



PATIENT

Athena Allison

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed Female

AGE

7 years

WEIGHT

25.7 kg

PRESENTING CLINICAL SIGNS

History: Oct 19, 2021 Brought in for weight loss and vomiting. Marked muscle atrophy of the head and face. Not apparent elsewhere. Able to open mouth wide without pain. Eyes sunken but otherwise wnl Good energy. Weight 26.2kg Nov 1, 2021-here for u/s MM, sclera icteric Additional weight loss - ~500g in 10 days Soft stools Seems sore when liver u/s (vs due to sub xiphoid position/deep chested dog)

Abnormal PE/Chem/CBC/UA Results: Blood panel performed Oct 19, 2021 SDMA 25 (0-14) ALT 762 (10-125), ALKP 583 (23-212), TBIL 1.9 (0-0.9) Urinalysis Oct 20, 2021 SG >1.050, free catch

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 cm. The right kidney also measured 7.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture and increased portal markings. Heterogenous, isoechoic to hypoechoic nodular changes were noted. The gallbladder wall was mildly echogenic and thickened. There was significant disrupted architecture noted with undulating contour and capsular retraction.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive and measured up to 2.0 cm.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

Trace amounts of free fluid were noted likely owing to portal hypertension.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Diffuse hepatic fibrosis, cirrhosis pattern. Minor potential for neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

Core liver biopsy is warranted. Leptospirosis titers are warranted. The prognosis is guarded to poor long term depending on response to therapy.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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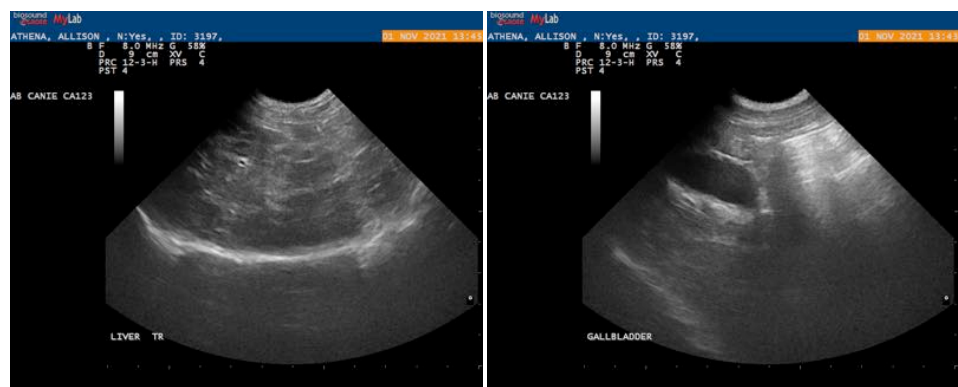
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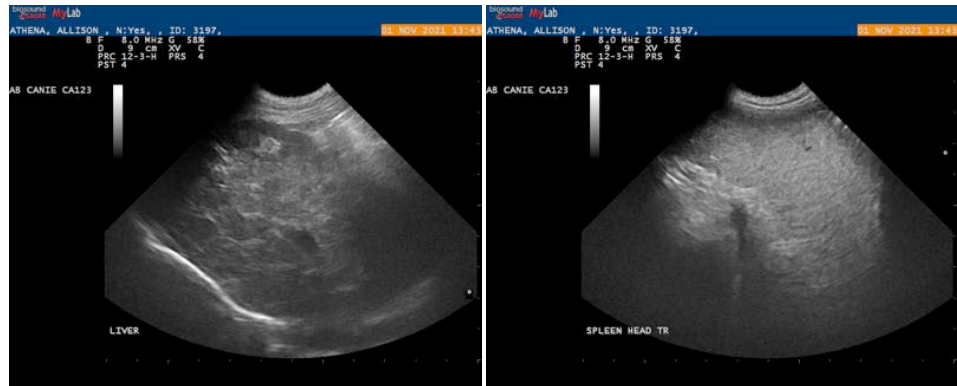
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com