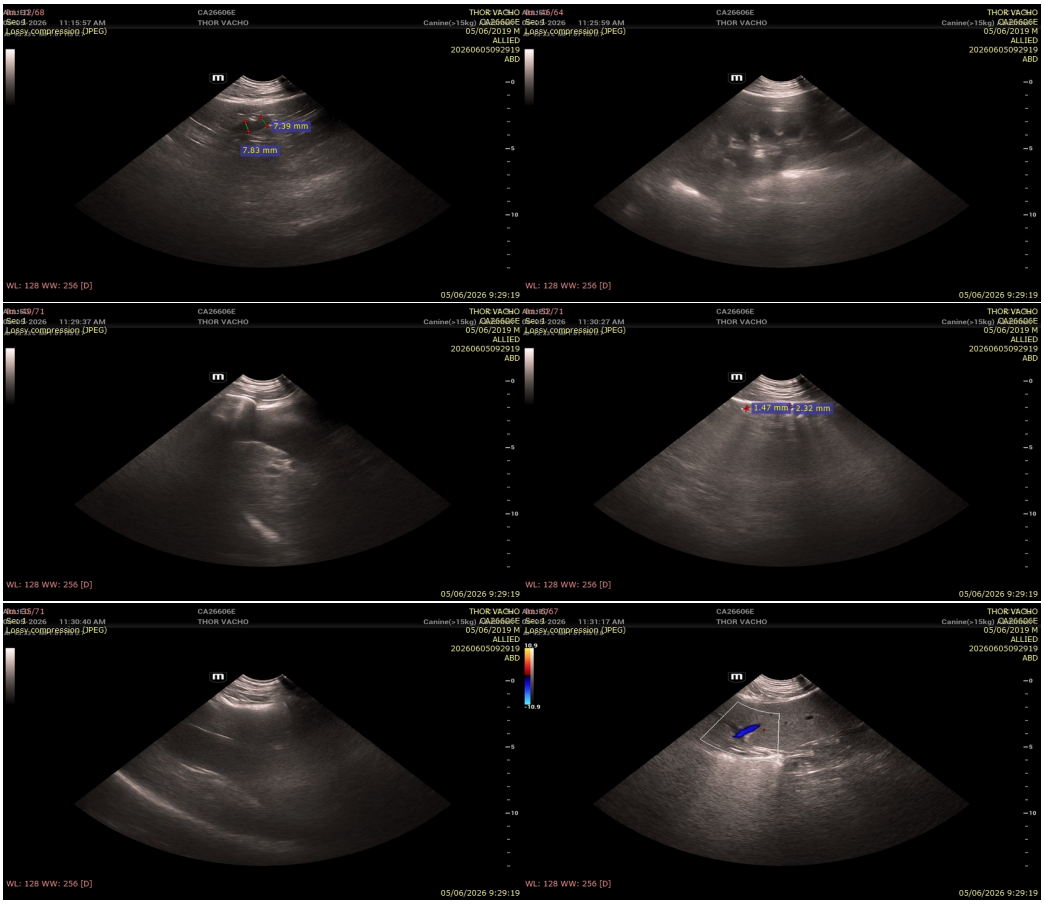
Other recommendations:

- Correlation with the pending hepatic cytology results is recommended.

- Monitoring of liver enzyme activities, bilirubin concentration, coagulation parameters, and clinical status.

- Continued supportive care and gastrointestinal protection are recommended at the discretion of the attending veterinarian.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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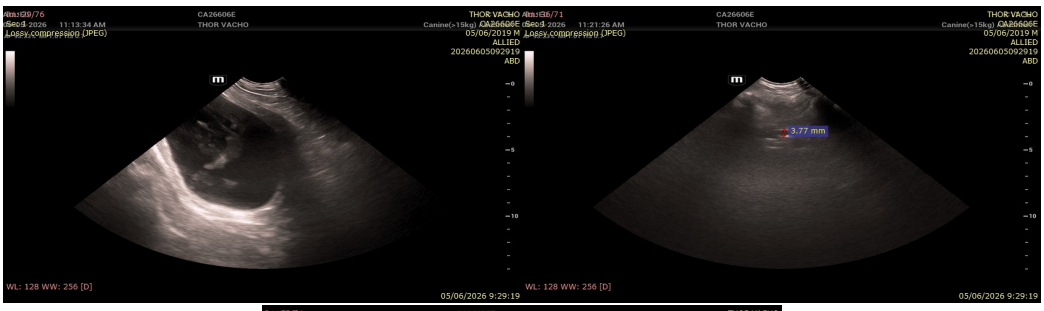

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com