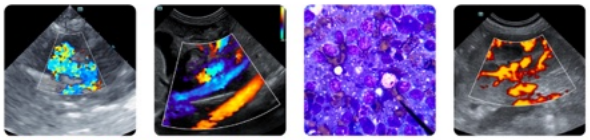


PATIENT

Annie Myers

SPECIES

Canine

BREED

Cavachon

SEX

Spayed female

AGE

6 years

WEIGHT

26.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highlands Ranch

REFERRING VET

Dr. Jones

INVOICE

74644

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Patient presented for hyporexia and vomiting. No known toxin exposure. Had similar episode in Sept 2025 with severely elevated liver values and it was a suspected reaction to doxycycline. Is on cytopoint, but was given one dose of apoquel a few days prior to this episode. Has been vomiting and hyporexic since last Thursday. u/s performed by colleague in Sept showed hyperechoic slightly large liver. No D+, UTD on lepto vax.
Lepto blood and urine PCR pending
Has been on cerenia and denamarin for the past few days.
Abnormal PE/Chem/CBC/UA Results: About 7% dehydrated, mild abdominal discomfort. Labs on Saturday showed ALT >2000 , ALKP 882, tbili 0.5 USG 1.038, Today- ALT > 2000, ALKP 1766,

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.

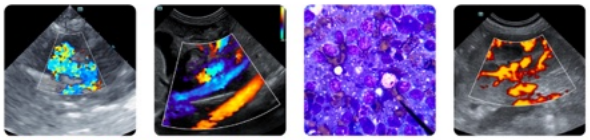
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 5.1 cm. The right kidney measured 5.5 cm.

Adrenal Glands

The **adrenal glands** were subnormal in size. The left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.3 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.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Slight, coarse hepatic architecture was noted. Vascular and biliary tracts were of normal volume with no evidence of congestion. A minor amount of dependent coalesced bile was noted.

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

Benign hepatopathy. Acute inflammatory hepatopathy given the unremarkable hepatic changes in light of the elevated liver enzymes.

Minor gallbladder debris.

Subnormal left adrenal size. Potential underlying Addison's.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy can be considered, yet it is not overtly necessary in this patient. Subjectively this appears benign. Screening for Addison's in this patient is indicated given the subnormal adrenal size or assessment of any history of cortisone therapy. Empirical treatment for Leptospirosis is indicated as well as escalating the new testing for Lepto.

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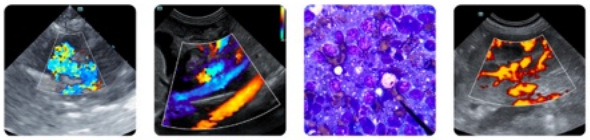

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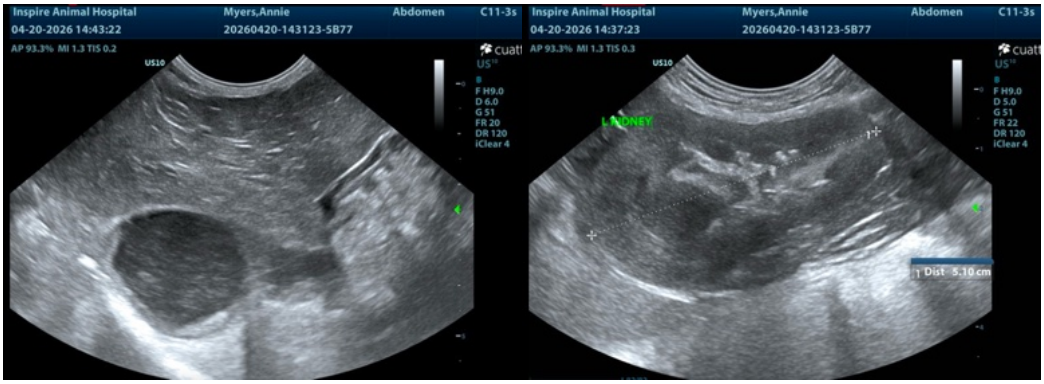

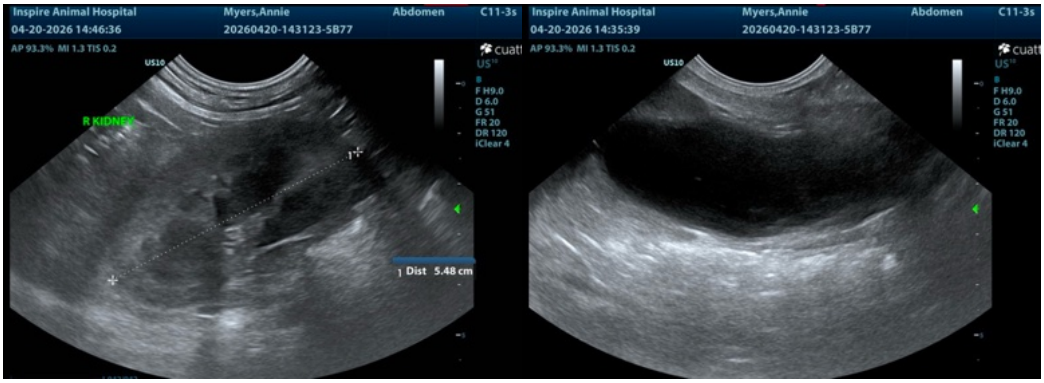

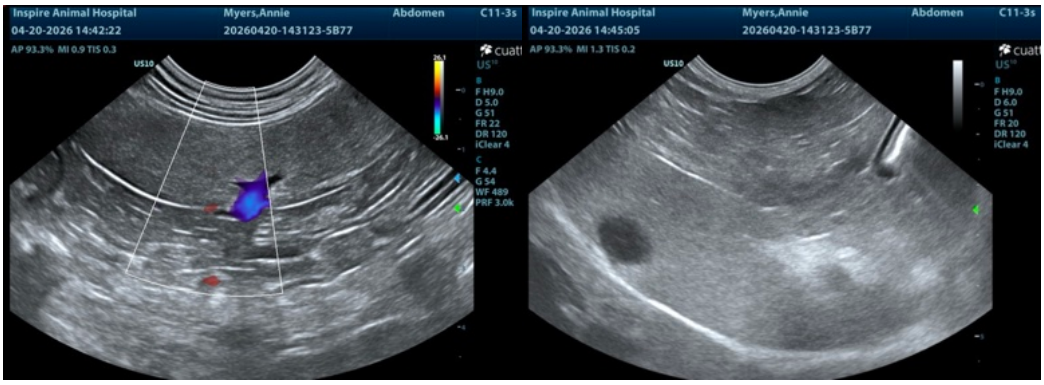

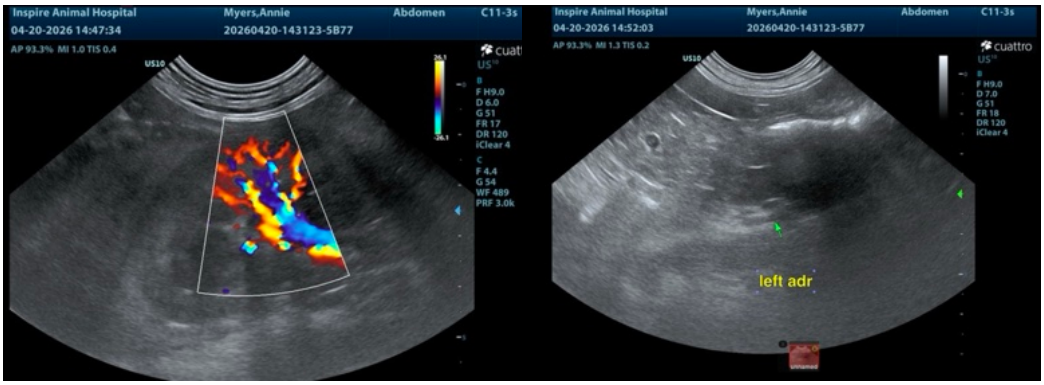

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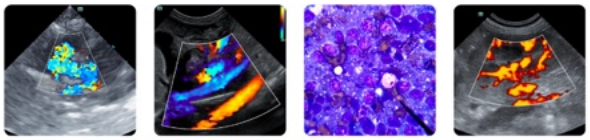

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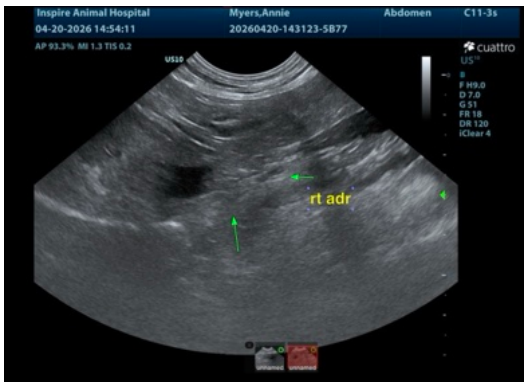

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com