



PATIENT

Shultzie Giesbrecht

SPECIES

Canine

BREED

Biewer Terrier

SEX

Intact male

AGE

3 years

WEIGHT

2.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions AH

REFERRING VET

Dr. Gerrow

INVOICE

40031

DATE

10/11/22

PRESENTING CLINICAL SIGNS

History: Non clinical Attending concerned about MHVD vs PSS due to chronic elevation in liver enzymes.

Chronic moderate elevation of liver enzymes . Bile acids not done

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 was noted. Ureteral papillae were normal.

The testicles were imaged and found to be uniform.

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 right kidney measured 3.44 cm. The left kidney measured 3.06 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 left adrenal gland measured 0.29 cm at the cranial pole and 0.28 cm 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 was noted.

Liver

The **liver** revealed slight coarse architecture and was subnormal in size. The portal vein measured 0.36 cm. The vena cava was slightly dilated; however, intrahepatic vasculature was normal with normal entry of the hepatic veins into the vena cava were noted. Vena cava dilation would be normal if the patient was sedated with Dexdomitor or similar. There was no overt portosystemic shunting was noted in the intrahepatic or extrahepatic space. However, the vena cava appears to be dilated likely secondary to sedation. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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The **gastrointestinal tract** was normal other than minor, anechoic gastric stasis. The small intestines and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Microhepatica.

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Mild hepatic remodeling. Portal hypoplasia/microvascular dysplasia is suspected.

Vena cava dilation, likely owing to sedation. However, if the patient was not sedated then further imaging is necessary especially if post prandial bile acids are > 80.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ancillary sonographic criteria for shunting was present such as renal calculi, bladder sand or renal swelling. Therefore, the chances or portosystemic shunting are minor.

INTERPRETED BY

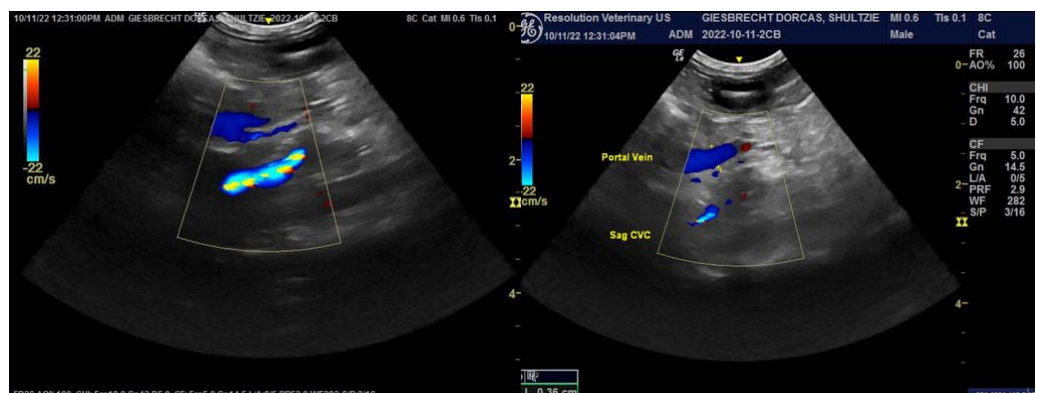
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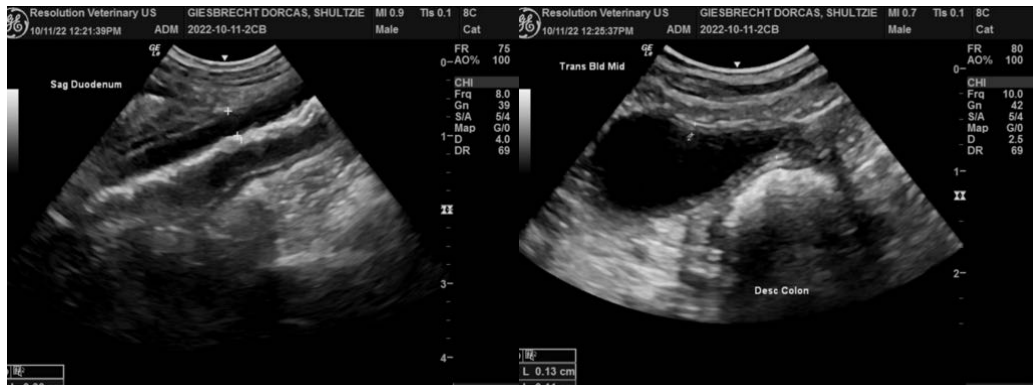
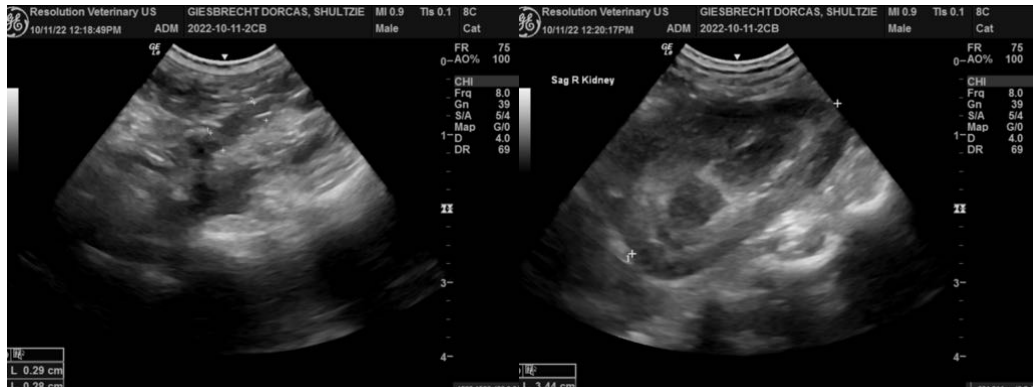
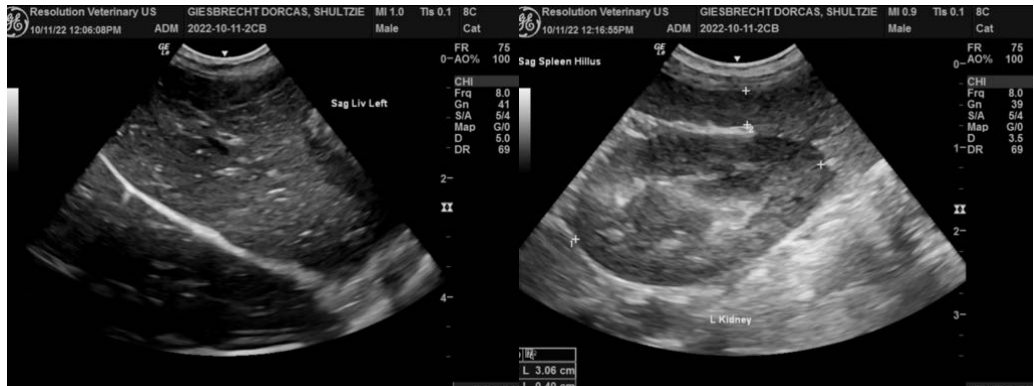
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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