



PATIENT

Lincoln Winebrenner

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

6 Years

WEIGHT

28.4 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Kim Davidson

INVOICE

35766

DATE

12/6/25

PRESENTING CLINICAL SIGNS

History: Vaccinated Monday and was normal, then on Wednesday became inappetent, lethargic, vomiting. Went to rDVM Friday and was icteric. rDVM concern for vaccine reaction and gave cerenia and pred (1 mg/kg/day). BW came back with severe liver enzyme elevation. No vomiting since cerenia yesterday and will eat small amounts. Icteric sclera. Pinna icteric skin. Mucous membranes icteric/tacky, pulses bounding/synchronous. Uncomfortable on cranial abdominal palpation. Generalized icteric skin.

Abnormal PE/Chem/CBC/UA Results: rDVM 12/5 - CBC: mild thrombocytopenia (142k) - Chem: AST 266, ALT 730, ALP 2370, GGT 19, TBili 6.7 lept in house test pending u/a running now.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of 2.0 cm past the cystourethral junction.

Both kidneys were a normal size and shape, with a smooth capsule contour. A normal 1:3 cortex to medulla ratio was maintained. The echogenicity of the cortex was normal. There was a hyperechoic corticomedullary band, consistent with a medullary rim sign. This is a non-specific finding. It has been associated with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it is non-specific and can be seen in normal kidneys. The left kidney measured 6.8 cm in length. The right kidney measured 7.3 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma was a normal echogenicity. There were no nodules or masses visible. The left adrenal gland measured 0.45 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 0.52 cm at the caudal pole and 1.2 cm at the cranial pole.

Spleen

The spleen was increased in size with a mildly rounded capsule contour. The parenchyma was diffusely moderately heterogenous to micronodular in pattern. Aside from that, there were no distinct nodules or masses visible within the spleen.

Liver/Gallbladder

The liver was subjectively increased in size with a rounded capsule contour. The parenchyma appeared diffusely normally homogenous. There were no visible nodules or masses within the liver. The portal markings were normal. The hepatic vasculature was normal in volume and structure.

The gall bladder was normal in size with a very small amount of echogenic nonobstructive sludge. The visible portions of cystic and common bile ducts appeared normal and free of any obstruction or inflammation.



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Gastrointestinal

The stomach contained a small amount of fluid but otherwise appeared normal. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering. There were no visible masses or focal lesions in the GI tract.

Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly, mild with heterogeneous to micro nodular pattern
- Hepatomegaly - no visible nodules or masses
- Medullary rim sign, moderate, both kidneys
- Structurally normal abdomen otherwise

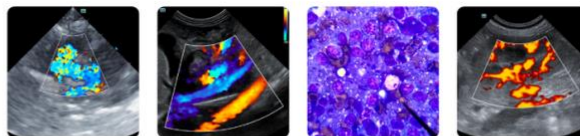
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The recent steroid treatment may be suppressing a more dramatic presentation.

Given the lack of reported anemia and no evidence of EHBDO, the elevated Bilirubin in hepatic in origin. An FNA of the liver with a 25G needle could be considered to evaluate inflammatory cell type (only after a normal coagulation profile). If there are structural or fibrotic changes in the liver, a liver biopsy will be needed for diagnosis.

The cause of the hepatopathy could be an acute insult (toxin, infectious, etc), neoplasia or other inflammatory hepatopathy.

The recent vaccination is unclear as to correlation with the current liver presentation. Vaccination could certainly trigger an episode of IMHA as a pre-hepatic cause of the elevated bilirubin, but there is no reported anemia at this time. Close monitoring of the Hematocrit is recommended going forward. That said, the timing is not typical for an immune mediated vaccine event, which typically occurs about 2 weeks after vaccination.



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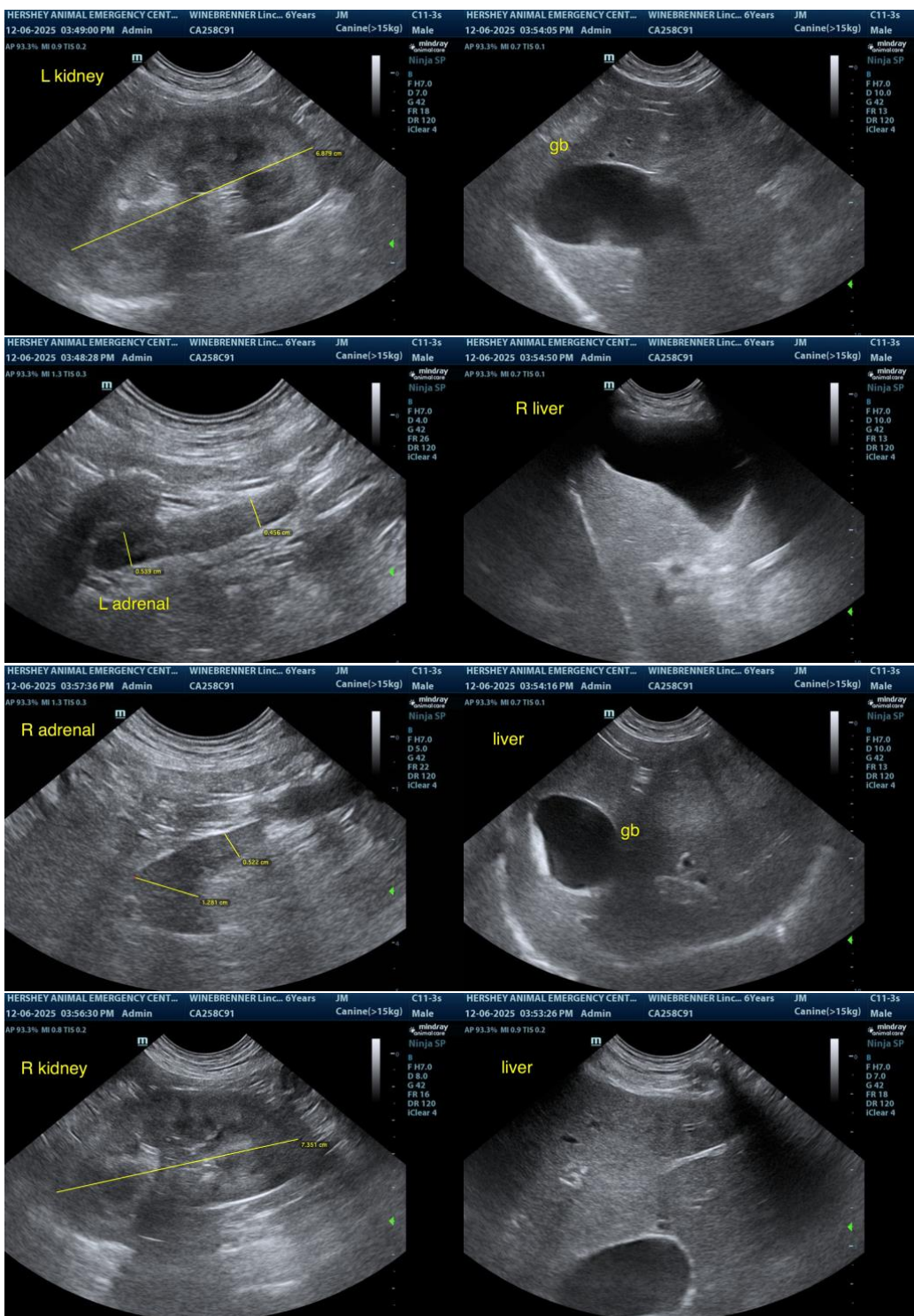
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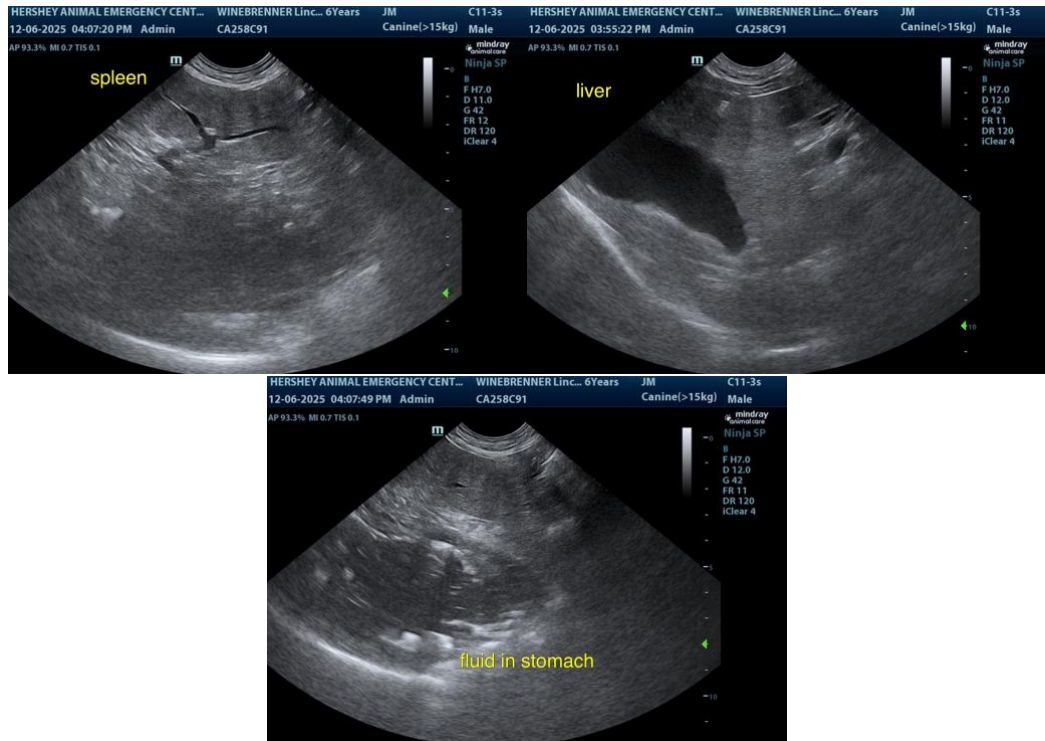
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com