



PATIENT

Remy Reynolds

SPECIES

Canine

BREED

Doberman

SEX

Spayed female

AGE

6 years

WEIGHT

78.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Scott

INVOICE

69441

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Liver Dz suspect. Dec. appetite, lethargy, bloated belly (new clinical sign) jaundice at referral 1 week ago pet was neurologic, dec. appetite and found elevated liver values. Meds: Lactulose, metronidazole, Clavamox, Denamarin
Abnormal PE/Chem/CBC/UA Results: ALT 853, ALP 707, Ammonia 163, Bilirubin 5.4, ALb 2.6 on 12/3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 mild increase in the cortical echogenicity, yet otherwise were normal in size and contour. There was no evidence of primary pathology. The right kidney measured 7.0 cm. The left kidney measured 8.0 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 2.6 x 0.53 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 3.22 x 0.82 cm at the cranial pole and 0.56 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 was noted.

Liver

The **liver** was subnormal in size with heterogenous and nodular irregular parenchymal changes with increased portal markings. This is consistent with end stage cirrhosis. The portal vein was enlarged. This is consistent with portal hypertension with secondary ascites. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

The **gastric** wall was thickened likely secondary to gastritis. Variable areas of intestinal thickening was noted. The colon was unremarkable.

Pancreas

Mixed, hypochoic, irregular, parenchymal changes were noted around the **pancreas** with enhanced mesentery.

Free Abdomen

A large amount of free fluid was noted in the abdomen with enhanced mesentery.

ULTRASONOGRAPHIC FINDINGS

Chronic fibrosing cholangiohepatitis cirrhosis pattern with secondary ascites owing to portal hypertension. End stage liver disease.
Gastritis.
Pancreatitis.
Free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor due to end stage liver disease.

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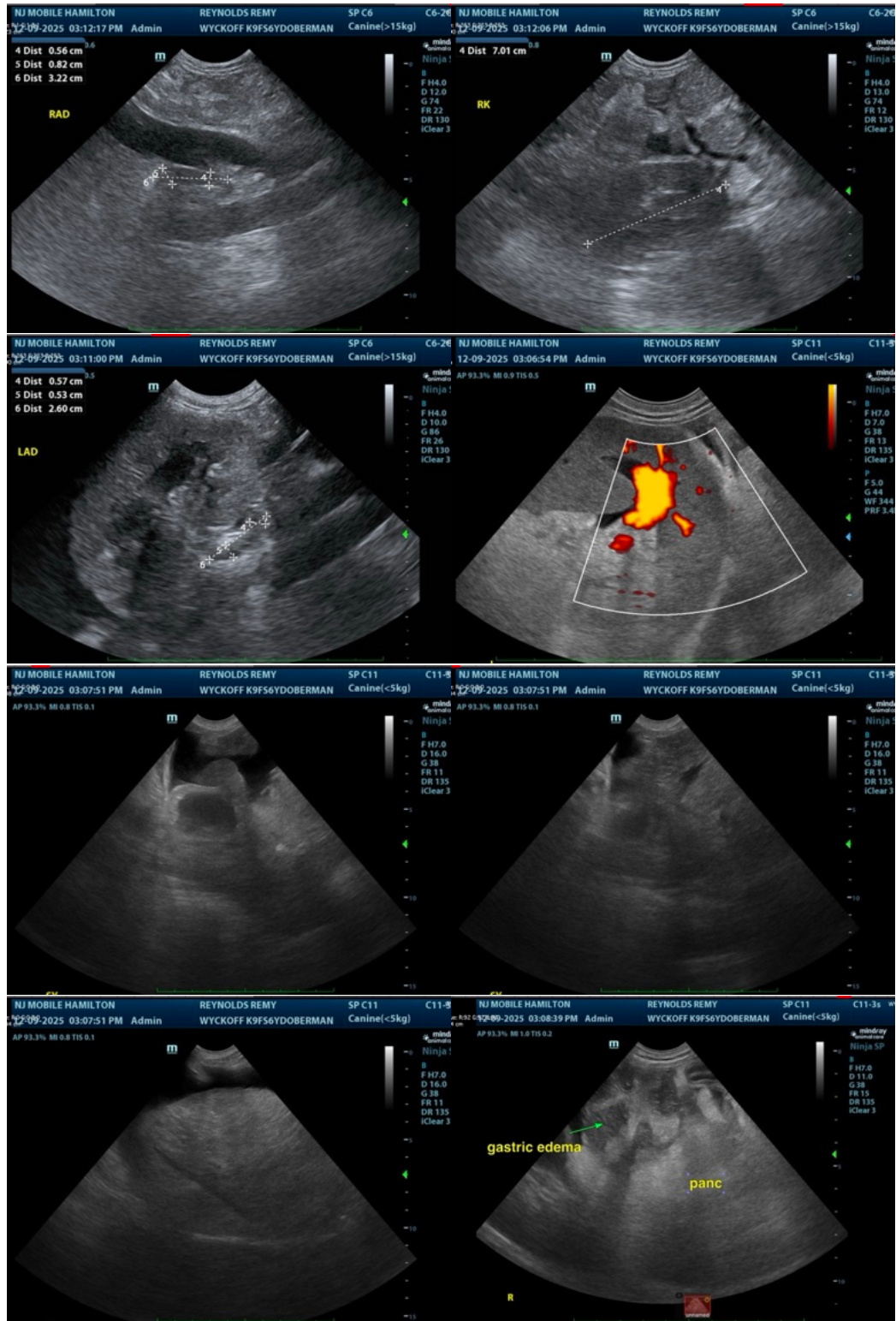
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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, Cert. IVUSS, CEO of SonoPath.com

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info@SonoPath.com

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