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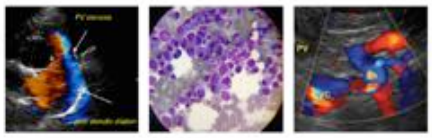
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Baldr Alsbury

SPECIES

Canine

BREED

German Shepehrd

SEX

Male

AGE

3 months

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Resop

INVOICE

94943

DATE

1/4/22

PRESENTING CLINICAL SIGNS

Parvo negative. failing to thrive for about a month. one lateral radiograph suggesting microhepatica. referring vet concerned about foreign body or intussusception

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a large amount of debris and sand. The bladder wall itself was **unremarkable.** The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and was unremarkable.

The **kidneys** were subjectively swollen. The right kidney revealed an anechoic cyst that measured 2.0 cm at the cranial pole. The right kidney measured 4.7 cm in length. The left kidney measured 4.5 cm.

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 right adrenal gland measured 1.65 x 0.77 cm. The left adrenal gland measured 1.73 x 0.77 cm.

Spleen

The **spleen** was folded upon itself caudally with subtle micronodular changes.

Liver

The **liver** was significantly subnormal in size. The liver parenchyma appeared subjectively hypovascular. An abnormal, dorsally directed vessel was noted in this patient in two separate views. The vessel measured nearly 1.0 cm in width. This is suggestive of an azygos shunt given the subnormal portal vein volume compared to the vena cava and aorta. The portal vein was subnormal in size and measured 0.33 cm. The vena cava was normal in size as was the aorta each measuring 0.5 cm. The gallbladder was mildly over distended with a minor amount of dependent debris.

Gastrointestinal

The **stomach** was over distended with chyme and a mildly thickened wall that measured up to 1.0 cm. The gastric presentation is most consistent with gastritis. The small intestine and colon were unremarkable.

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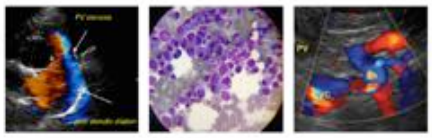

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Pancreas

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

Microhepatica.

Gastritis pattern. No evidence of foreign body.

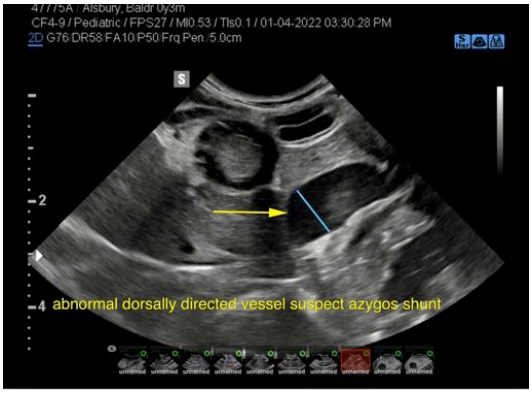
Swollen kidneys.

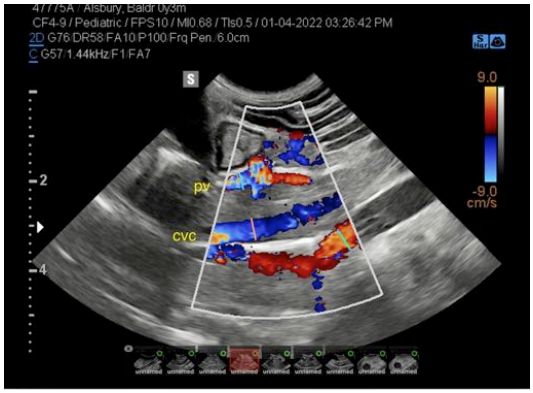
Micronodular spleen. I suspect splenitis or reactive spleen.

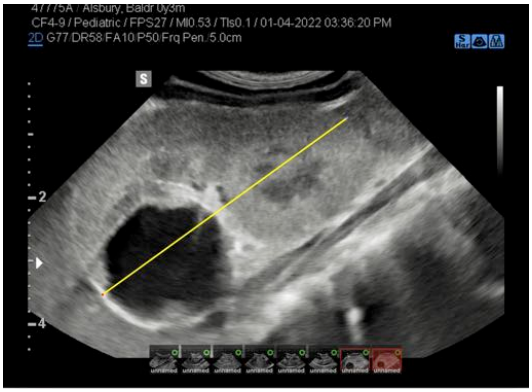
Bladder sand and debris.

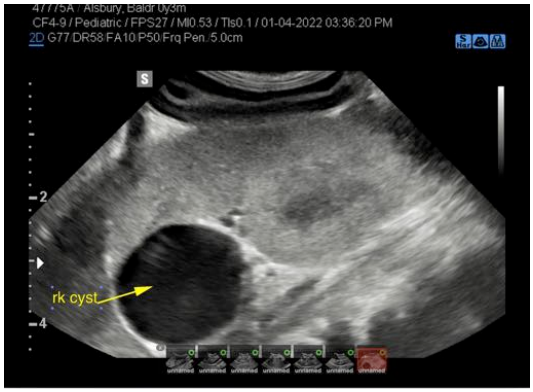
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatoportal vascular pattern is suggestive of splenoazygos shunt. CT with contrast is warranted as well as bile acid profile. Double aorta was not found. Given the subnormal portal vein size and 1:1 ratio between the vena cava and aorta splenoazygos shunt is a strong potential especially given the abnormal dorsally directed vessel noted in a couple of views. Bile acid profile is warranted. There was no evidence of foreign body. Treatment for gastritis and medical management is recommended if bile acids are confirmed to be elevated as suspected. FNA of the spleen is ideal to assess for splenitis.









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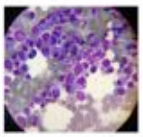


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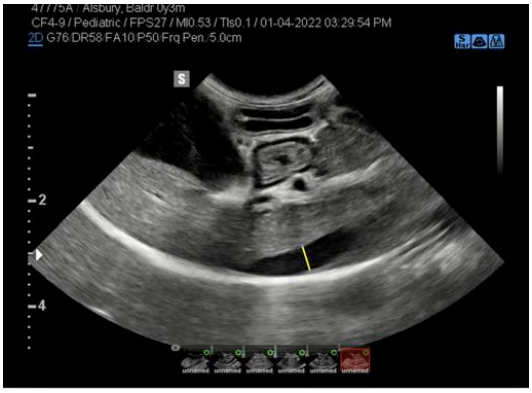

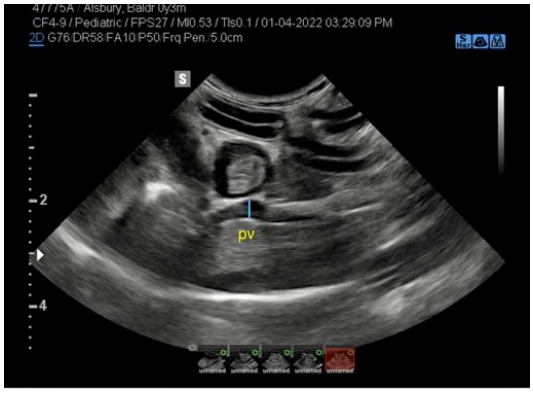

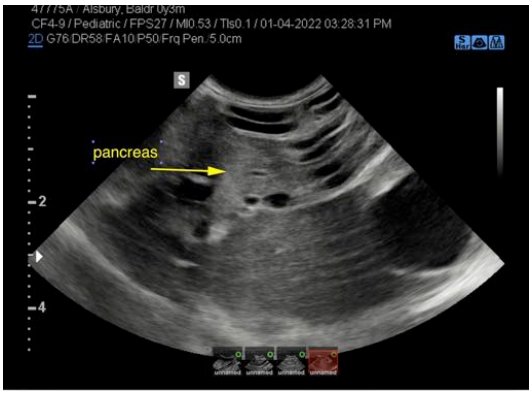

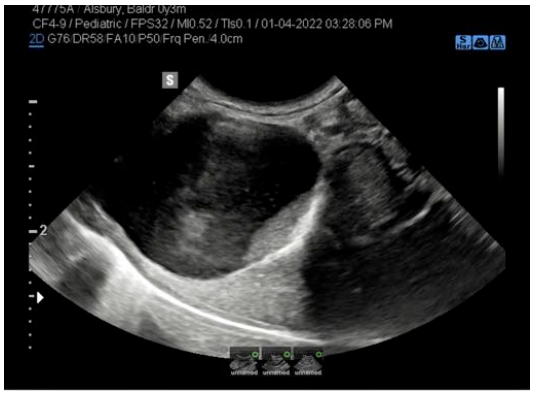

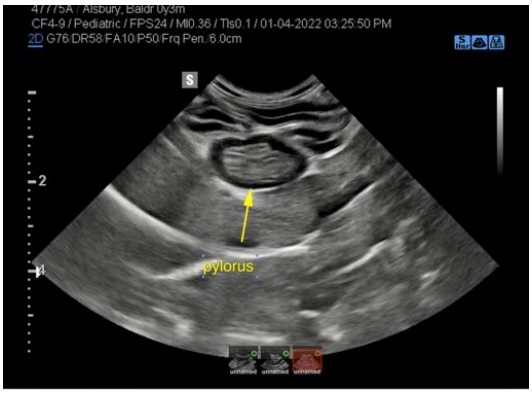

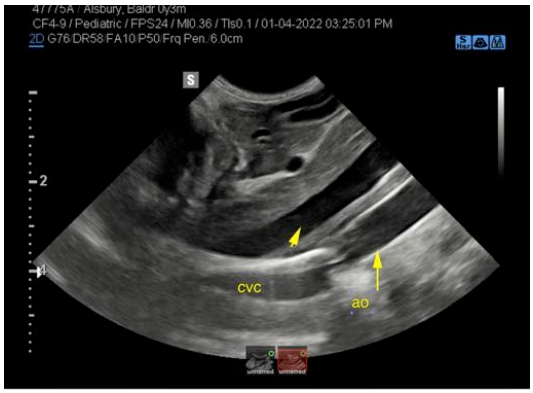

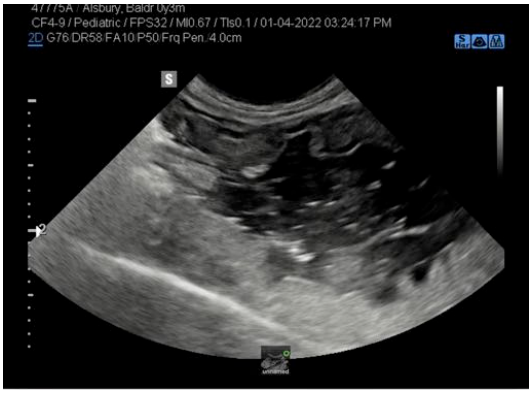

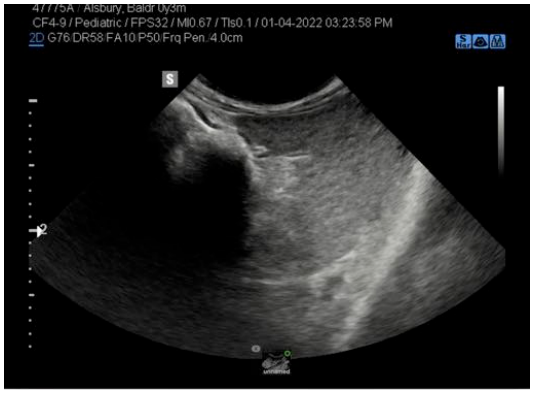

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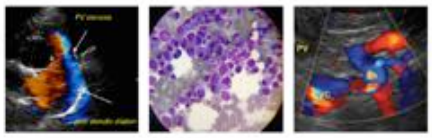

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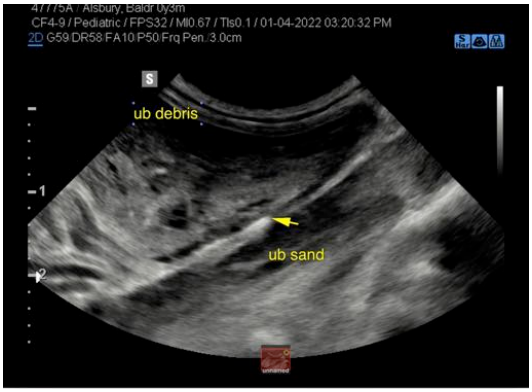

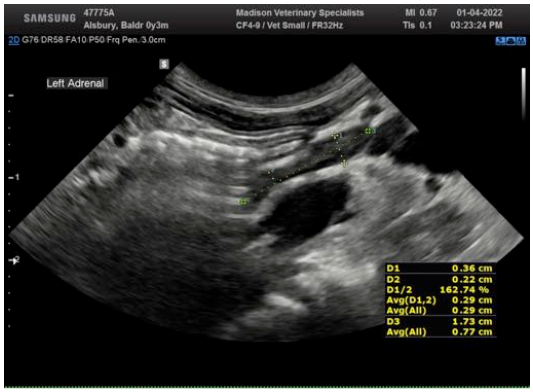

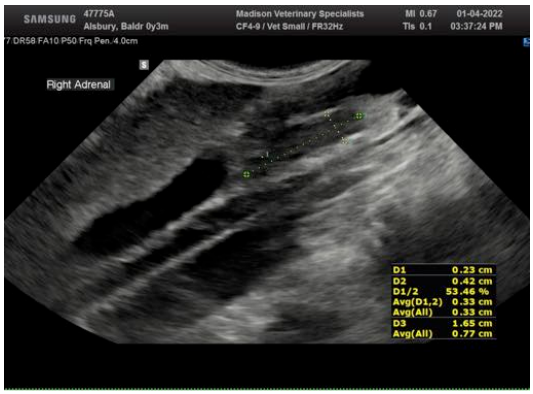

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com