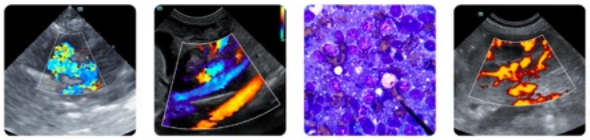


PATIENT

Teddy Johnson

SPECIES

Canine

BREED

Catahoula Leopard Cross

SEX

Neutered male

AGE

7 years

WEIGHT

66 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

69389

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: History of elevated liver values in previous years. No workup done at that time. 1 month history of being hungry but also picky about what he will eat, changing behavior (more grumpy and aggressive), and weight loss. ALT 521 on 5/22/24
Abnormal PE/Chem/CBC/UA Results: Ascites - clear, protein 0.1 mg/dl CBC - mild non-regenerative hypochromic, microcytic anemia (38%) Neutropenia 1768 (3004-9741) Monocytosis 2000 (145-736) CHEM: Glucose low normal (99) Albumin low - 2.0 (2.7- 3.9) Hyperglobulinemia 4.7 (2.4 - 4.0) ALT mild elevation 180 AST 105 ALP 245 GGT 15 T Bili - 1.4 low cholesterol 117 (131 - 345) Euthyroid UA - 1.019 USG trace proteinuria TFAST - no pleural or pericardial fluid, no enlarged heart chambers

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 right kidney measured 7.03 cm. The left kidney measured 8.0 cm.

Adrenal Glands

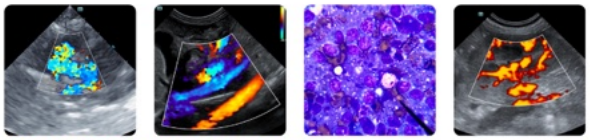
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.3 x 0.47 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.85 x 0.6 cm.

Spleen

The **spleen** was enlarged and congested. This is likely secondary to portal hypertension.

Liver

The **liver** revealed diffuse, heterogenous parenchymal changes and swollen irregular contour. Increased portal markings were noted with heterogenous coalescing nodular changes. The gallbladder was unremarkable other than mildly thickened wall without over distension.



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Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** revealed edematous, hypoechoic, irregular parenchyma.

Free Abdomen

A large amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic disease, consistent with fibrosing cholangiohepatitis and likely cirrhosis.

Ascites.

Pancreatic edema.

Splenic congestion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally the GI tract appears unremarkable; however, I cannot rule out protein losing enteropathy as cause of low albumin, yet liver failure is likely the primary issue in this patient. The prognosis is poor long term. I cannot completely rule out the potential of underlying carcinomatosis or similar. Cytospin of the abdominal fluid is recommended to assess for exfoliating neoplastic cells as well as FNA or core biopsy of the liver with some level of risk given the ascites. However, the prognosis is poor, given the age and breed copper storage disease is a potential.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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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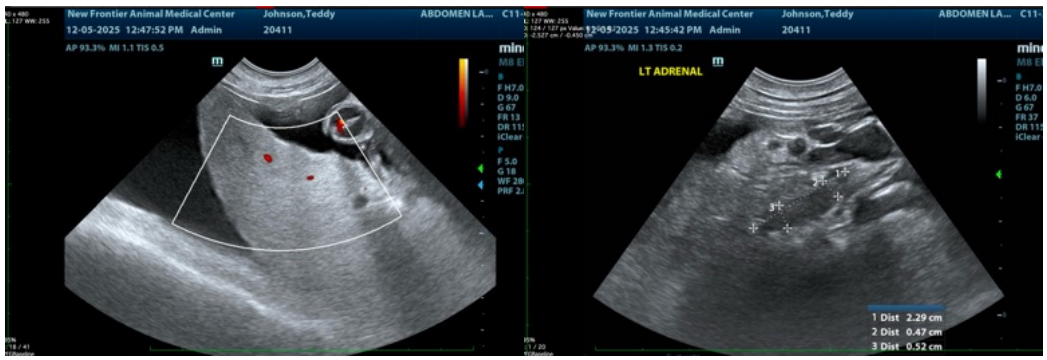

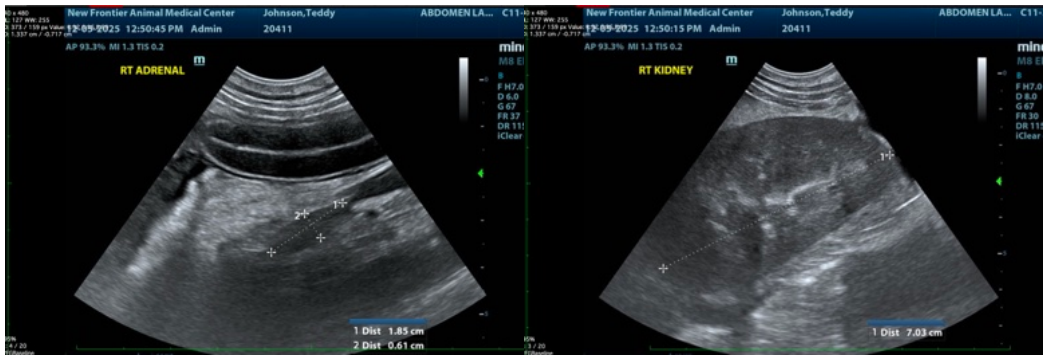

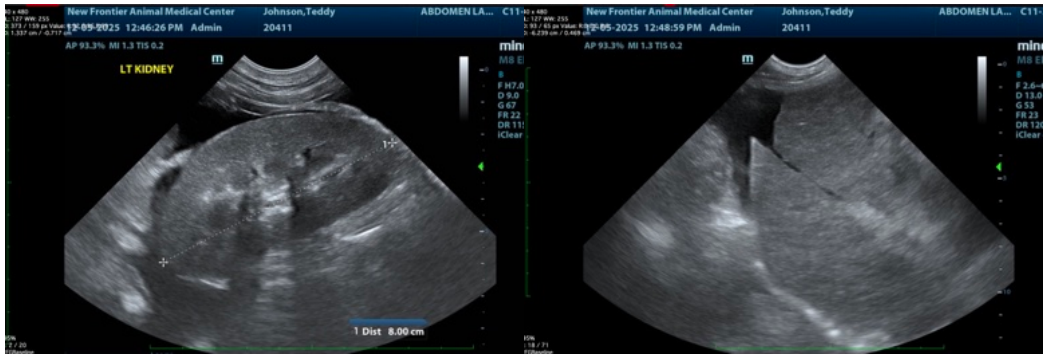

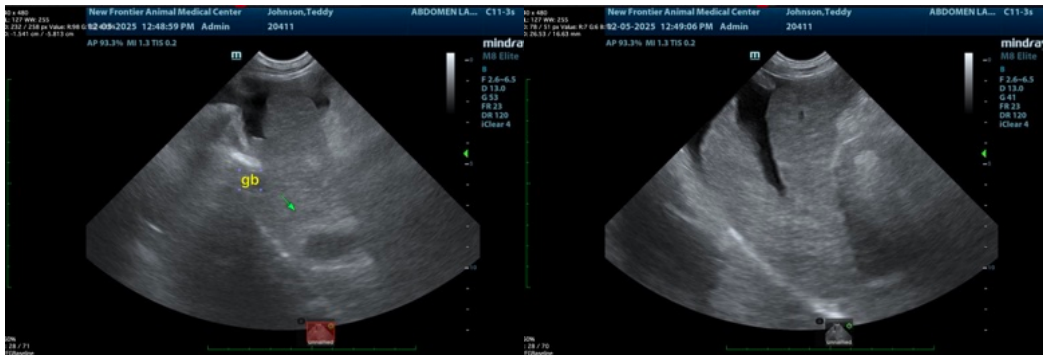

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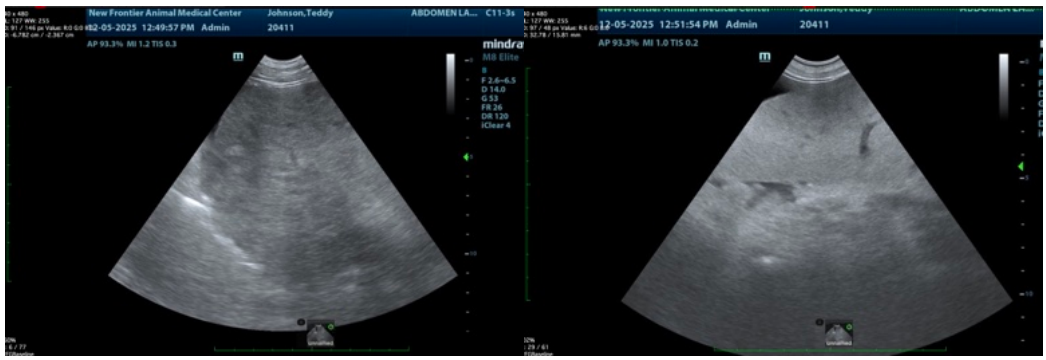

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com