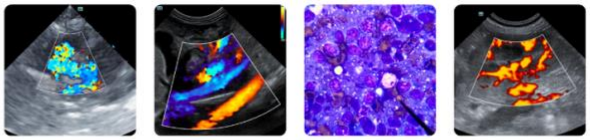

PATIENT

Khan Dize

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

1 Years 3 Months

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Melissa Earp

INVOICE

35287

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Patient was neutered with gastropexy on 10/15/2025. Patient was back on 10/28 for sx site dehiscence. Was put on Cephalexin which caused vomiting so was changed to Amoxicillin. Presented on 11/5 for continued vomiting. Owner reported occasional vomiting since surgery at that time. Hospitalized on 11/18 with a concern for potential Addison's disease or EPI. Cortisol level checked. GI Panel checked. First abdominal ultrasound on 11/20. Throughout all of this patient has been on and off vomiting and diarrhea with continued weight loss. Best weight was 80 pounds on 11/25. Today is 70 pounds and is in a body condition score of 2/9. Patient presented yesterday for acute clinical signs of potential hepatic encephalitis- blindness, ataxia, hearing loss, neurologic signs, almost to a comatose state whereas this patient is typically a dog we have to sedate to do much with. We have hospitalized him on supportive fluids (started yesterday with saline, moved to LRS today), Ampicillin, Enrofloxacin, Lactulose, Cerenia. BP this morning was 110. We are searching for any evidence of a shunt or other causes for ongoing clinical signs plus these new acute ones. All serial labs are attached. Owners are concerned that all of this started after the surgical procedure.

Abnormal PE/Chem/CBC/UA Results: Pre-op labs 10/15/2025 Sick appointment labs 11/5/2025 Recheck labs on 11/17/2025 GI panel 11/19/2025 and Cortisol add on Hospitalization labs 1/7/2026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

Both **kidneys** were swollen with some loss of corticomedullary definition. The right kidney measured 10 cm. The right kidney measured 9.8 cm. The kidneys were hypervascular.

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 0.49 cm. The left adrenal gland measured 0.41 cm.

Spleen

The **spleen** revealed subtle micronodular changes and was folded upon itself caudally. No evidence of thrombosis was noted.

Liver

The **liver** was subnormal in size. The gallbladder was mildly overdistended, likely owing to NPO status. The portal vein measured 1.0 cm. The vena cava measured 1.2 cm. No evidence of extrahepatic

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shunting was noted. Prior to the portal hilus, was a normal volume and structure. An intrahepatic branching of the portal vein appeared to be abnormal with a tortuous vessel occupying the caudal aspect of the left liver, this would suggest intrahepatic shunt and left divisional shunt, however, CT evaluation with contrast is recommended.

Gastrointestinal

The **stomach** revealed fluid filled lumen. Curvilinear patterns were maintained in the gastric wall. No evidence of foreign bodies. The pylorus appears to be in proper position. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

Pancreas

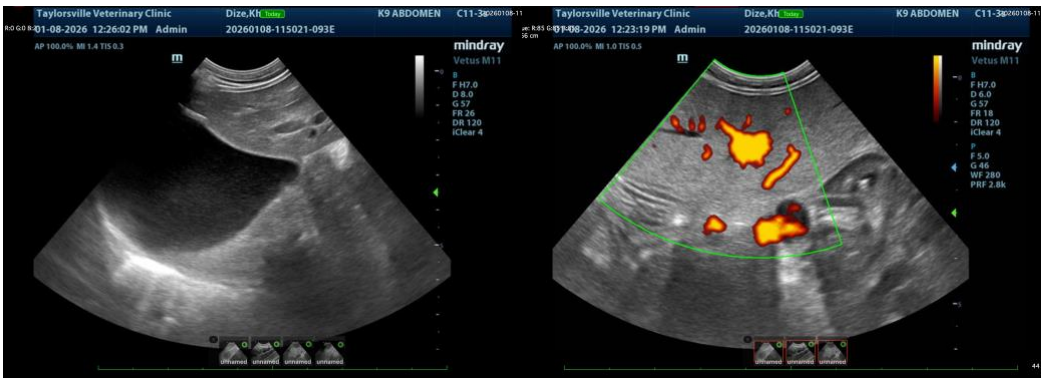
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Abnormal intrahepatic vascular pattern- suspect intrahepatic shunting. Left divisional intrahepatic shunt would be most likely, yet CT evaluation is recommended.
- Hypervascular, swollen kidneys with some loss of corticomedullary definition
- Subtle micronodular splenic changes
- Fluid filled gastric lumen
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is recommended. Bile acid profile is recommended.



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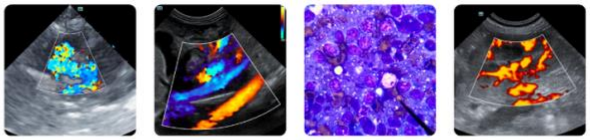

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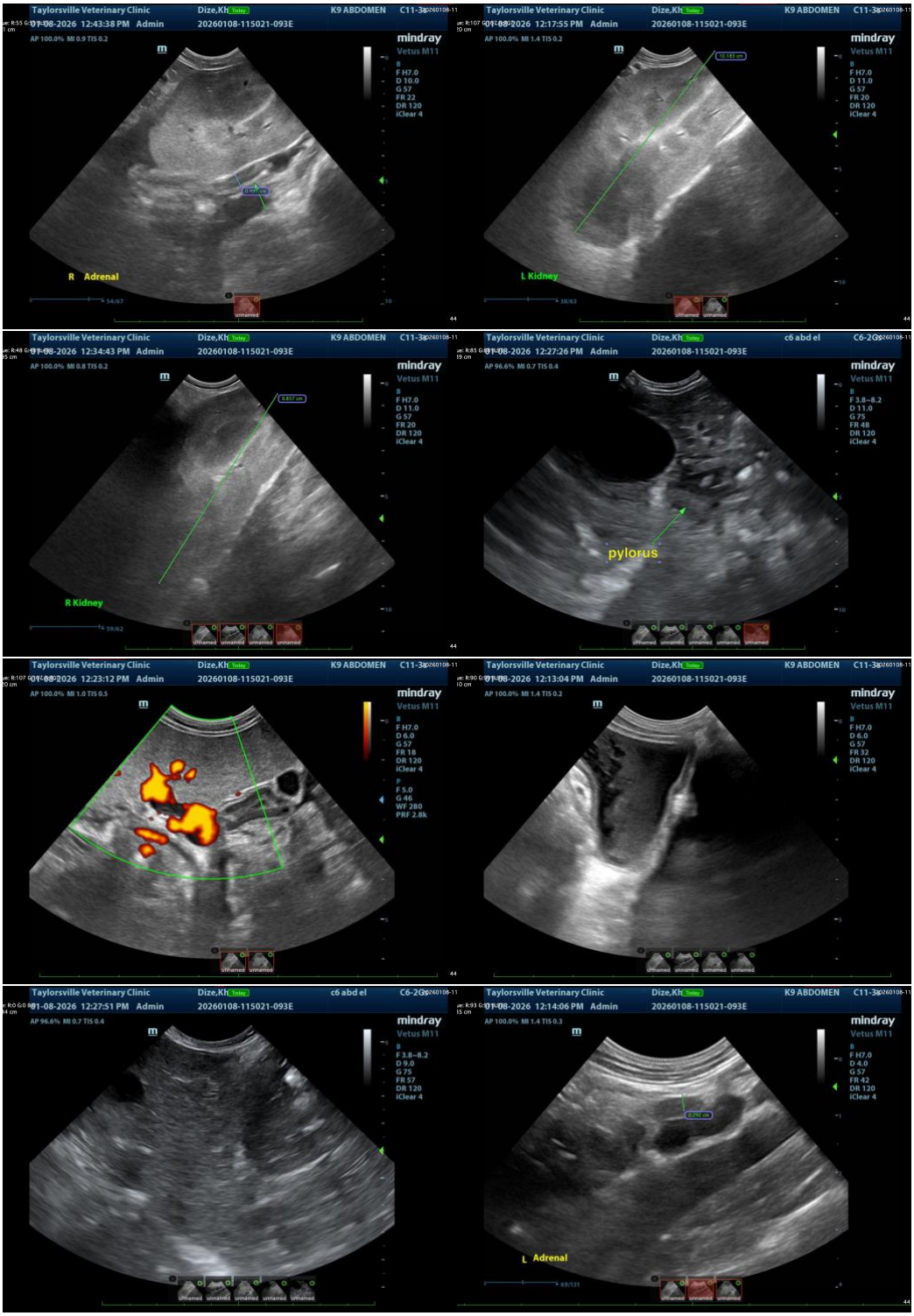

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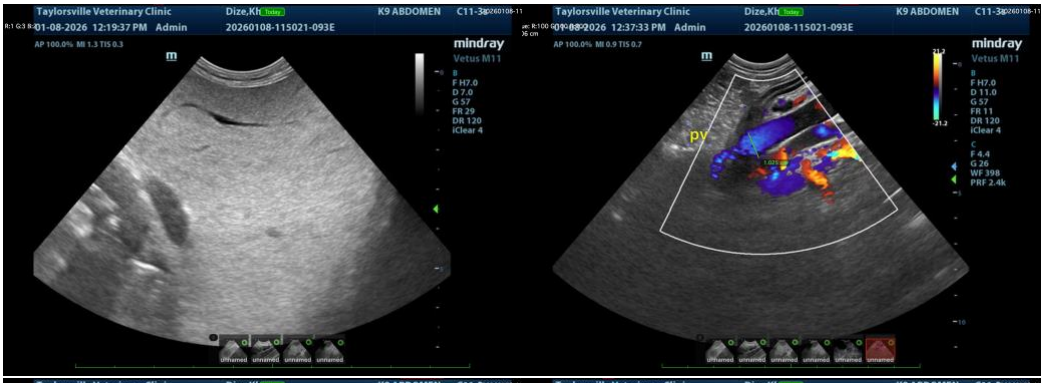
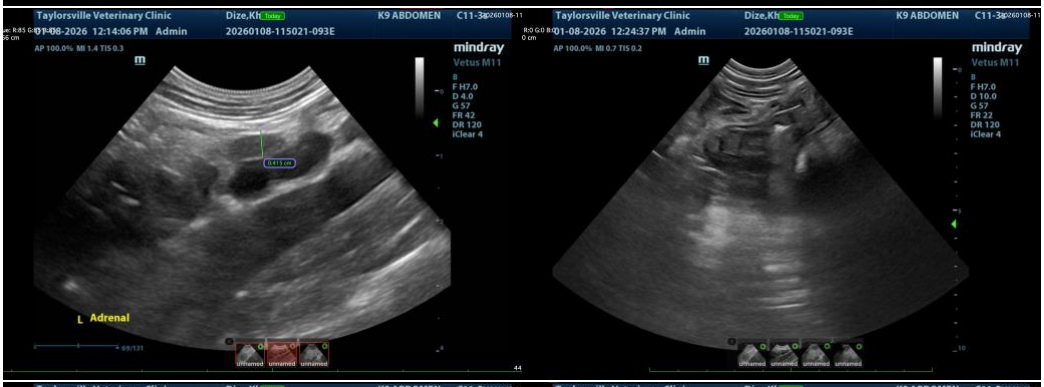
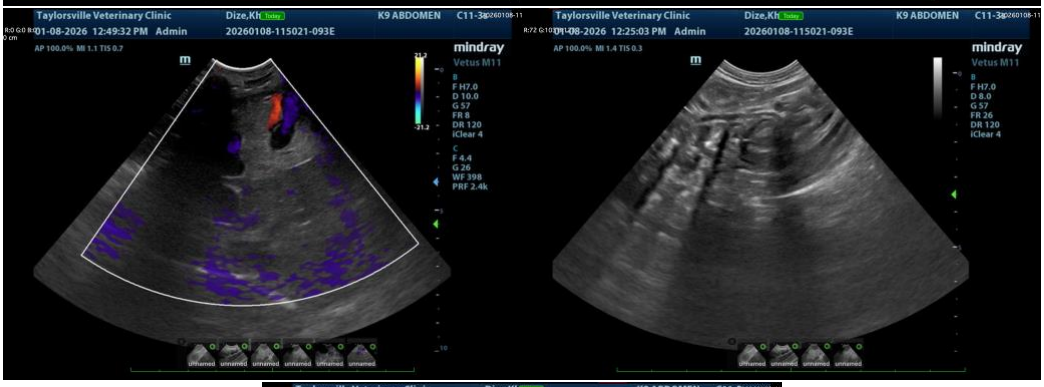
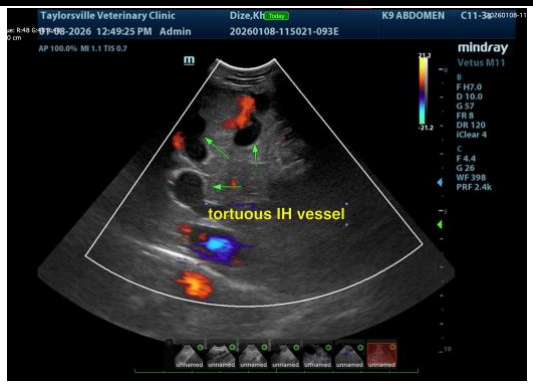
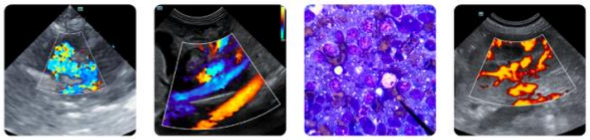








The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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