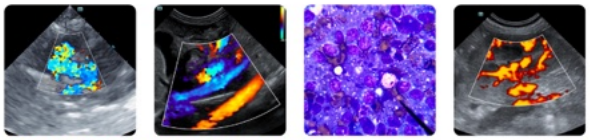

PATIENT

Abby Karnacewicz

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed female

AGE

13 years

WEIGHT

55 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ray Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Dr. Caughman

INVOICE

73756

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Elevated Liver Enzymes for 10 months
- On Heartgard
- Systolic Murmur 3/6, Anemia- HCT 35, Hemoglobin 12.4, Potassium 5.7, TP 8.5, ALT 1160, AST 88, ALPhos 1150, GGT 60, Proteinuria Weight loss

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.8 cm. The right kidney measured 6.0 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 right adrenal gland 1.14 x 0.34 cm. The left adrenal gland measured 1.3 x 0.38 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 with isoechoic nodular changes. A macronodular change was noted in the mid left caudal liver measuring 3.9 cm. This is consistent with fibrosing cholangiohepatitis with nodular hyperplasia. There is a potential for emerging cirrhosis. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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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

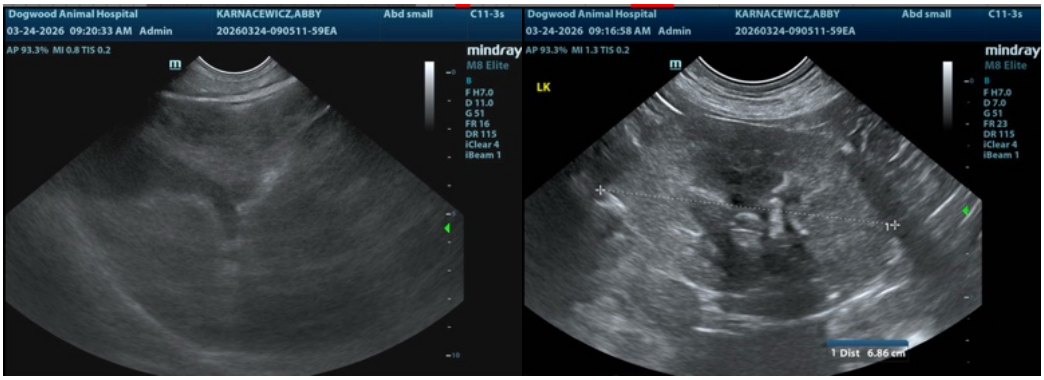
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Pronounced nodular hyperplasia and fibrosing cholangiohepatitis liver pattern with emerging cirrhosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Leptospirosis titers are warranted. Cor liver biopsy may be necessary for a definitive diagnosis in this patient if FNA is not adequate. Underlying copper storage disease is a potential, yet primary copper storage is unlikely given the age of the patient. Neoplasia is not suspected.



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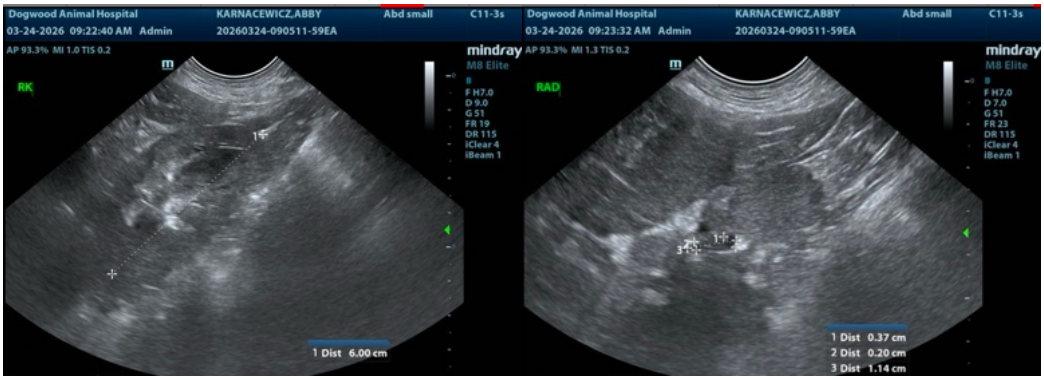

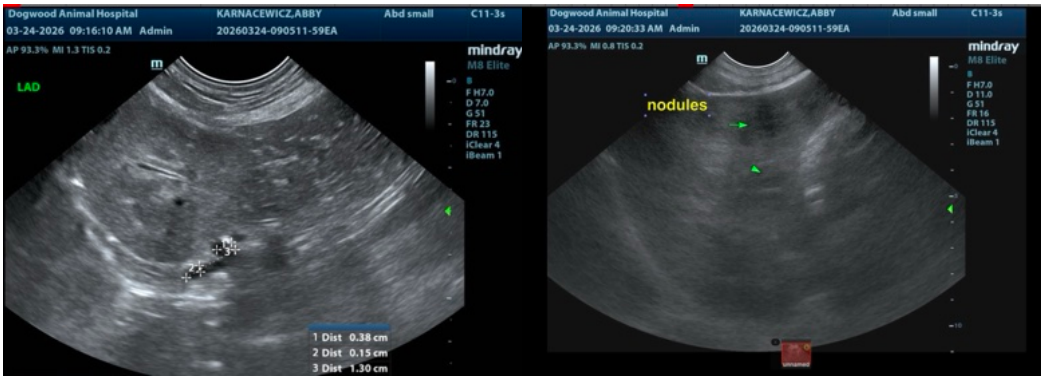

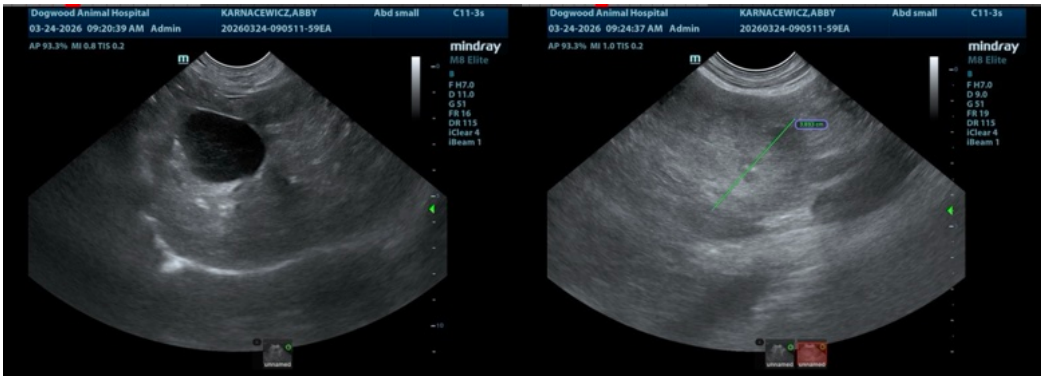

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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