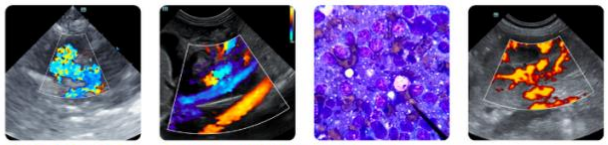

PATIENT

Nola Kanoff

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

2 Years 8 Months

WEIGHT

5.7 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anthony Krawitz DVM

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

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INVOICE

13156

DATE

01/14/26

PRESENTING CLINICAL SIGNS

Since a puppy, although happy and energetic and playful, she has had a variable appetite, episodic diarrhea and vomiting and had a moderately high bile acid profile and normal ACTH stimulation test. Struggled to put on weight, so owner has been trying to feed extra. Maintaining weight recently. However, had another episode of vomiting and diarrhea recently which responded to symptomatic therapy again. A Texas GI profile and abdominal US performed today.

Abnormal PE/Chem/CBC/UA Results: Full BW and UA WNL Last tests run in 12/2025 Bile acid profiles: 5/202 pre <1.0 and post 49.8; 8/16/2024 pre 85.6 and post 66.5, and 12/12/2024 pre 54.6 and post 14. ACTH stimulation test on 5/.2024 pre 5.7 and post 17.9. Multiple negative fecal PCR Key screen tests.

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 were 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 3.5 cm in length. The right kidney measured 3.5 cm in length.

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 0.90 cm x 0.31 cm width at the cranial pole and 0.27 cm width at the caudal pole. The right adrenal gland measured 1.0 cm x 0.24 cm width at the cranial pole and 0.21 cm width 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 were noted.

Liver

The **liver** presented subnormal in size with normal intrahepatic vascular volume and slight increased portal markings. The portal vein was normal in just prior to the branching, the portal vein measured 0.35 cm. The vena cava measured 0.40 cm. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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The **stomach** was mildly thickened with echogenic remodeling and a mild amount of stasis. The gastric wall measured 7.0 mm. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

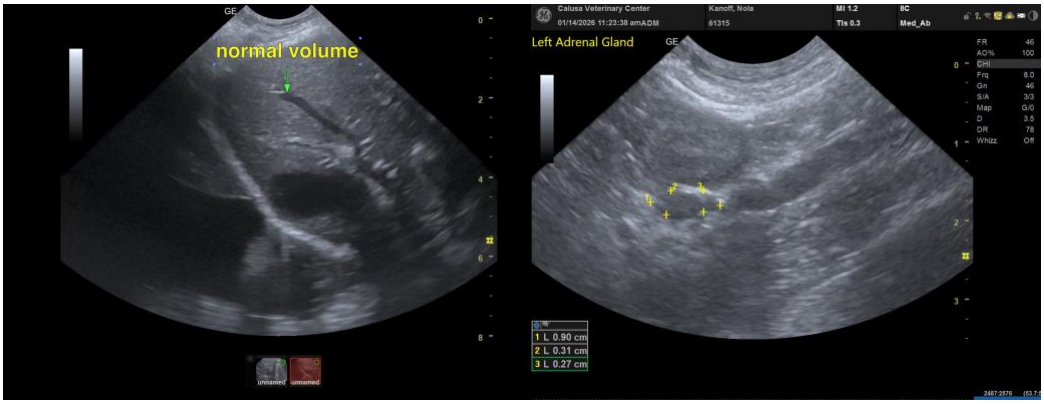
- Gastritis pattern- potentially ulcerative.
- Microhepatica without extrahepatic or intrahepatic macroscopic shunting- portal hypoplasia/microvascular dysplasia are strong potentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protective protocol is warranted to manage for gastritis as well as management for presumed portal hypoplasia/microvascular dysplasia would be indicated. Surgical biopsies/inspection of the stomach and liver could also be considered for further definition.

Hepatic Support for Bile Acid Elevation +/- Hepatic Encephalopathy

Royal Canin Hepatic Support diet or Hills L/D, **Metronidazole** (7.5 mg/kg PO bid) over the next 14 days, **Lactulose** (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a **high-quality protein supplement** of minor amount of **yogurt** or **cheddar cheese**. Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. SAMe and nutraceuticals as needed. **Ursodiol (**10-15 mg/kg p.o. q24h) can be considered as hepatoprotectant and to enhance bile flow. **Zinc** serum level keep between 200—500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day. Gastrointestinal protectants are recommended if the patient is anorexic.



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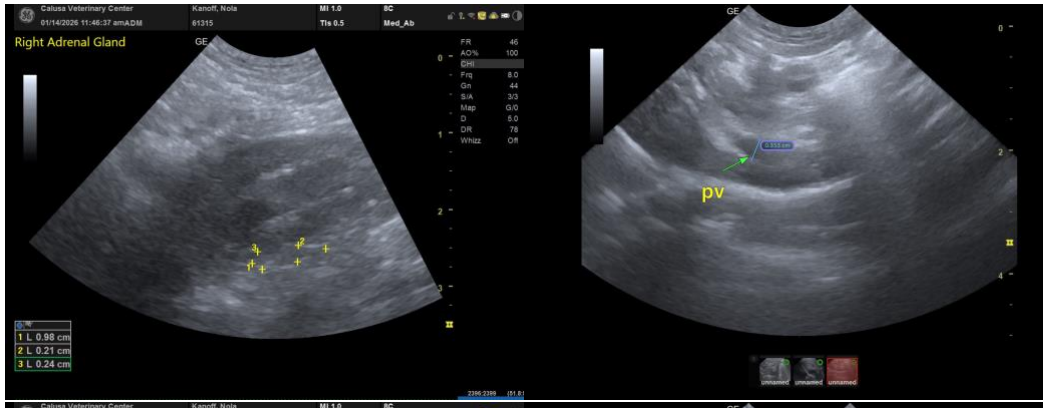

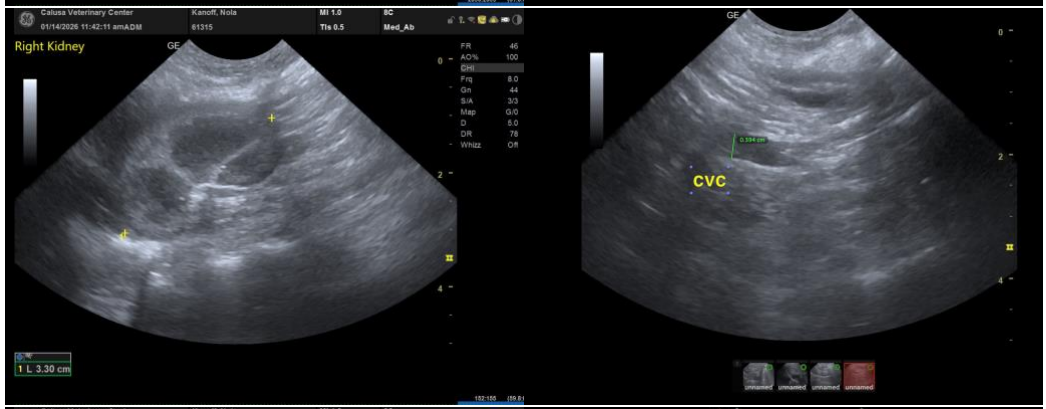

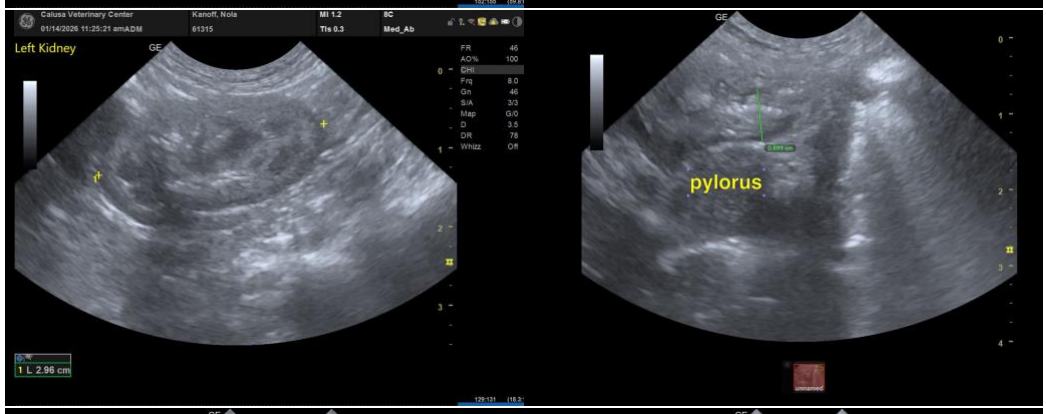

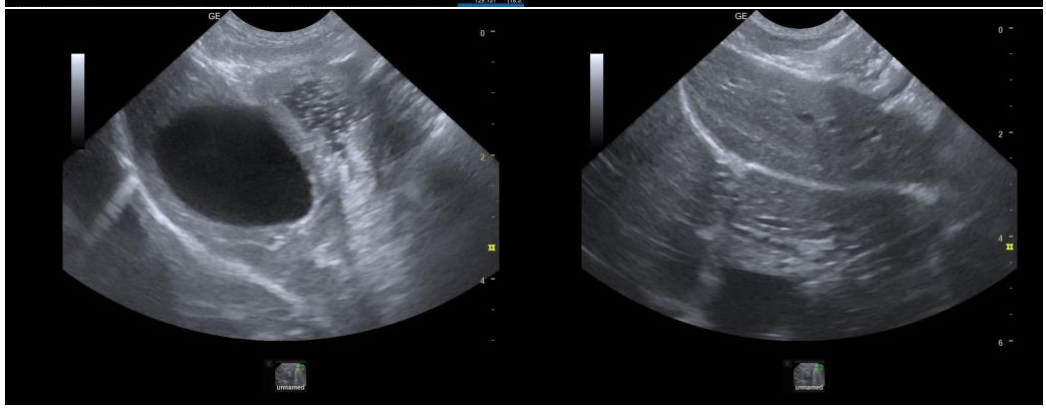

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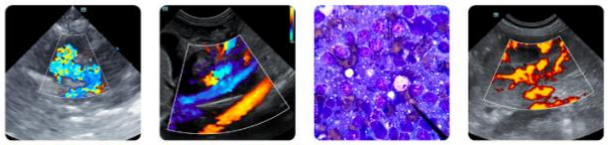

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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