



PATIENT

Diego Schoppe

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

7

WEIGHT

80.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Breanna Wokatsch

HOSPITAL NAME

Underdog Pet Rescue

REFERRING VET

Dr. Breanna Wpkatsch

INVOICE

74567

DATE

4/17/26

PRESENTING CLINICAL SIGNS

Patient presented to pDVM for wellness exam on 2/21/26, owners had been noticing increased thirst and weight loss

- Bloodwork showing elevated ALT/ALP/Sodium otherwise NSF
- Owners elected to try a course of denamarin and recheck liver values
- Bloodwork performed again on 3/25/26 showing worsening liver enzymes and pDVM recommended abdominal ultrasound
- Patient has vWD

Abnormal PE/Chem/CBC/UA Results: 2/21/26 - ALT 125, ALP 727, Na 157 3/25/26 - ALT 204, ALP 919 (no lytes evaluated)

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 2.0 cm beyond the cystourethral junction.

The residual prostate measured 1.4 cm.

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 7.8 cm. The left kidney measured 6.7 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. Left measured 0.60 cm. Right measured 1.9 cm at the cranial pole and 1.2 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.

Trace amount of fluid noted adjacent to the spleen.

Liver

The **liver** presented slight coarse architecture and fairly uniform parenchyma. The gallbladder and common bile duct were unremarkable. No overt masses present.



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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

- Mild hepatic remodeling.
- Trace undefined free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. If the patient was sedated, free fluid may develop on its own. I do not feel that the liver has significant enough changes to cause portal hypertension. FNA of the liver would be ideal. However, this is non-specific low-grade inflammatory hepatopathy.





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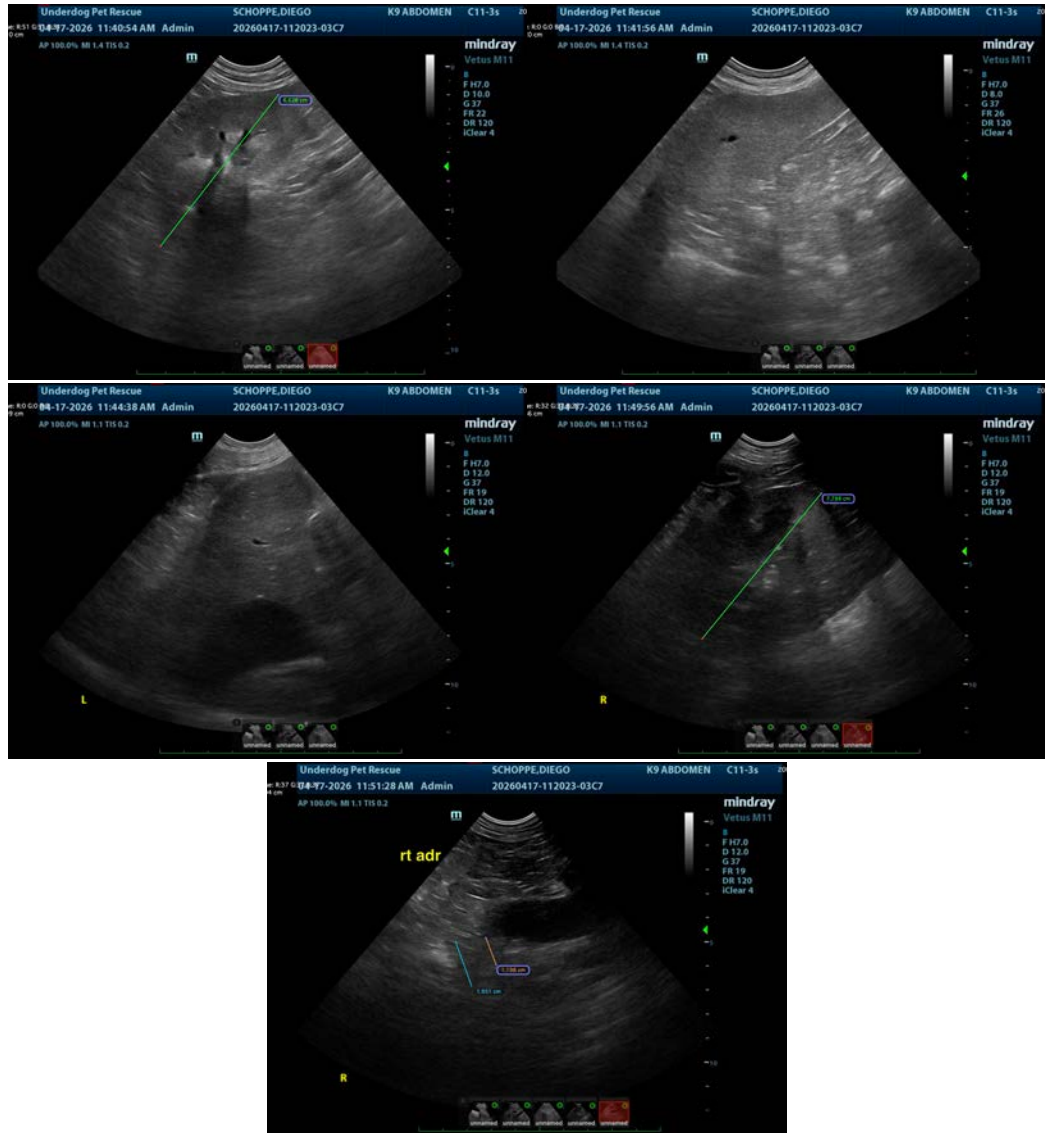
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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