



**PATIENT**

Athena Anthony

**SPECIES**

Canine

**BREED**

Border Collie x

**SEX**

Spayed Female

**AGE**

5 Years 2 Months

**WEIGHT**

63.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Bergen County  
Veterinary Center

**REFERRING VET**

Dr. Shiffman

**INVOICE**

74476

**DATE**

4/15/26

**PRESENTING CLINICAL SIGNS**

Recheck liver - Hx of acute hepatopathy in Oct. ALT remains high. Bile acids slight inc. Considering biopsy. Meds: Metro @ 7.5mg/kg SID, Ursodiol, Vit E, Copper restricted diet.

Abnormal PE/Chem/CBC/UA Results: 4/10/26: ALT 363 (18-121) AST 64 ( 16-55) conjugated Bili 0.2 (0.0-0.1) Creatine Kinase 493 ( 10-200). 1/13/26: ALT 432 ( 18-121) 12/23/25 ALT 290, 12/5/25 ALT 389

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** presented normal size and contour with slight increased cortical echogenicity. No evidence of significant disease. No progression from prior sonogram. Left kidney measured 6.16 cm. Right kidney measured 5.25 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. Right measured 1.49 cm x 0.63 cm at the cranial pole and 0.46 cm at the caudal pole. Left measured 1.98 cm x 0.36 cm at the cranial pole and 0.36 cm at the caudal pole.

**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 were noted.

**Liver**

The **liver** presented slight increase in remodeling compared to the prior sonogram. Portions of the liver appeared somewhat subnormal in size. Some increased portal markings were noted. The gallbladder and common bile duct were unremarkable.

**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.



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**Pancreas**

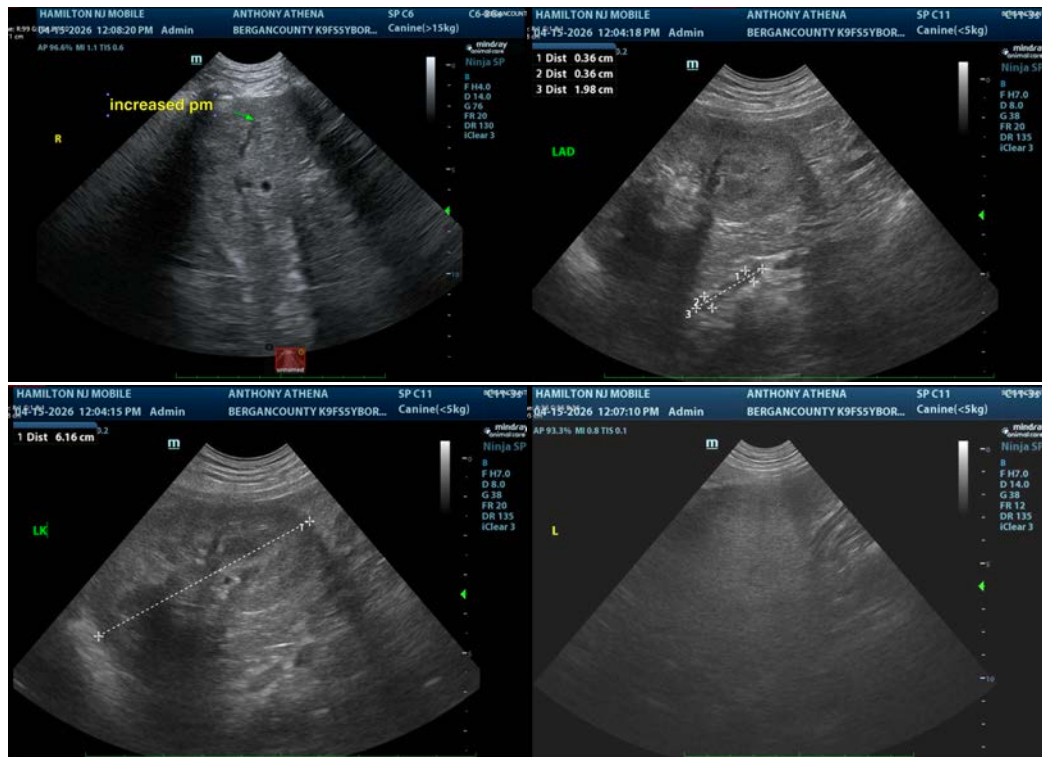
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Low-grade chronic active inflammatory hepatopathy pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend FNA or core liver biopsy to assess potential underlying copper storage disease and to further defined inflammatory cell type. Intercostal approach would be necessary in this patient, given that portions of the liver appear to be somewhat subnormal in size. Leptospirosis titers warranted if not already performed. No evidence of neoplasia.



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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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)