



PATIENT

Toffee Pye

SPECIES

Canine

BREED

Doberman x

SEX

Neutered Male

AGE

3 Years

WEIGHT

75.5 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Maples Animal
 Hospital

REFERRING VET

Dr. Kazienko

INVOICE

72235

DATE

12/2/25

PRESENTING CLINICAL SIGNS

Decreased appetite end of Feb/25 -increased liver enzymes in Mar/25(AST, ALT, Alk Phos) -ultrasound Mar/25 inconclusive-rounded liver lobes, abdominal effusion -echocardiogram normal Mar/25 - supplemented with HepatoSupport, Metronidazole, Cerenia -still picky eating in April -treated with Clavaseptin x 10 days early May -blood work May 23--all liver enzymes NORMAL -went with husband to cottage for 3 weeks in August, though may have gotten into rat poison -clotting factors normal in Sept/25. Black stool. High Reticulocytes -increased ALT, AST, AlkPhos, T.Bili(43), low Alb, high Glob, increased calcium, low RBC's, low T4 -ultrasound-smaller liver? scalloped edges -blood work better(T.Bili-10). Lepto testing negative -Abd fluid cyto-transudate -wt loss(was 105 lbs in Feb/25) Current Medications Denamarin SID, Metronidazole 375mg BID, Thyro Tabs 0.5mg BID

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (9.1 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 (8.9 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 plump/swollen in size, measuring approximately 2.0 cm at the cranial pole and 1.5 cm at the caudal pole. However, the edges of the adrenal gland are difficult to fully isolate for accurate measurement. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.62 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size 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

Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Patchy ill-defined areas of increased echogenicity are present with reduced visualization of vessels. No overt nodules or masses 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

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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.

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Doberman x

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.

SEX

Neutered Male

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

Pancreas

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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.

WEIGHT

75.5 lbs

Free Abdomen

There is a moderate to large amount of anechoic free fluid.

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Beth Johnson, DVM
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There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

IMAGING PERFORMED BY

Kelly Reschny

- Hepatic Fibrosis Pattern – This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids).
- The moderate to large amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

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SECONDARY FINDINGS

REFERRING VET

Dr. Kazienko

- Possible/subjective right adrenomegaly, which should be interpreted in combination with patient’s clinical history, clinical signs of adrenal disease, etc., as this is considered an incidental, non-primary finding and could be a normal patient variant, although emerging adrenal disease, while believed to be unrelated to patient’s reported clinical signs and/or laboratory changes, can’t be ruled out.

INVOICE

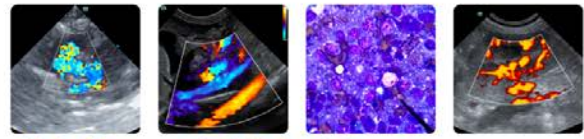
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A liver biopsy, being sure to include copper level assessment, is recommended after fully assessing patient’s coagulation status.



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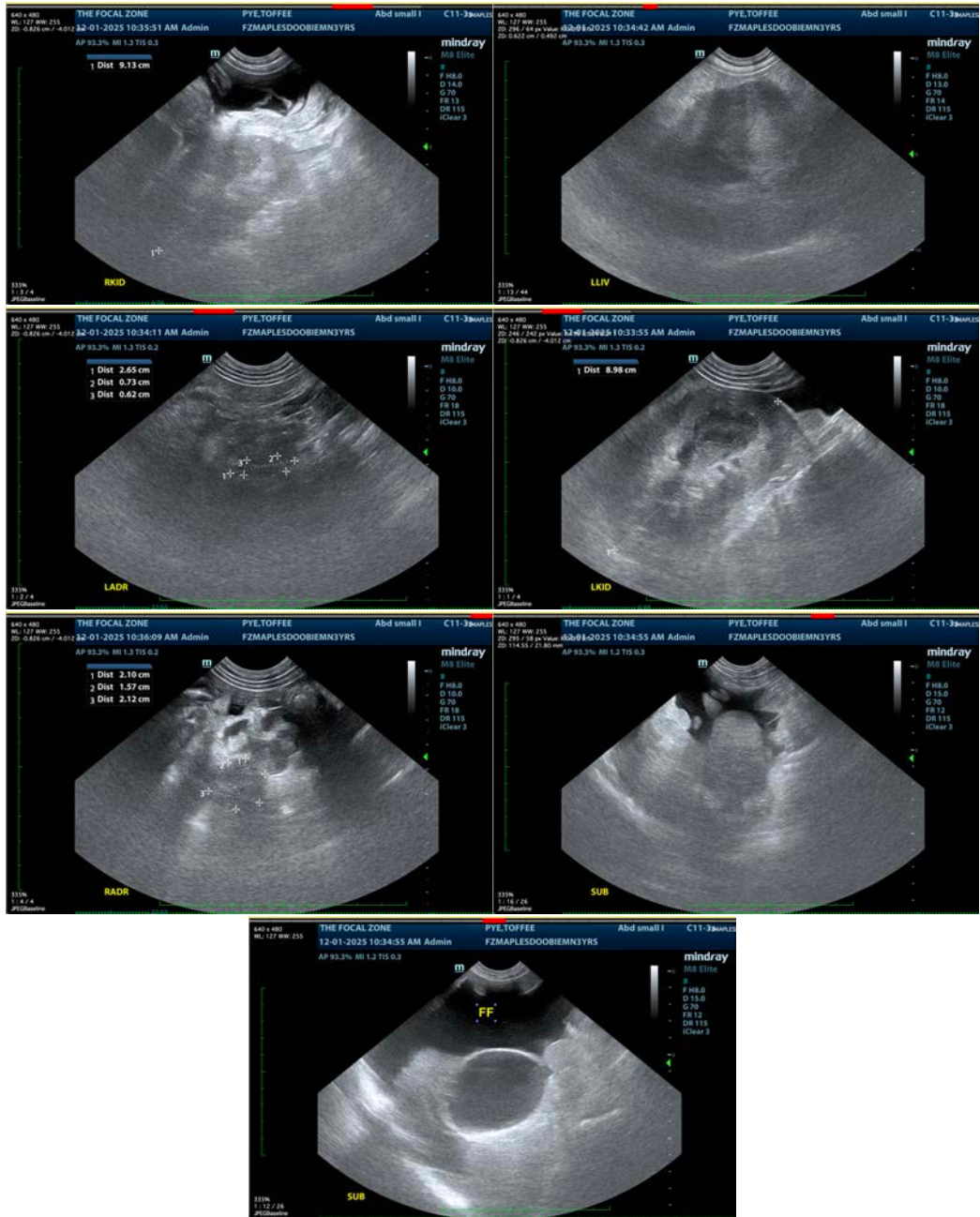
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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