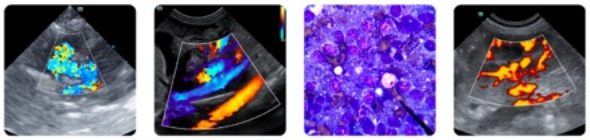

PATIENT

Spunky Homola

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered male

AGE

4 years

WEIGHT

7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mallory Frois

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Giuliani

INVOICE

74262

DATE

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PRESENTING CLINICAL SIGNS

- Lip smacking
- Voracious and snorts when eats, lost 1lb in ~1.5months
- WBC 20, ALT 813, albumin 2.4, cpl WNL, u/a pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No urolithiasis or focal abnormalities are identified.

The left kidney measures 5.11×2.93 cm, with a cortical thickness of 0.41 cm. The right kidney measures 5.75×2.79 cm, with a cortical thickness of 0.44 cm. In both kidneys, the cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.42 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.50 cm at the cranial pole and 0.47 cm at the caudal pole.

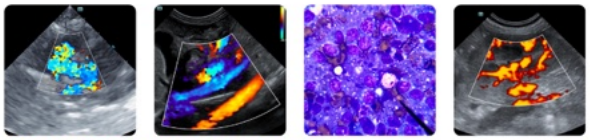
Spleen

Splenic thickness is 1.02 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver appears subjectively markedly reduced in size, with limited visualization in subxiphoid and coronal windows. On right intercostal approach, a small portion of hepatic parenchyma is visualized, appearing homogeneous, with identifiable hepatic veins but subjectively reduced conspicuity of the portal vasculature. A complete transverse assessment of the liver, including portal-to-aortic ratio, could not be obtained. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is moderately distended. The wall is thin and regular. The luminal contents are anechoic. No biliary ductal dilation is identified.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.35 mm and preserved layering. The pylorus measures 4.89 mm. Duodenum: 3.19 mm. Jejunum: 2.40–2.67 mm (mucosa 1.48 mm, submucosa 0.60 mm, muscularis 0.30 mm). Ileum: 2.01 mm. Wall layering is preserved throughout. No evidence of ileus, obstruction, or mucosal abnormalities is identified. No ultrasonographic evidence of inflammatory enteropathy or lymphangiectasia is observed. The colon measures 1.10 mm and contains abundant formed fecal material.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. A prominent, dilated, tortuous vascular structure in the left cranial abdomen, incompletely characterized. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Marked subjective microhepatia.
- Limited visualization of intrahepatic portal vasculature.
- Presence of a dilated, tortuous vascular structure in the left cranial abdomen, incompletely characterized.
- Kidneys structurally normal but relatively prominent in size for patient size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears subjectively markedly reduced in size (microhepatia), with limited visualization of the portal vasculature.

A vascular structure is identified in the left cranial abdomen; however, its origin and course are not definitively characterized on this study.

These findings, in combination with the clinical and laboratory abnormalities (marked ALT elevation and hypoalbuminemia), are highly suggestive of a disorder of portal blood flow, including:

- Congenital portosystemic shunt
- Microvascular dysplasia (hepatic microvascular dysplasia) Although the presence of a portosystemic shunt is considered more likely, this cannot be definitively confirmed based on the current examination.

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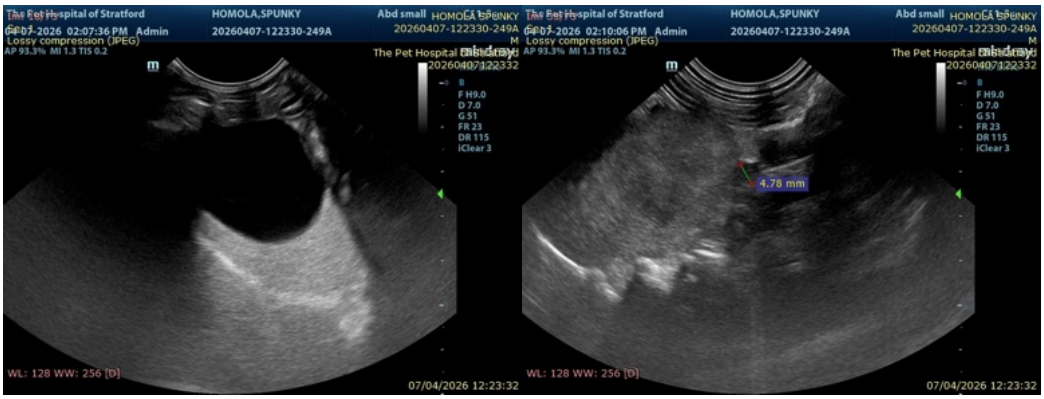
Recommendations

- Serum bile acids testing (fasting and postprandial) is recommended for functional assessment of hepatic perfusion.
- If bile acid testing is consistent with a portosystemic shunt, advanced imaging (CT angiography) is strongly recommended for definitive characterization of the vascular anomaly and surgical planning.
- Alternatively, targeted Doppler ultrasonography by an experienced operator may be considered, although CT remains the preferred modality.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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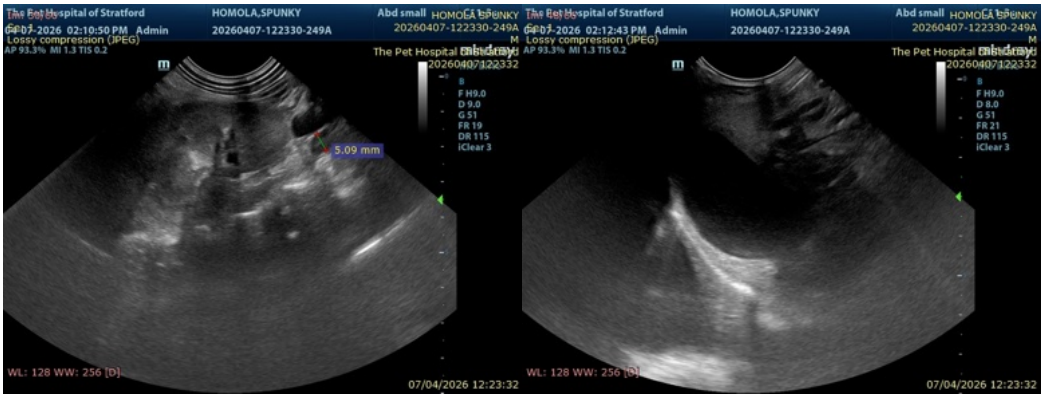

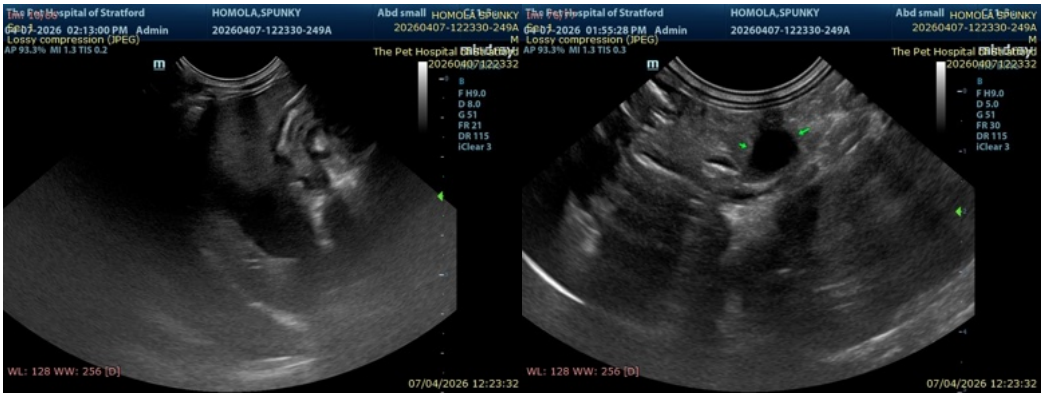

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com