



PATIENT

Norah Fisher

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

35.1 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn
McFarlane, DVM
(Internal Med)

INVOICE

72041

DATE

1/7/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate marked LES elevations (ALT >> ALP, AST, GGT) and hyperbilirubinemia. Recent Lyme positive and started on Doxycycline. Evaluated by BP WYO Surgery for bilateral TPLO surgery. Pre-op blood work showed markedly elevated LE and hyperbilirubinemia. No clinical signs noted. Surgery recommended work-up of LE prior to elective anesthesia/TPLO surgery. Meds: Ondanestron, Famotidine, Denamarin, Doxycycline (may have stopped Doxy)

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 50.1%, plts 182, remainder NSF Chemistry lab: Alb 3.1, ALP 1010 H, ALT 1485 H, AST 132 H, Chol 422 H, GGT 118 H, Gluc 101-n, T. bili 2.7 H, Trig 47-n, BUN 9.0-n, Cr 0.8-n, SDMA 12.4-n Inhouse: Pre-dilution - ALKP 924 (0-140), ALT to high to read, Chol 428 (120-310), Phos 5.4 (1.9-5.0), TBil 2.9 (0-0.5) Post-dilution- ALKP 983(0-140), ALT 2219 (0-120), Chol 429 (120-310), Phos 4.3 (1.9-5.0), TBil 2.7 (0-0.5) PCV/TS: 51/7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (6.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.19 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.1 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (2.1 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively small in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Possible subjective microhepatica could be normal patient variant and should be confirmed with a more specific evaluation such as radiographs versus other, as other differentials, especially given patient's history, include chronic hepatopathy, vascular anomaly, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations regarding patient's suspected hepatopathy depend in part on owner and attending clinician wishes, as given the reported Doxycycline history and the possibility for idiosyncratic reactions to Doxycycline, lowering the dose and/or discontinuing Doxycycline and altering antibiotic choice while providing hepatic support in the form of nutraceuticals, etc. could be considered while monitoring liver enzymes. However, especially given the concern for a possible small liver, other underlying hepatopathies could be present as well, especially given patient's breed, and further workup may be elected including additional infectious disease testing such as Leptospirosis, and/or ultimately liver biopsy, being sure to include copper level assessment if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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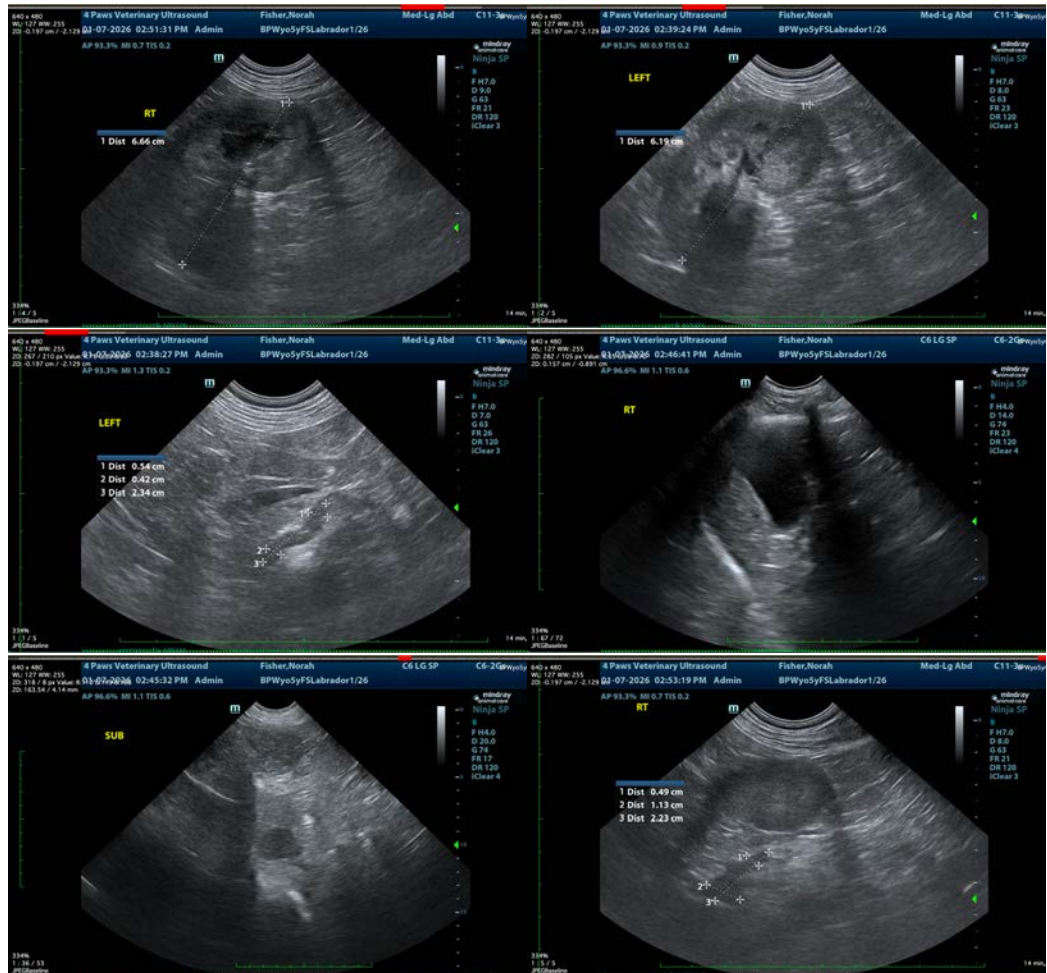
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com