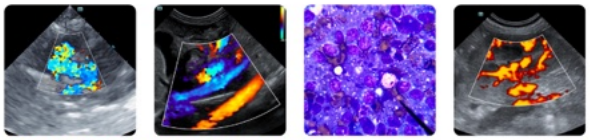

PATIENT
Xena Leddy

SPECIES
Canine

BREED
Doberman

SEX
Spayed female

AGE
7 years

WEIGHT
73 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Wes Spangler

HOSPITAL NAME
TotalBond VH Paw Creek

REFERRING VET
Dr. Spangler

INVOICE
74983

DATE
4/29/26

PRESENTING CLINICAL SIGNS

History: 7yo FS Doberman presenting with recent lethargy and general ADR feeling from owners over last few weeks. Pet was diagnosed with hypothyroidism in December of 2025 and started on levothyroxine .5mg. PO BID and recent labwork shows she is well regulated. Has lost 14lbs since December, some weight loss appropriate, but more rapid than expected with managing hypothyroidism alone. Labwork revealed elevated liver enzymes of significant increase since December.
H ALT 1026 (18 - 121) U/L H AST 154 (16 - 55) U/L H ALP 424 (5 - 160) U/L H GGT b 15 (0 - 13) U/L H Bilirubin - Total 0.5 (0.0 - 0.3) mg/dL Bilirubin Unconjugated - 0.4 (0.0 - 0.2) mg/dL

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. The left kidney measured 7.0 cm. The right kidney measured 7.3 cm.

Adrenal Glands

The left **adrenal gland** was mildly irregular at the caudal pole and measured 0.69 cm at the caudal pole 2.0 cm and 0.4 cm at the cranial pole. The region of the right adrenal was imaged with no evidence of pathology.

Spleen

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

Liver

The **liver** revealed coarse architecture and increased portal markings. The liver was mildly subnormal in size. The gallbladder was mildly echogenic with a trace amount of sand noted.

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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

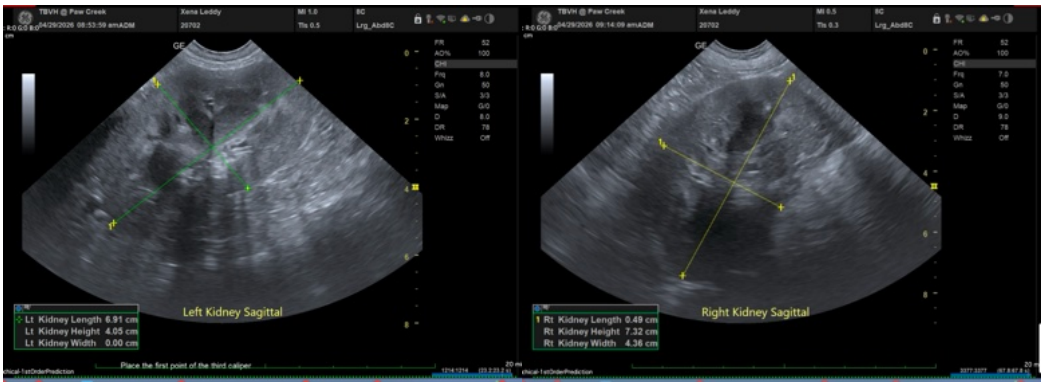
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Chronic inflammatory hepatopathy, cholangiohepatitis pattern. Moderate, fibrosing cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary copper storage is a potential. Full coagulation panel including Von Willebrand's factor is recommended with core liver biopsy. Leptospirosis titers are indicated. Copper analysis for primary copper storage disease is recommended upon biopsy sampling. Surgical samples may be necessary for complete evaluation. Otherwise, ultrasound-guided core biopsy would be appropriate and would necessitate a lower intercostal approach for adequate samples. 14-16 gauge is recommended. There was no evidence or suspicion for neoplasia. Prognosis is guarded long term.



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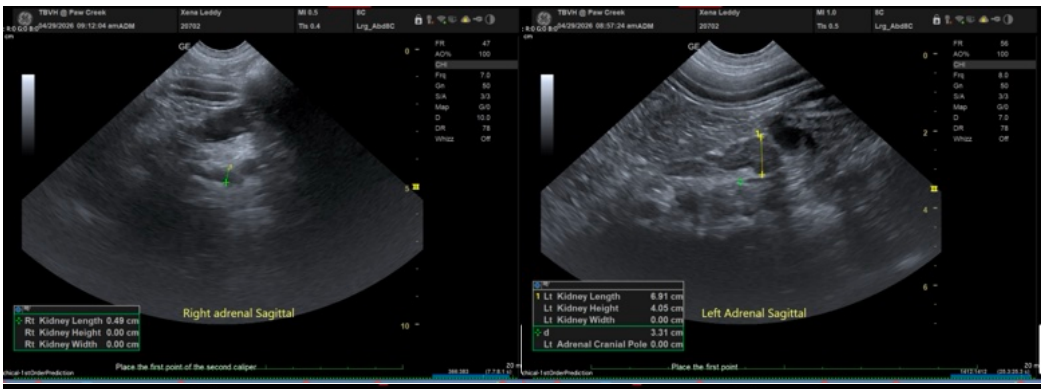
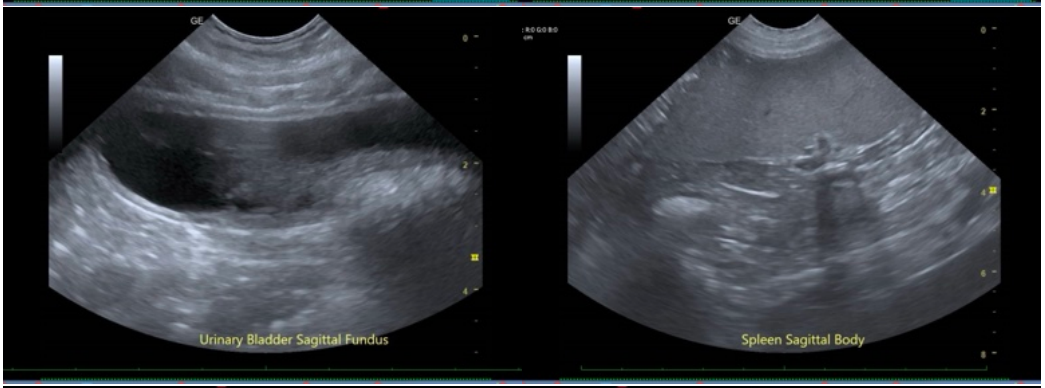
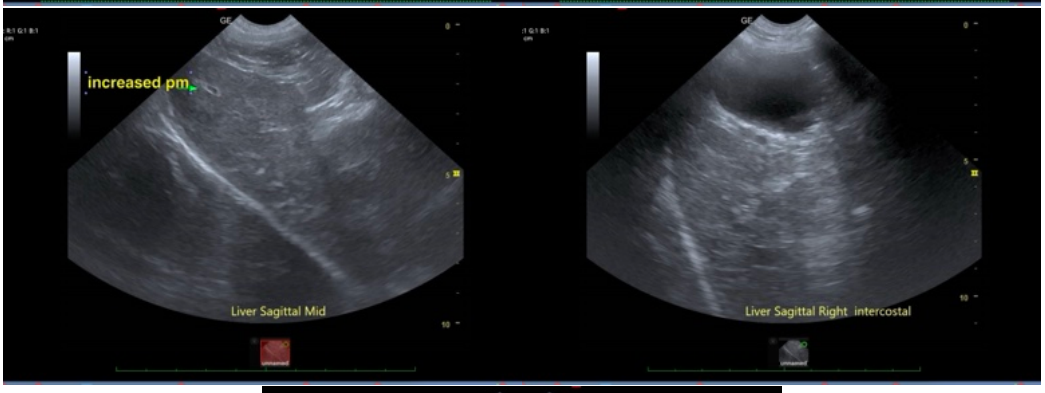
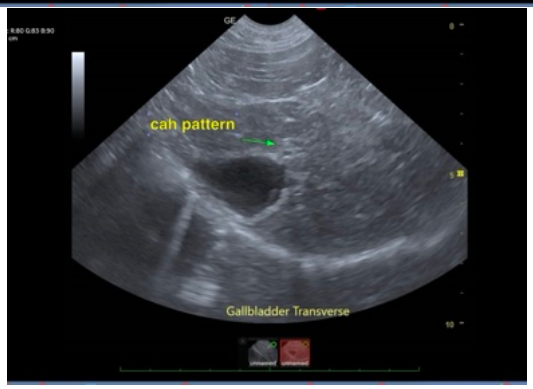
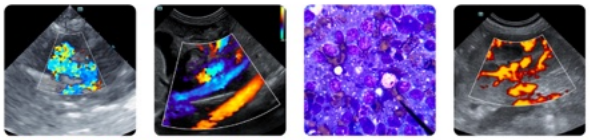








The information and recommendations provided are based on the images presented by the



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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