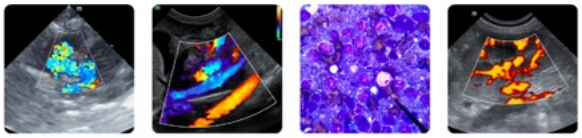

PATIENT

Daisy Waters

SPECIES

Canine

BREED

Newfoundland

SEX

Spayed female

AGE

6 years

WEIGHT

128 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Walden AC

REFERRING VET

Dr. Kelly

INVOICE

69739

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Recurrent liver damage. 1/5/25: treated for acute liver disease- presumptive cholangitis- see prior AUS at Guardian (was normal)- lepto panel negative, but by march liver values returned to normal. 12/19/25: presented for grooming and was icteric, started on denamarin, cerenia and baytril Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.12, HCT 39.4, HGB 13.2, MCV 77, Retics 384, Neuts 11.3K, Nucleated RBC 9 Chem: BUN 6, Cystatin B 697, TP 7.7, GLob 5.0, Alb/Glob 0.5, ALT 232, AST 181, ALP 269, T bili 10.5, Bili unconj 4.3, Bili conj 6.2 U/A: dark yellow w/ USG 1.006, 3+ bilirubin, rare rods

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 8.3 cm. The right kidney measured 8.74 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 2.4 x 0.54 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 3.4 x 0.94 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged and folded upon itself with vascular congestion.

Liver

The **liver** revealed increased portal markings, coarse architecture. The gallbladder was mildly edematous with irregular swelling and nodular changes. This is strongly consistent with cholangiohepatitis and cirrhosis.

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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

There was **pancreatic** edema was noted. This is likely secondary to portal hypertension.

Free Abdomen

A moderate amount of free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic cirrhosis pattern. Fibrosing cholangiohepatitis/cirrhosis with portal hypertension and secondary splenic congestion.

Pancreatic edema.

Free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mild potential for hepatic neoplasia, yet the free fluid can be justified from portal hypertension owing to diffuse liver disease especially with the splenic vein congestion that suggests portal hypertension. Given the prior ultrasound and relatively unremarkable findings, rapidly inflammatory fibrosis process is likely taking place in this patient. The underlying causes can be many from copper storage disease to infectious agents such as Leptospirosis even if negative originally, convalescent titers would be necessary as a potential. Cor liver biopsy would be necessary for further definition, yet the prognosis is poor given the diffuse level of disease. FNA would be of minor utility in this patient as the changes are structural. Hepatic support protocol is warranted as a palliative measure.

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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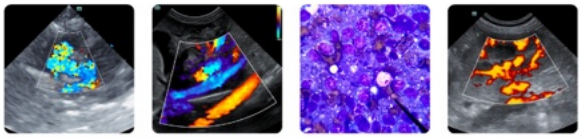

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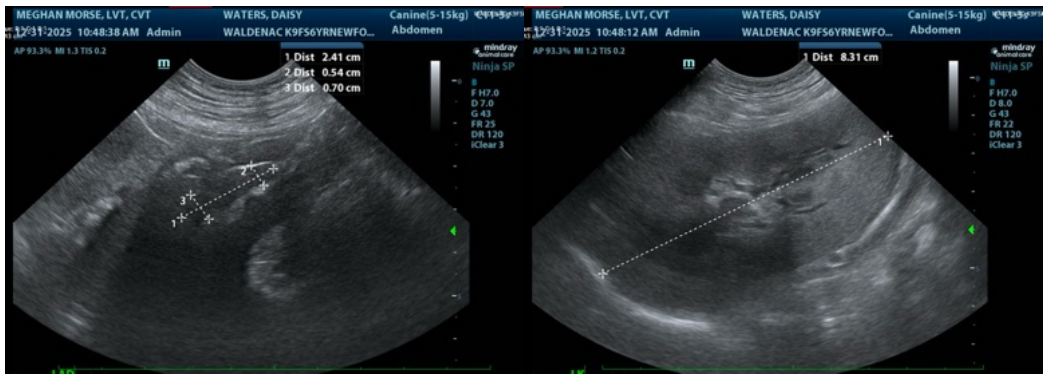

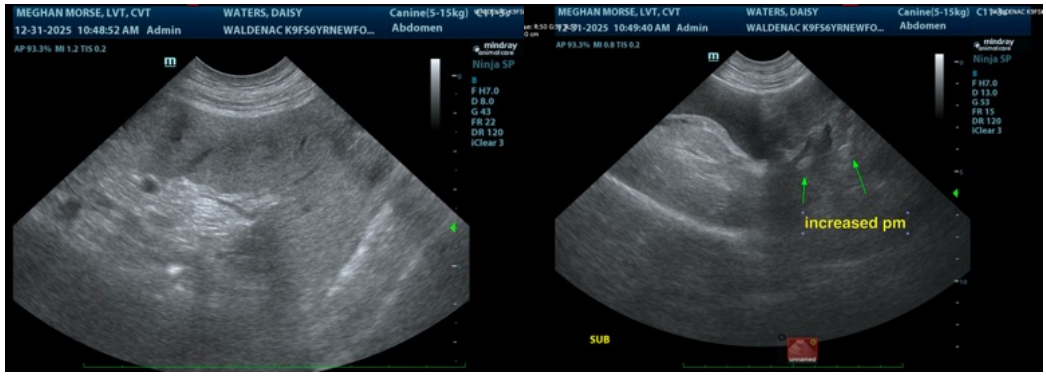

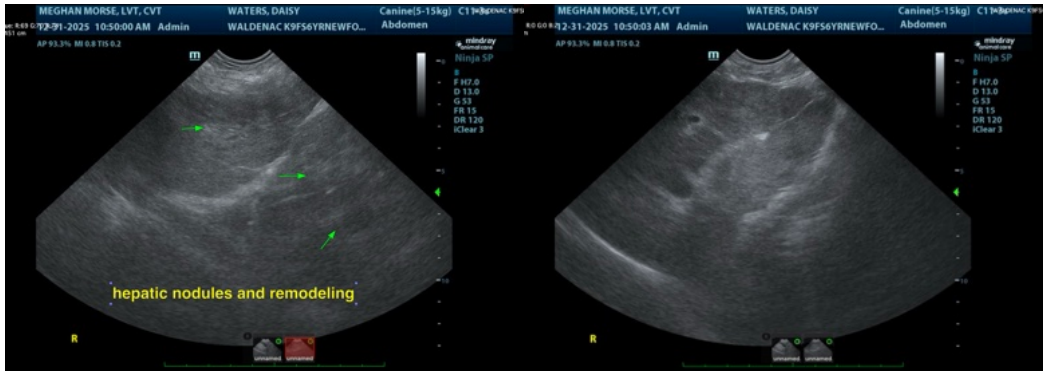

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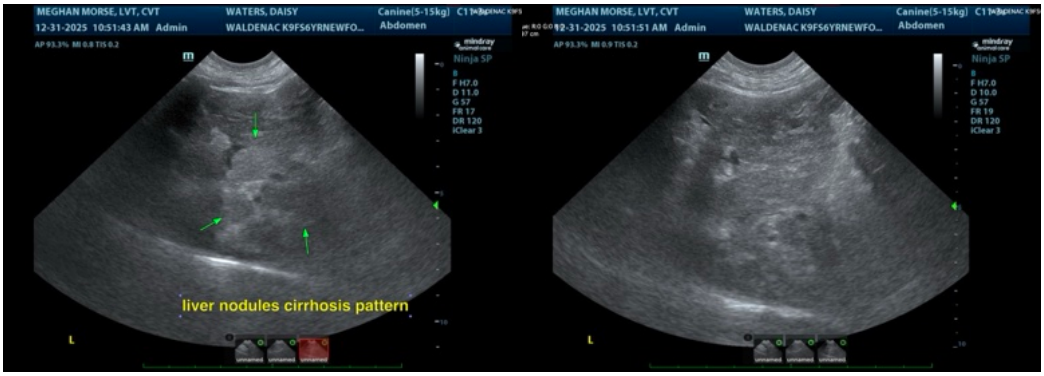

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com