



PATIENT

Darcy Ryan

SPECIES

Canine

BREED

Teacup Poodle

SEX

Neutered Male

AGE

5 years

WEIGHT

12.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary
Center

REFERRING VET

Dr. Roger Barker

INVOICE

10735

DATE

11/13/2025

PRESENTING CLINICAL SIGNS

Came in to a remove a cyst, pre anesthetic bloodwork had increase in AlkPhos and ALT. Then at home, patient started staring into space, wandering, and crying for no reason. Not eating or drinking normally.

Abnormal PE/Chem/CBC/UA Results: Serum bile acids increased. UA okay. CBC increase WBC, neutrophilia and monocytosis. RDVM concerned about possibility of a shunt. Trying to do a shunt hunt.

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** were normal in size and contour. Slight pinpoint mineralizations noted. Non-obstructive. Left kidney measures 3.1 cm, and the right kidney measures 3.2 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.

Left adrenal measures 0.5 cm.

Right adrenal measures 0.58 cm at the cranial pole and 0.4 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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

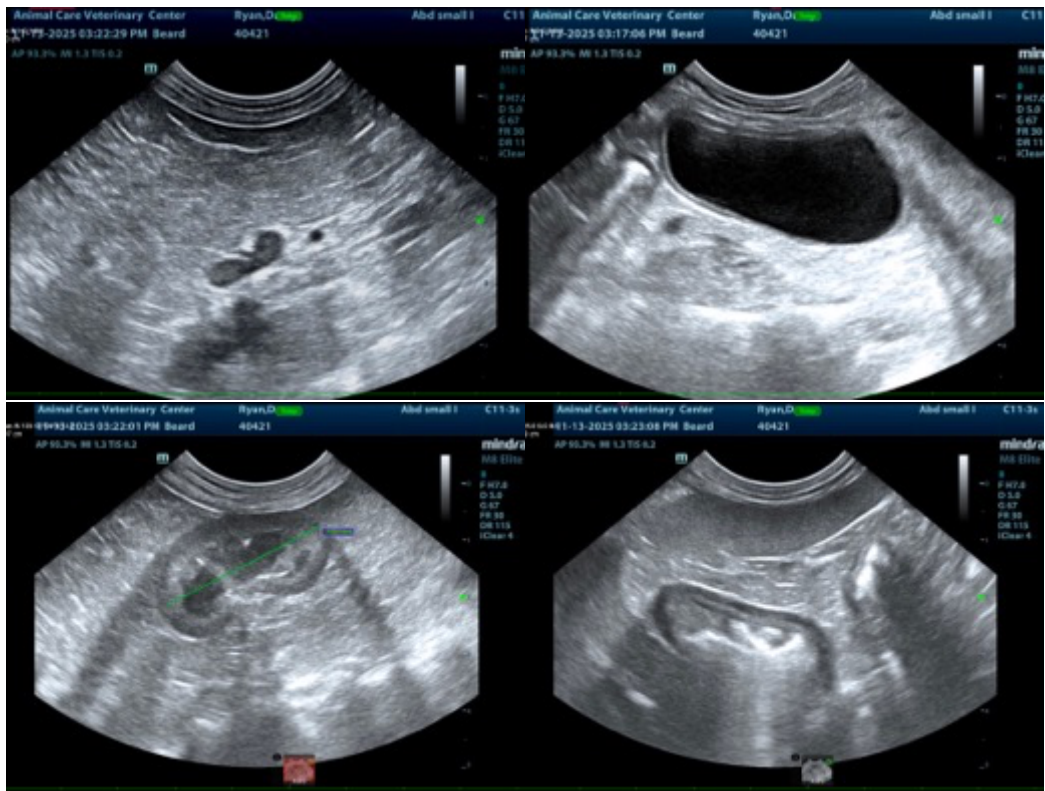
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable liver. Suspect subacute or acute insult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of portosystemic shunting. Leptospirosis, and titers warranted if in present in your region. Assessment for ventral inciting causes of hepatic insult indicated. FNA liver would be indicated for further definition yet structurally appears unremarkable. Normal structure and vascularity.





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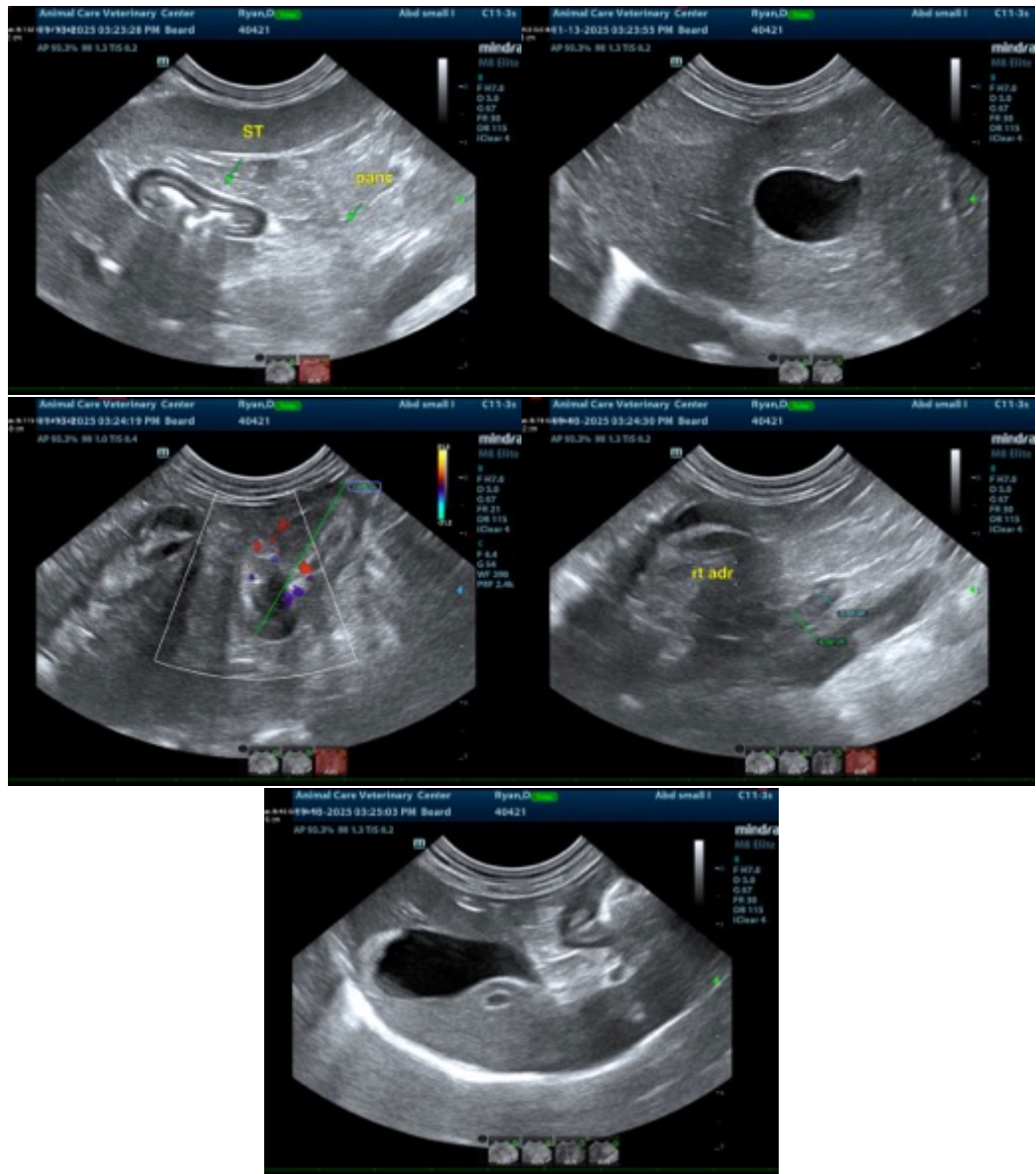
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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