



**PATIENT**

Brutus Vidrio

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

9 years

**WEIGHT**

63 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Eldon Rivers

**INVOICE**

17304

**DATE**

7/19/23

**PRESENTING CLINICAL SIGNS**

Heart murmur-I/VI Came in with concern of weight loss, no changes with drinking water or eating. We haven't seen patient since 2/11/21 but his weight then was 73 and on 7/15/2023 he weighed 62.8 No exposure to toxins or drugs and no known trauma. Recommend ultrasound at this point

Abnormal PE/Chem/CBC/UA Results: Labwork shows possible liver damage AST 228 ALT 1991 Alk Phos 1262 ggt 22 Total Bilirubin 0.4 CBC WNL t4 1.1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.4 cm in diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.8 cm in length. The right kidney measured 7.5 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.42 cm width at the caudal pole and the right adrenal gland subjectively measured 0.42 cm width at the caudal pole, respectively.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
Brutus Vidrio	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
Doberman	<b>Free Abdomen</b>
<b>SEX</b>	Intermittent mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 2.9 cm x 0.92 cm. An example of a medial iliac lymph node measured 2.1 cm x 0.53 cm. No evidence of peritoneal effusion or omental masses was noted.
MN	
<b>AGE</b>	
9 years	
<b>WEIGHT</b>	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
63 lbs.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Nonspecific yet subjective benign hepatopathy - vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, or other hepatopathy possible with occult infiltrative hepatic neoplasia considered less likely</li> <li>• Sonographically normal gallbladder</li> <li>• Structurally unremarkable gastrointestinal tract</li> <li>• Intermittent sonographically benign / reactive mesenteric and medial iliac lymph nodes</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Jasmine Palacios	Assuming normal clotting status, screening FNA cytology +/- Leptospiriosis titers, if endemic to the area or potential exposure, for further assessment is recommended. Aside from hepatopathy, an obvious cause of the patient's weight loss was not obvious.
<b>HOSPITAL NAME</b>	A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.
Rivers Edge PMC	
<b>REFERRING VET</b>	Hepatic core surgical biopsy is likely required for a definitive diagnosis. No evidence of post hepatic obstruction was noted. Empirical therapy may include hepatosupportive medications +/- antibiotic trial initially for 4 weeks with monitoring of hepatic response.
Dr. Eldon Rivers	
<b>INVOICE</b>	
17304	
<b>DATE</b>	
7/19/23	



**PATIENT**

Brutus Vidrio

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

9 years

**WEIGHT**

63 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

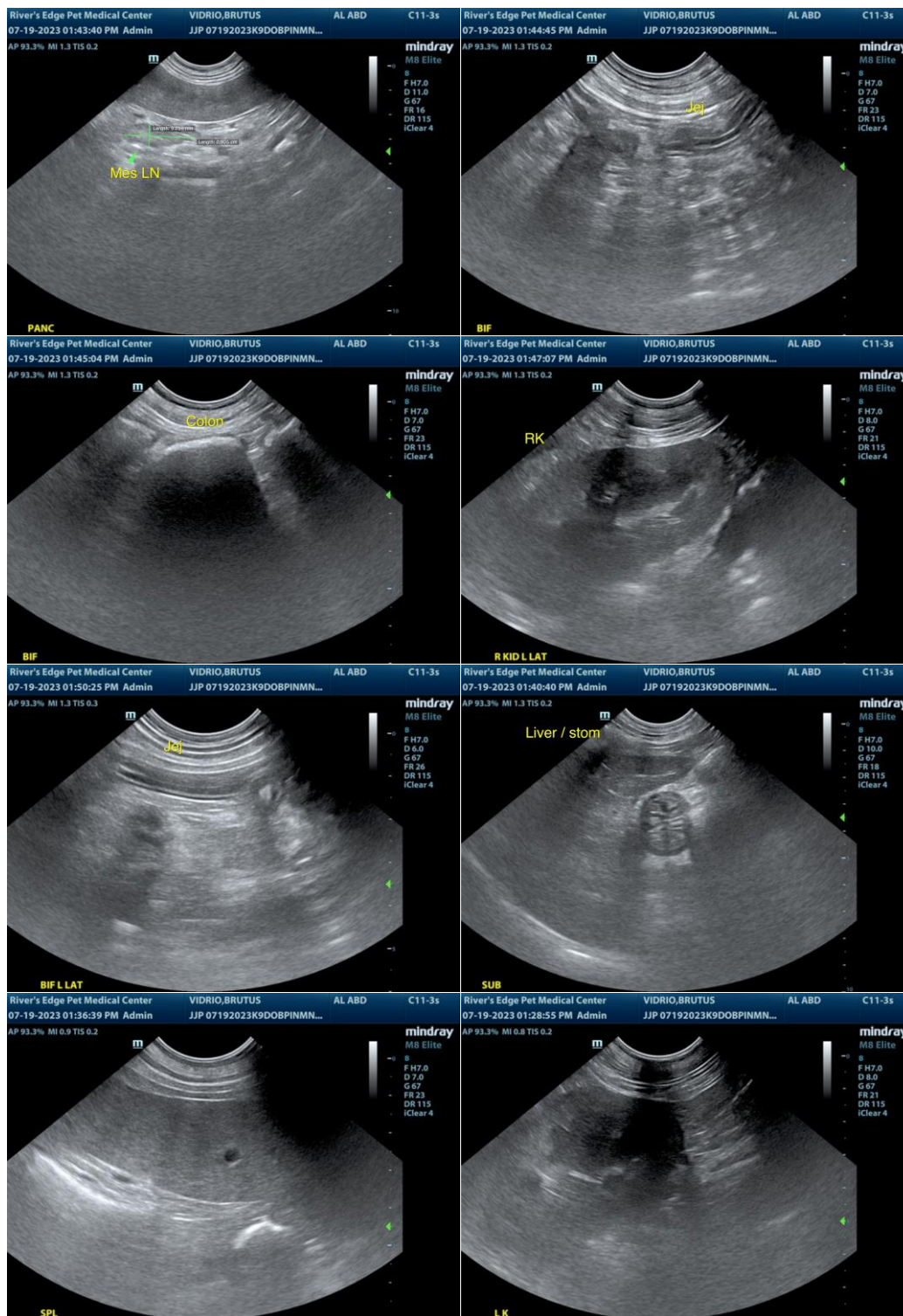
Dr. Eldon Rivers

**INVOICE**

17304

**DATE**

7/19/23





**PATIENT**

Brutus Vidrio

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

9 years

**WEIGHT**

63 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

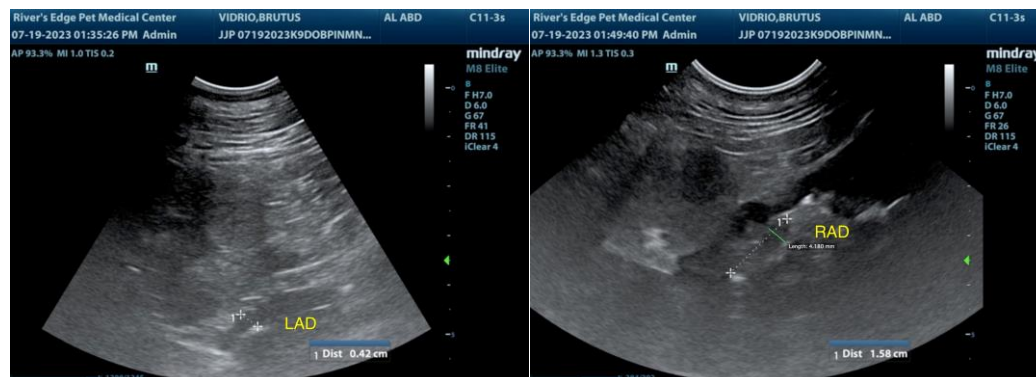
Dr. Eldon Rivers

**INVOICE**

17304

**DATE**

7/19/23



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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[info@sonopath.com](mailto:info@sonopath.com)