



## PATIENT

Rune Harty

## SPECIES

Canine

## BREED

Doberman

## SEX

Female

## AGE

2 Years

## WEIGHT

31.75 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Alyssa Carver

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

Dr. Alyssa Carver

## INVOICE

22266

## DATE

5/1/23

## PRESENTING CLINICAL SIGNS

History: P present to AEHV for labored breathing, vomiting and diarrhea beginning yesterday. P did not eat yesterday. Concern for possible toxicity of unknown cause.

Abnormal PE/Chem/CBC/UA Results: ALT: 8,509 (0-120) ALP: 373 (0-140) Bronchointerstitial pattern observed on radiographs.

## 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 **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 7.2 cm. The right kidney measured 7.3 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.

### 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.

### 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### Pancreas



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The **pancreas** was mildly hypoechoic and mildly irregular in the left pancreatic base. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable liver
- Structurally unremarkable GI tract
- Hypoechoic and mildly irregular pancreas

**BREED**

Doberman

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the ALT elevations, acute hepatic insult, such as Leptospirosis or toxin exposure is suspected. Copper storage could be an issue as well. Full coagulation panel and Von Willebrands assessment is recommended prior to core biopsy. Leptospirosis titers is indicated. Ampicillin, metronidazole, nutraceuticals, IV fluid support and GI protectants are all indicated. No evidence of neoplasia or foreign bodies.

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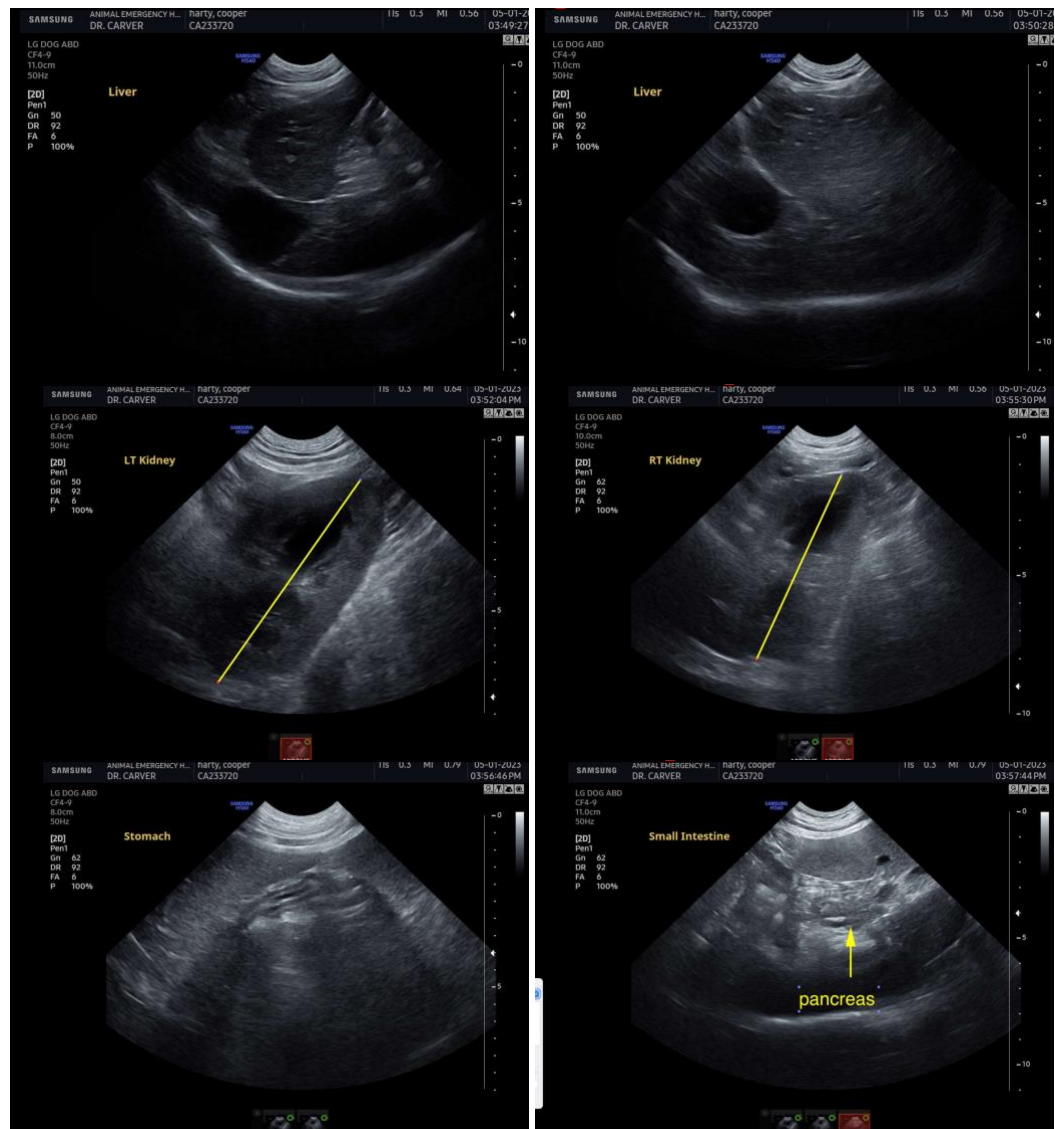
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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Canine

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.

**BREED**

Doberman

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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