



PATIENT PRESENTING CLINICAL SIGNS

Ziva Fuller Normal on exam. Routine bloodwork revealed mildly elevated liver enzymes in July. Recheck yesterday shows values increasing.
Abnormal PE/Chem/CBC/UA Results: ALT 219, AlkP 322

SPECIES

Canine

BREED

Doberman

SEX

Intact Female

AGE

7 Years

WEIGHT

71.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

DATE

8/26/21

INVOICE

24985

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 6.3 cm. The right kidney measured 6.88 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 2.54 cm x 0.65 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland measured 2.17 cm x 1.39 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

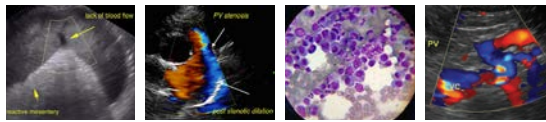
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** 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.



PATIENT *Pancreas*

Ziva Fuller The **pancreas** was mildly heterogeneous in the right limb and base. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Structurally normal liver, likely reactive hepatopathy
- History of pancreatitis likely with possibility of very low-grade inflammation

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Doberman Underlying low-grade food intolerance with reactive hepatopathy likely, or a low-grade, subjectively benign inflammatory hepatopathy. FNA of the liver could be considered. Clinical trial of a hydrolyzed diet with 7 days of Amoxicillin/Metronidazole and reassessment of liver values could be considered empirically to treat for reactive hepatopathy.

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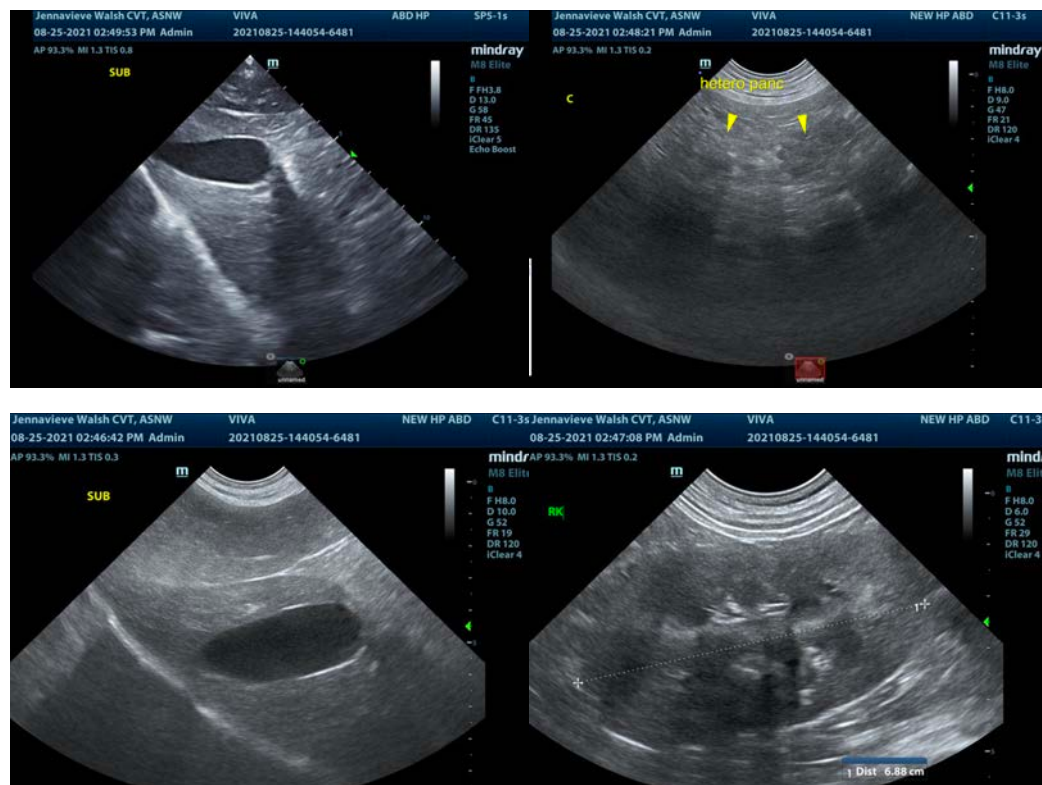
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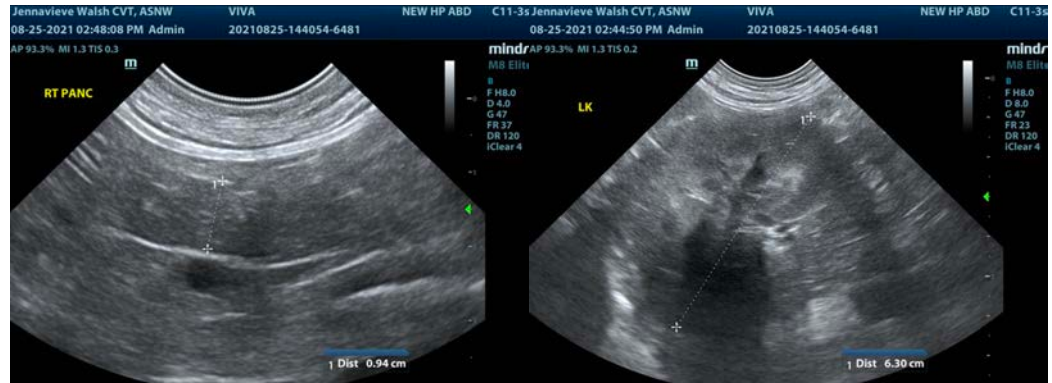
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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