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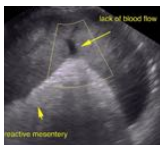

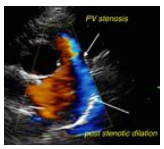

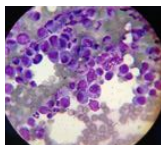
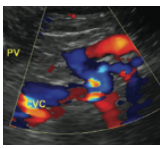

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lady Morales

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed female

AGE

1 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Petrone

INVOICE

43169

DATE

12/16/22

PRESENTING CLINICAL SIGNS

History: 1 yo FS shih tzu mix. Presented for vomiting on 12/10/22. Treated with cerenia.
Abnormal PE/Chem/CBC/UA Results: ALT: 834 AST: 112 ALP: 64 Monocytosis

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 **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 4.09 cm. The left kidney measured 4.18 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 0.49 cm. The left adrenal gland measured 0.4 cm at the caudal pole and 0.34 cm at the cranial 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** was mildly subnormal in size with uniform parenchyma. There was no evidence of significant disease. The portal vein was normal in size at 0.5 cm. Intrahepatic vascularity appeared to have adequate volume. 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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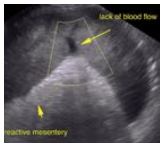
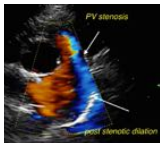
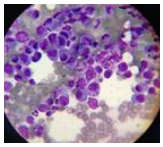
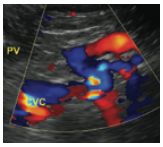

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Gastrointestinal

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

Pancreas

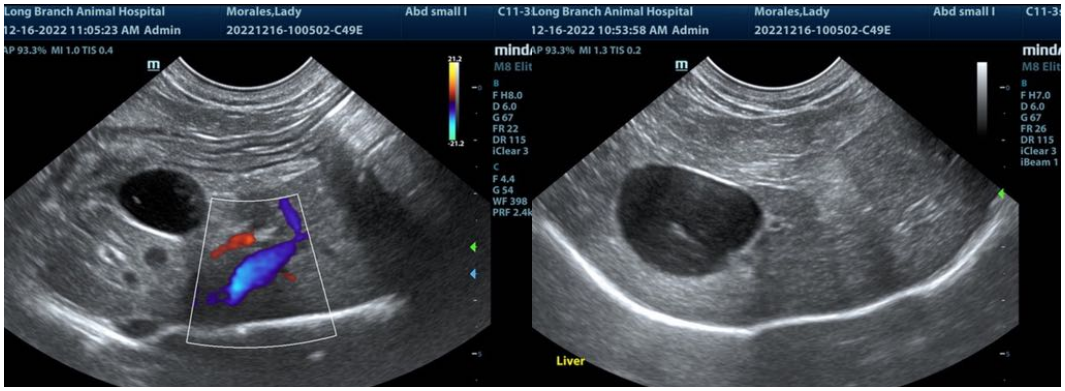
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Subnormal liver size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying portal hypoplasia/microvascular dysplasia is potential, yet would necessitate core biopsy and justified if bile acids are elevated. Causes of subacute hepatic insult such as Leptospirosis should be considered. If liver values are not normalized with empirical measures then core liver biopsy is indicated. No overt portosystemic shunting noted. Given that there is no evidence of bladder or renal calculi and no renal swelling, microscopic shunting is unlikely given our research on the subject matter.



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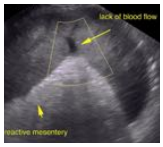
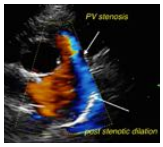
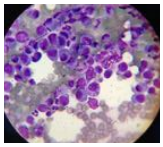
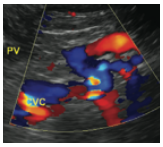

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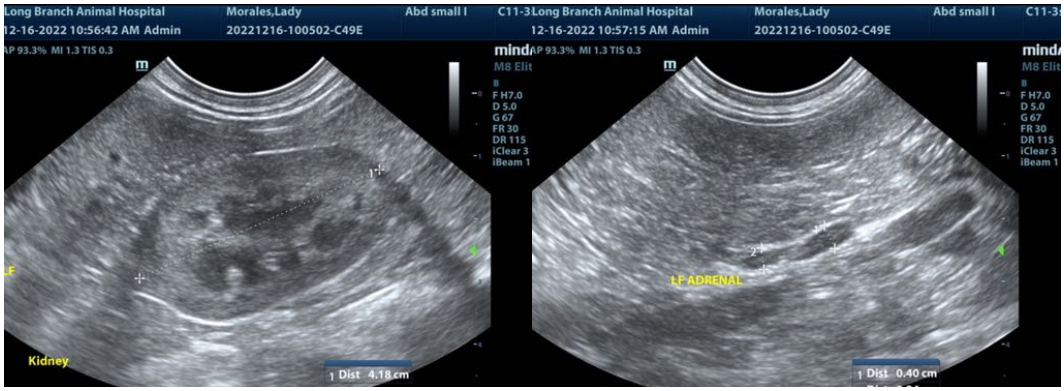

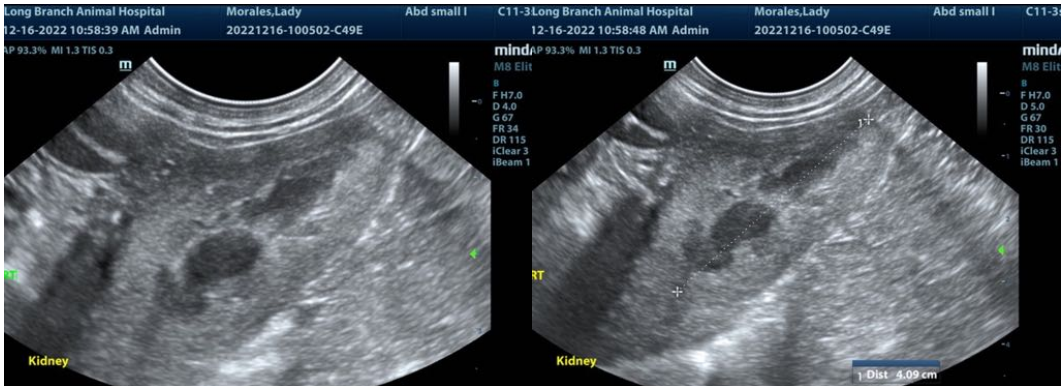

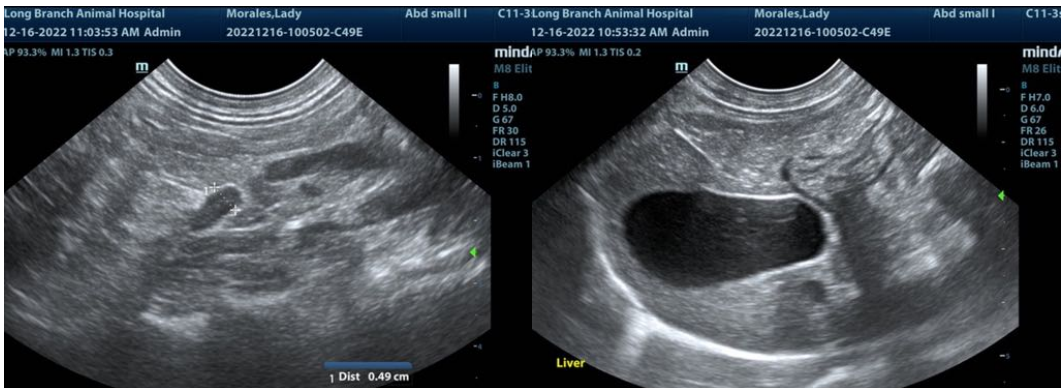

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com