

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Max Kenworthy

SPECIES
Canine

BREED
Doberman Pinscher

SEX
Intact Male

AGE
13 Months

WEIGHT
67 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Echo Hollow VH

REFERRING VET
Dr. Behrends

INVOICE
40731

DATE
8/25/22

Inappetence, recent rapid wt loss over last month in apparently young healthy dog. Negative for Lepto. Brief ultrasound: No ascites or masses noted. Difficult to visualize entire liver due to very narrow, deep chest.

Abnormal PE/Chem/CBC/UA Results: ALB 4.0 g/dL: 79 ALP 794 * U/L: 0 ALT 1131 * U/L: 0 AMY 509 U/L: 31 TBIL 1.2 * mg/dL: 0 BUN 9 mg/dL: 11 Current Medications Cerenia, Denamarin and Clavamox

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 prostate was mildly enlarged at 4.0 cm. Slight edema lines noted. Low-grade prostatitis may be an issue.

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 measures 7.17 cm. The right kidney measured 8.07 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. The left adrenal gland measured 2.42 cm x 0.37 cm at the caudal pole and 0.79 cm at the cranial pole.

Spleen

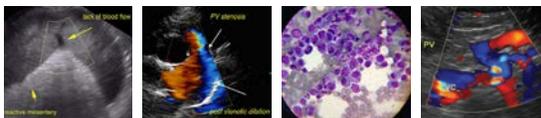
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was structurally unremarkable. The gallbladder and common bile duct were unremarkable. Acute hepatic insult suspected.

Gastrointestinal

Minor luminal fluid noted in the **stomach**. No evidence of foreign body. The small intestine and colon were unremarkable.



PATIENT *Pancreas*

Max Kenworthy

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Acute hepatitis
- Possible low-grade prostatitis

BREED

Doberman Pinscher

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Intact Male

Even though Leptospirosis titers are negative, peracute Leptospirosis possible. Other form of hepatic insult suspected. Coagulation panel and ultrasound guided FNA indicated for further definition, or core liver biopsy, yet I'm suspicious of acute insult, mushroom toxicity or other. Liver support protocol warranted. Coverage for Leptospirosis such as IV Ampillicin would be appropriate with hepatic nutraceuticals.

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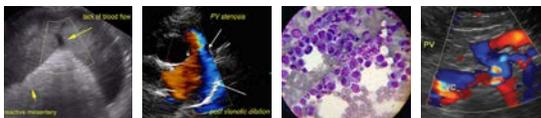
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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