

PATIENT

Divo Fuellert

SPECIES

Canine

BREED

Doberman

SEX

Female, intact

AGE

3 Yrs.

WEIGHT

27.4 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Seager

INVOICE

13329

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: weight loss per owner last 6 mo, but per clinic records has lost 7kg since May 2024. - BCS 2/9 - very BAR, high energy, great appetite. - fed raw plus home cooked plus treats. - NSF on PE other than BCS - lovely girl! Current Medications Denamarin Abnormal PE/Chem/CBC/UA Results: ALT 1715, ALP 1525, GGT 47, TBIL 20. Platelets 139. All else wnl. Radiographic Findings none Primary Question to Be Answered in This Exam Cause of elevated liver values and weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.77 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.18 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.55 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.57 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (2.55 cm in width at the level of the hilus) with a folded contour and smooth peripheral margins. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

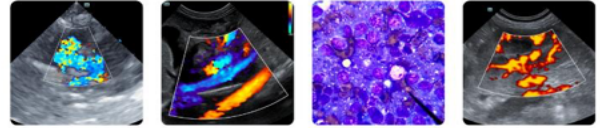
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas



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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

At least one prominent mesenteric lymph node is visualized measuring 2.77 x 0.93 cm.

Free Abdomen

Trace free fluid is observed.

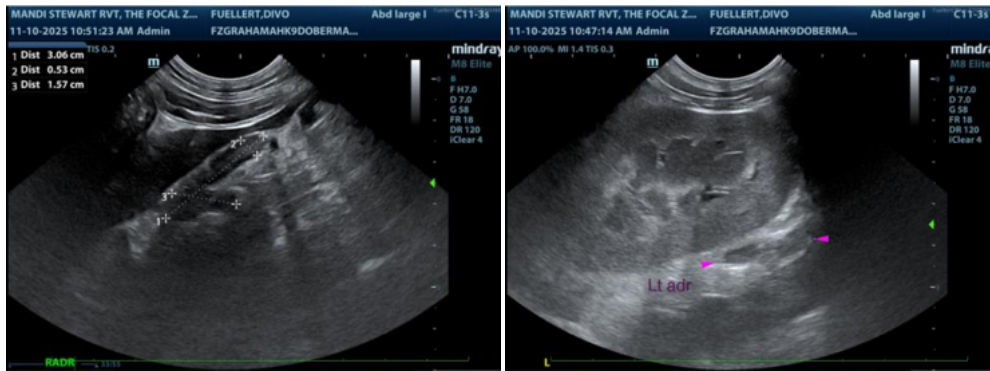
ULTRASONOGRAPHIC FINDINGS

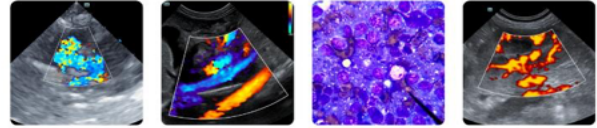
- The mild splenomegaly may be a normal variant for this large breed patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or emerging neoplasia (less likely).
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.
- Trace ascites

*An obvious cause for the severely elevated liver values is not identified in this study. Given the patient's breed, chronic hepatitis and copper hepatotoxicosis are of top concern. Other considerations include Leptospirosis, emerging neoplasia or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended. Ultimately, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation may be necessary to get a definitive diagnosis.
2. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/leptospirosis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.





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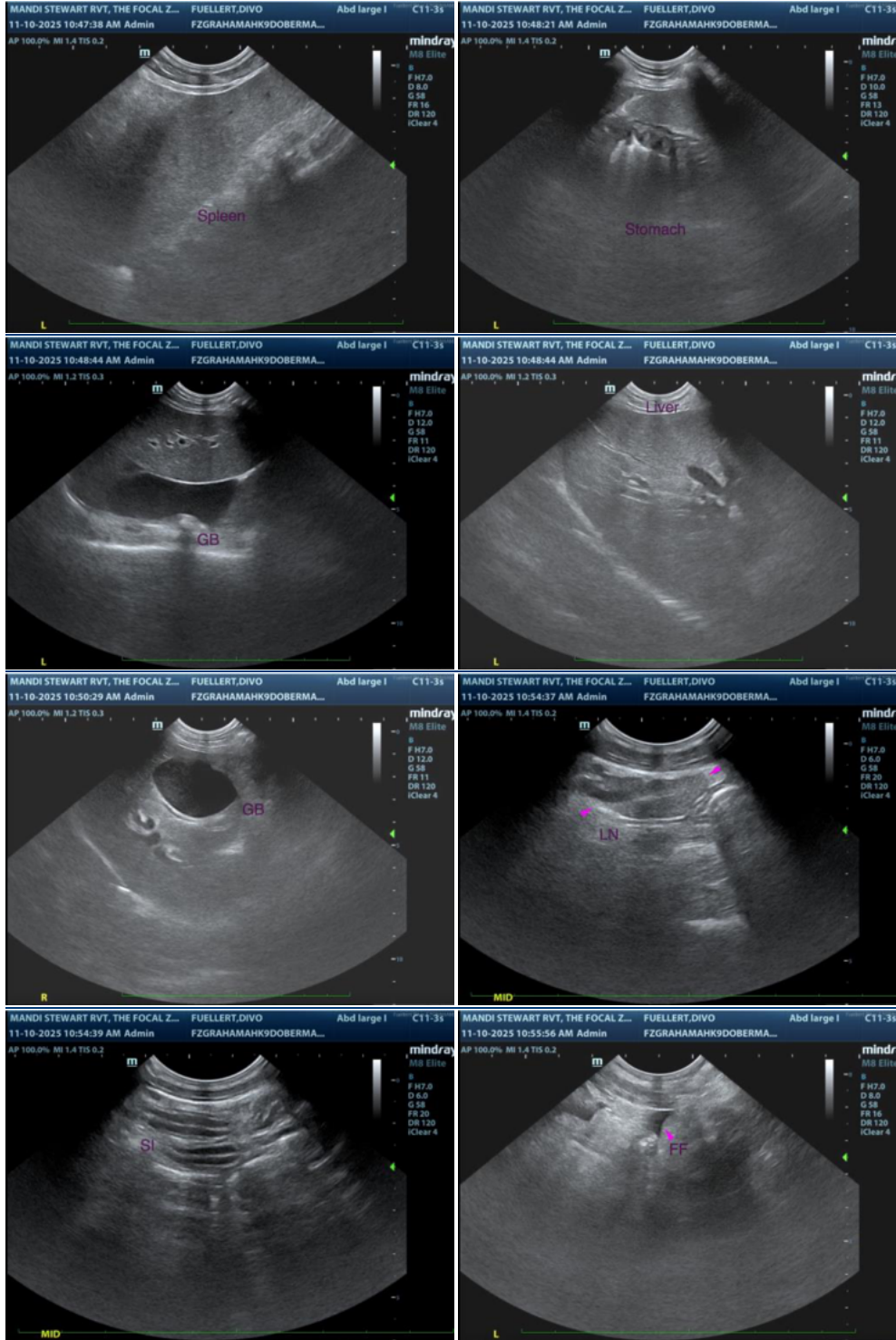
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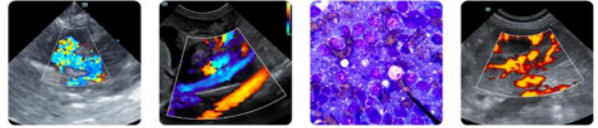
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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