



## PATIENT

Nitro Chiesa

## SPECIES

Canine

## BREED

Labrador mix

## SEX

Neutered male

## AGE

5 years

## WEIGHT

67.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Cerf

## HOSPITAL NAME

VC Harydston

## REFERRING VET

Dr. Cerf

## INVOICE

74276

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- Histopath 10/28/25: COPPER: All lobules have groups of hepatocytes (>50% and < 75%), predominantly in centrilobular areas, that contain moderate amounts of copper. Copper IS seen within macrophages. The positive control is adequate. This pattern is compatible with a grade 3 copper accumulation (range: 0-5).
- BW 4/3/26 ALBUMIN 2.0 2.7 - 4.4 g/dL LOW GLOBULIN 3.9 1.6 - 3.6 g/dL HIGH A/G RATIO 0.5 0.8 - 2.0 LOW AST (SGOT) 79 15 - 66 IU/L HIGH T. BILIRUBIN 0.9 0.1 - 0.3 MG/DL HIGH Neutrophils 57 60 - 77 % LOW Lymphocytes 35 12 - 30 % HIGH Platelet Count 169 170 - 400 X1000/UL LOW Platelet count reflects the minimum number due to platelet clumping.

## 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.

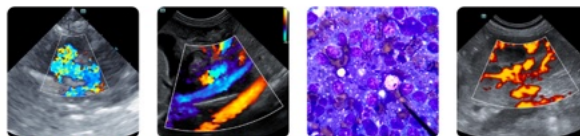
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.6 cm. The right kidney measured 5.6 cm.

### Adrenal Glands

The right **adrenal gland** was mildly heterogenous and measured 1.8 cm at the cranial pole and 1.0 cm at the caudal pole. The region of the left adrenal gland was imaged and revealed no significant findings.

### 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** revealed coarse architecture with increased portal markings, subnormal size and irregular contour. 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.

## 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.

## Free Abdomen

A moderate amount of ascites was noted in this patient.

## ULTRASONOGRAPHIC FINDINGS

Fibrosing cholangiohepatitis, subjectively near end stage.

Degenerative hepatic disease.

Slight ascites, likely owing to portal hypertension.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver support is indicated based on the biopsy results and bile acid profile. However, the prognosis is guarded to poor long term.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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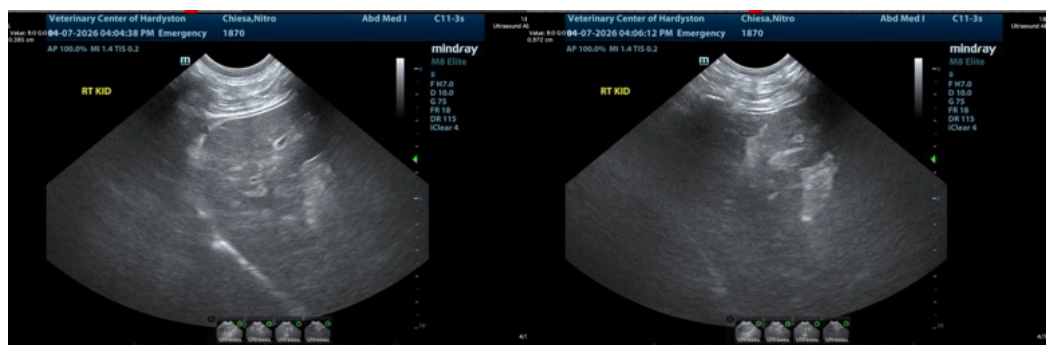
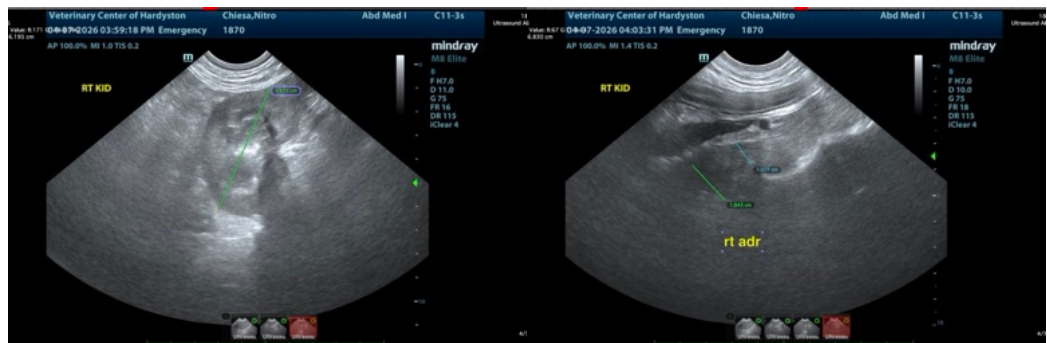
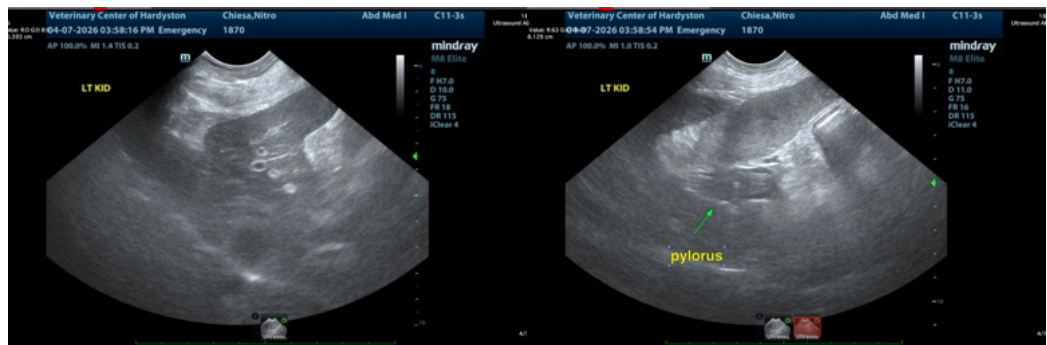
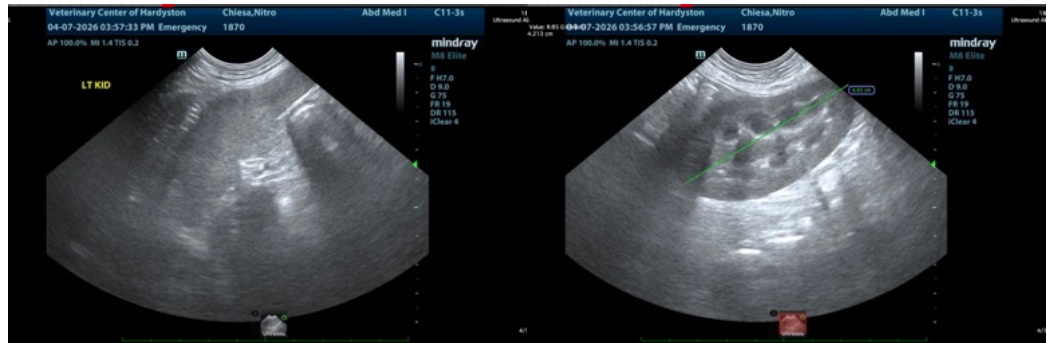
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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](mailto:info@SonoPath.com)