



## PATIENT

Poppy Peacock

## SPECIES

Canine

## BREED

Havenese

## SEX

Intact female

## AGE

4 years

## WEIGHT

8.8 lbs

## PRESENTING CLINICAL SIGNS

History: P initially presented 4/6/2026 for not eating or having BMs. This has since resolved but labs at the time showed an incidental finding of an increased ALT. Today = No c/s/v/d. E/D/U/D all WNL. Presents for AUS for worsening ALT despite fasting. P eats Diamonds Dry Dog food. Normal energy at home. P was recently adopted.

4/6/2026 HCT = 38.9% borderline low (37.3-61.7), WBC = NSF, PLT = NSF  
BG and Kidneys = NSF

ALT = 206 HIGH (10-125) -- THIS WAS A FASTED SAMPLE. --> R/O: Infectious (e.g. leptospirosis vs bacterial cholangiohepatitis) vs Inflammatory (e.g. chronic hepatitis vs cholangiohepatitis or secondary to pancreatitis or gastroenteritis vs Toxin vs Vascular anomaly (usually mild elevations in ALT if any) vs PSS (primary or acquired) vs Microvascular dysplasia vs Neoplasia vs endocrine vs other

Lytes: NSF

T4 = 2.2 normal

Pancreatic Lipase = 49 normal

4Dx = (-) x4

4/10/26

ALT = 156 HIGH but slightly improved

CBC. HCT = 34% on machine; manual PCV = 42%

4/21/26 ALT = 349 HIGH (10-125) -- FASTED SAMPLE, PT/PTT = NSF

Abnormal PE/Chem/CBC/UA Results: BAR. ABD = No obvious masses palpable, no pain on palpation. Heart/Lungs = NSF. Intact female - no evidence of heat currently, no discharge from vulva. Normal ambulation; BCS 5/9. Pink. Grade 1-2 ddz Owner declined CXR

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

## IMAGING PERFORMED BY

Dr. Jocelyn Hollway

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 left kidney measured 3.65 cm. The right kidney measured 3.96 cm.

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Valley Green VH

## REFERRING VET

Dr. Oberer Gerber

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### 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 measured 0.6 cm. The left adrenal gland measured 0.5 cm.



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## Spleen

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

## 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.

## 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. The mesenteric lymph nodes were reactive and measured 1.16 cm.

## 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

Likely reactive hepatopathy, structurally the liver appears unremarkable.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. There was no evidence of visceral pathology or direct cause of the developing anemia. CBC path review is warranted. There was no evidence of portosystemic shunting.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such



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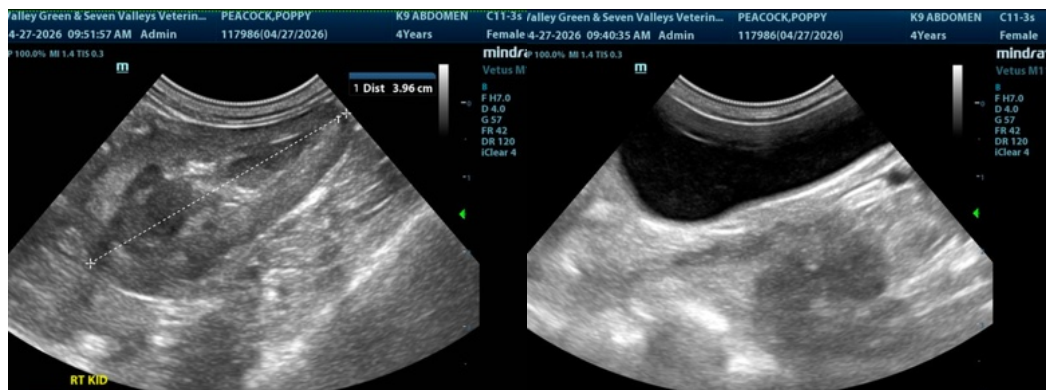
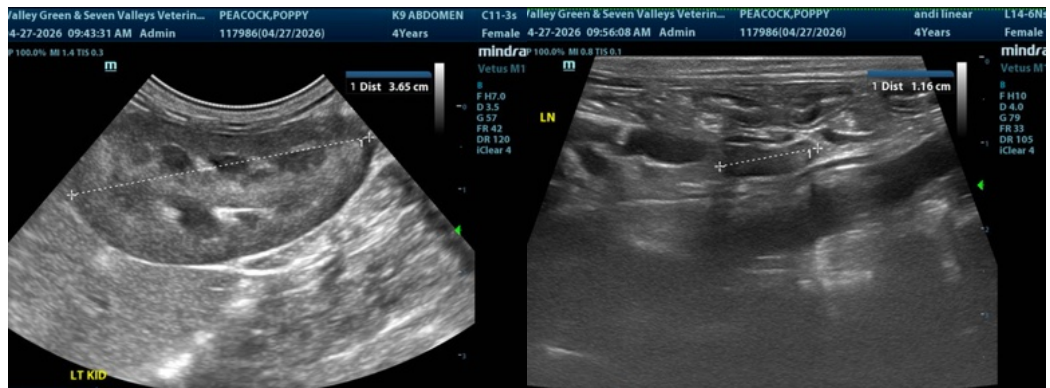
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as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.





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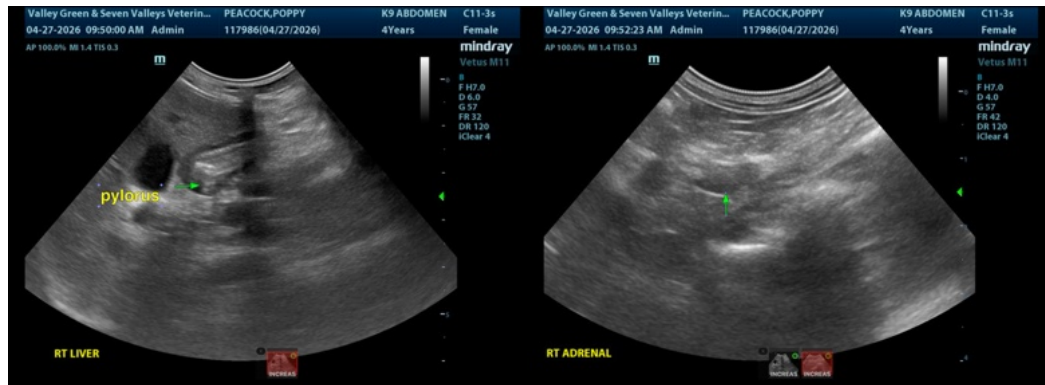
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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