

PATIENT

Mia Grace Speer

SPECIES

Canine

BREED

Spaniel Mix

SEX

Spayed Female

AGE

3 Years

WEIGHT

13.38 pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Greg Shaffer

HOSPITAL NAME

Waterway Animal Hospital

REFERRING VET

Dr. McCalla

INVOICE

13181

DATE

01/15/26

PRESENTING CLINICAL SIGNS

Dog has a history of portosystemic shunt and current concerns of cholestasis.

Abnormal PE/Chem/CBC/UA Results: Abnormal bile acids

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 slightly subnormal in size. The left adrenal gland measured 1.53 cm x 0.24 cm width at the caudal pole and 0.20 cm width at the cranial pole. The right adrenal gland measured 1.14 cm x 0.58 cm width at the cranial pole and 0.43 cm width at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** appeared to have relatively normal to slightly subnormal size. Intrahepatic vascular volume appeared to be solid. No complication from prior portosystemic shunting. Slight coarse hepatic architecture was noted. The portal vein volume appeared to be normal measuring 0.5 cm prior to the trifurcation. Surgical shunt correction appears to be successful from the volume standpoint. Portal vein vena cava ratio was 1:1. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.



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ULTRASONOGRAPHIC FINDINGS

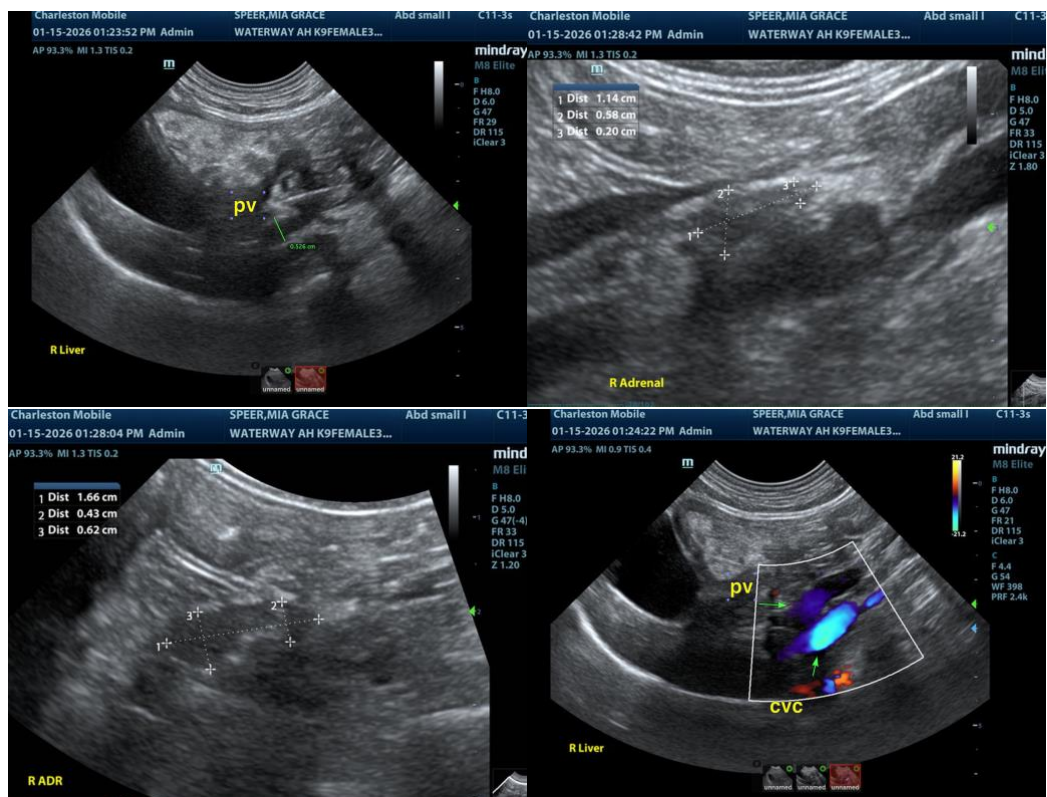
- Subjectively flattened adrenal glands.
- Solid portal vein volume post shunt correction.
- Mild microhepatica with nonspecific mild coarse architecture- no evidence of gross disease.
- Volume contracted spleen.

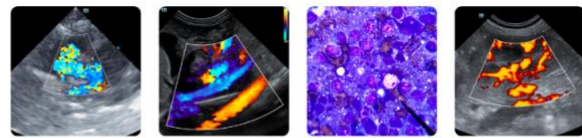
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening for Addison's disease in this patient to ensure an occult Addisonian state is not present given the subnormal adrenal size. Medical management is indicated for parenchymal disease. Assessment of liver biopsy may have been taken at surgery to assess for concurrent portal hypoplasia or other parenchymal disease.

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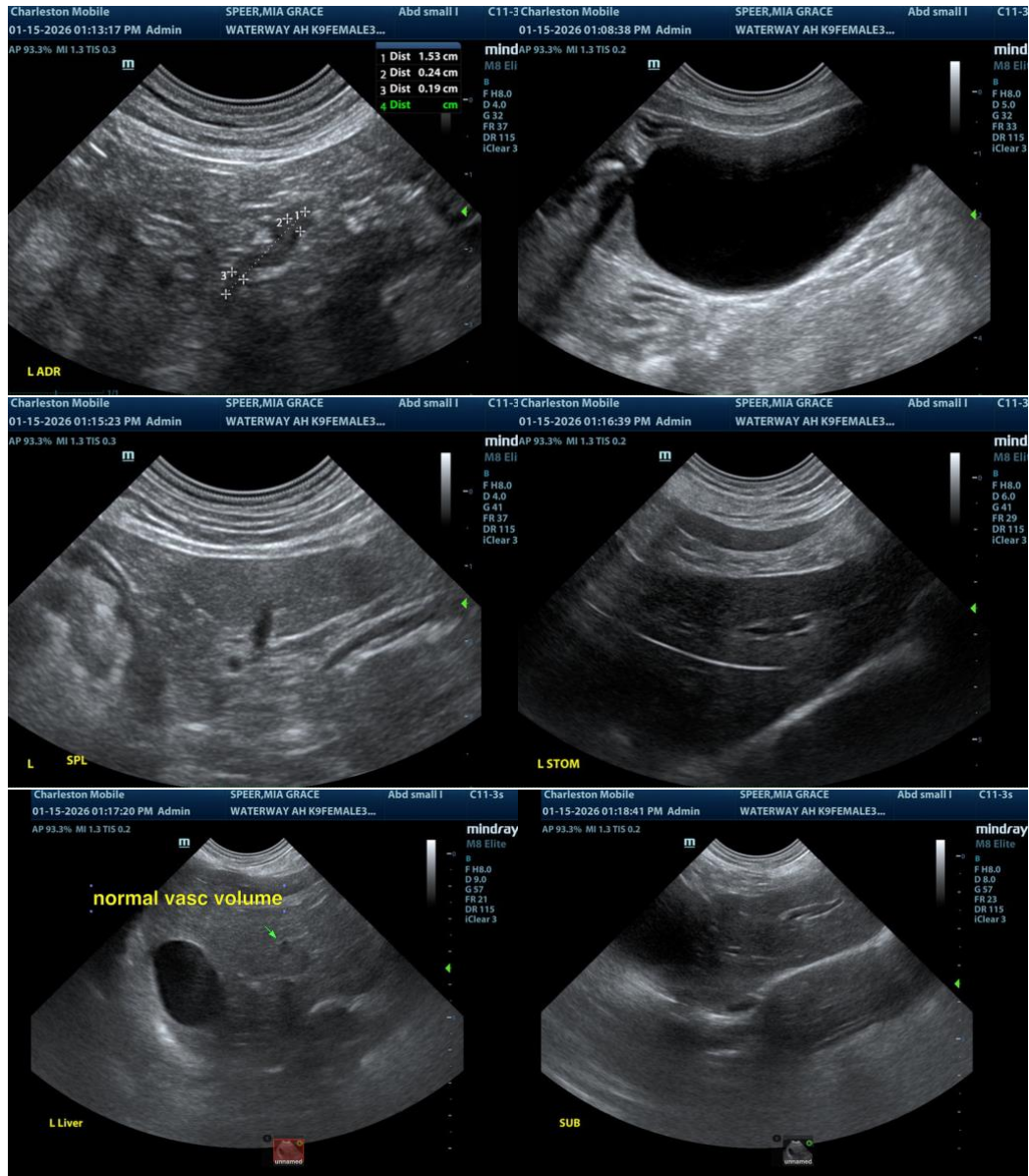
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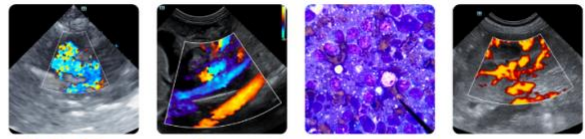
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com



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