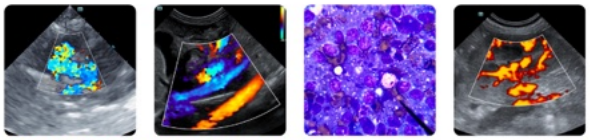


PATIENT

Ebony Korporal

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

3 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

71201

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Acute onset, vomiting, lethargy on 2/2 (yesterday) and dark red urine
- Patient seen at ER on 2/2 - BW run (see below) and AFAST - some free fluid noted. treated with SQ fluids and Cerenia
- Symptoms much improved today - eating, drinking, urine almost back to normal. ALT slightly worse but GGT improved, Tbili much improved
- Patient had a Cytopoint injection on Friday - O concerned that this could be a reaction to the Cytopoint injection
- Abnormal PE/Chem/CBC/UA Results: 2/2/26: CBC - HCT 72% Leukocytosis - 26.9/ Neutrophilia 23.7 CHEM - mild azotemia (Creatine 1.6) hypocalcemia elevated Albumin (5.1) ALT 616 AST 567 GGT 229 ALP 86 Total Bilirubin 8.2 Today: CBC - HCT 46% Leukocytosis 29/Neutrophilia 24 CHEM - Azotemia resolved Calcium normal ALT 701 ALp 32 GGT 3 TBili 2.0

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.

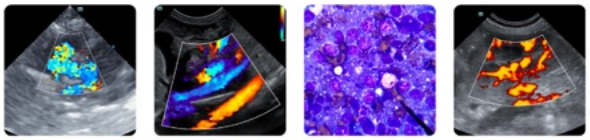
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.3 cm. The left kidney measured 6.5 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 2.8 x 0.4 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 3.06 x 2.08 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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. A slight amount of free fluid was noted between the liver lobes and diaphragm of unknown cause.

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. A trace amount of luminal fluid was noted consistent with gastric stasis. 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 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.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

Acute hepatic insult is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver after coagulation panel is indicated. Leptospirosis titers are recommended as well as assessment for any hepatotoxins are indicated. Recheck sonogram is recommended in 3-5 days if the patient is not responding to empirical measures to assess if any emerging visceral pathology renders itself visible. Currently the abdomen is unremarkable other than slight free fluid between the free fluid between the liver lobes.

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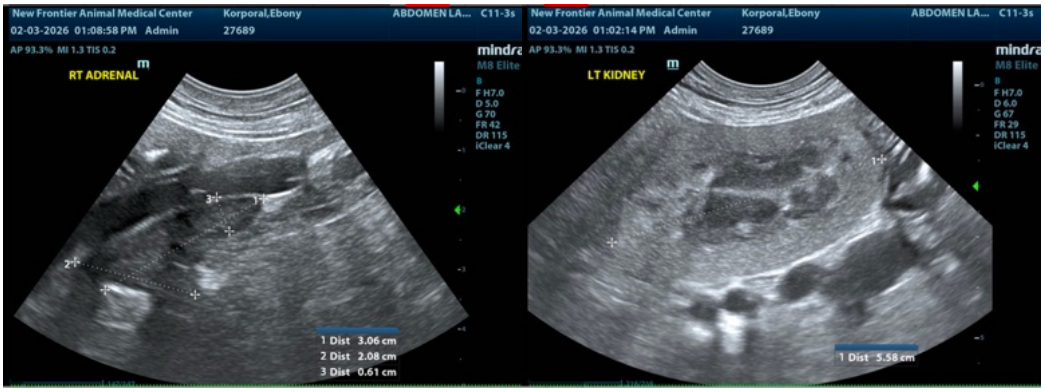

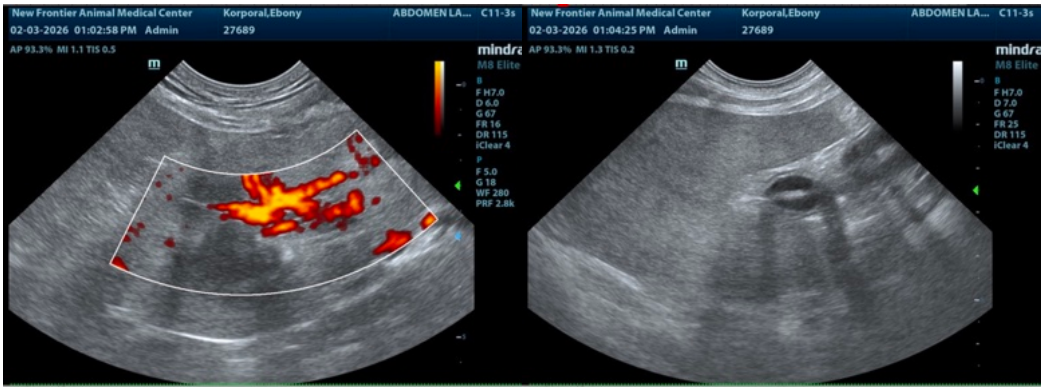

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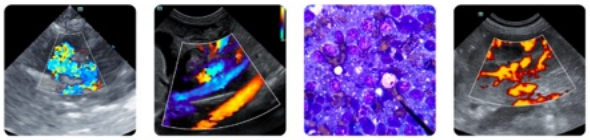

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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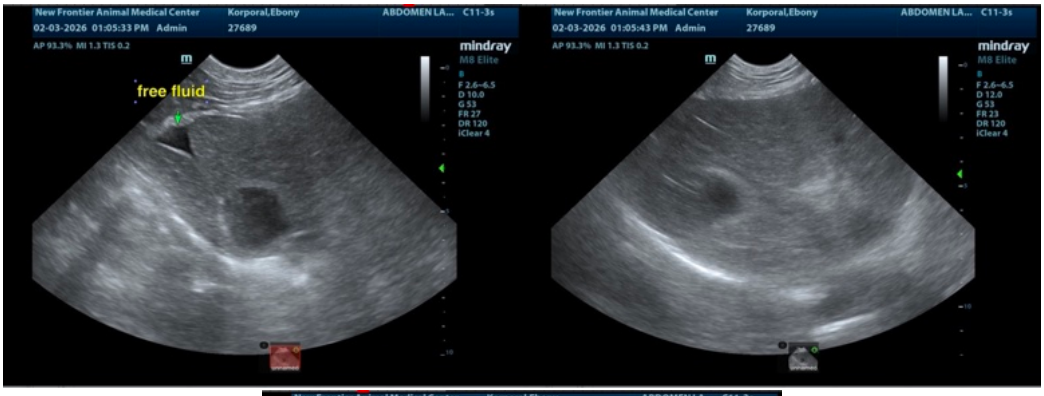

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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