



PATIENT

Meah Koch

SPECIES

Canine

BREED

Labrador Retriever
Cross

SEX

Spayed female

AGE

13 years

WEIGHT

29.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

42807

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: Generalized mild muscle atrophy/weight loss lethargic and not eating well Years ago had suspect toxin exposure, was neurologic.

Abnormal PE/Chem/CBC/UA Results: Bloodwork Feb 10th - ALT - unreadably high, ALKP 1843(23-212), GGT 26 (0-11), Tbil 1.7 (0-0.9), otherwise wnl CBC normal. No fever.

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 4.4 cm and the right kidney measured 5.2 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 with increased portal markings and undulating contour. The liver was subnormal in size. Hypoechoic nodular changes were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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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Cross

ULTRASONOGRAPHIC FINDINGS

SEX

Chronic inflammatory hepatopathy, nodular hyperplasia liver pattern. Acute on chronic liver failure.

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

I am concerned for chronic infectious disease such as Leptospirosis. Core liver biopsy is ideal. FNA may provide for cursory information. Leptospirosis titers, Ampicillin and Metronidazole as well as nutraceuticals are all indicated. The prognosis is guarded. There is a minor potential for underlying hepatic neoplasia.

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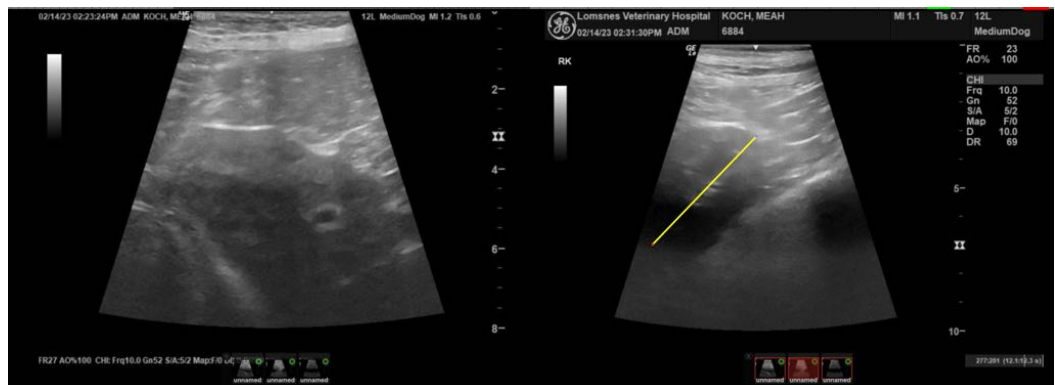
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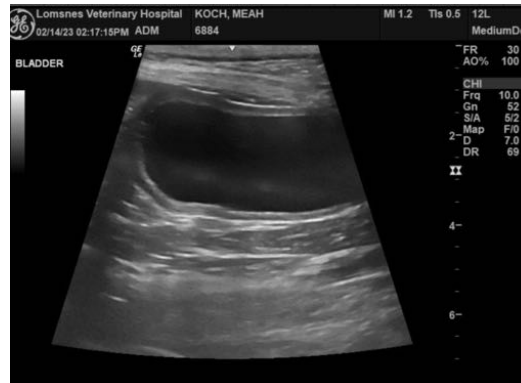
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com