



PATIENT

Merry Ross

SPECIES

Canine

BREED

Maltese Mix

SEX

Intact Female

AGE

5 Months

WEIGHT

3.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

N/A

INVOICE

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DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: neurological symptoms; check for PSS. On lactulose, amoxicillin, metronidazole

Abnormal PE/Chem/CBC/UA Results: bile acid 107, ALT 185, ALKP 270

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. A large amount of debris was noted along with a small amount of sand. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** were swollen and mildly hypervascular. The left kidney measured 4.02 cm. The right kidney measured 4.54 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 1.98 x 0.27 cm at the caudal pole and 0.23 cm at the cranial pole. The right adrenal gland measured 1.62 x 1.19 cm at the cranial pole and 0.47 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** was subnormal in size. Short axis liver measured 1.3 cm. An abnormal 0.4 cm wide extrahepatic vessel appeared to be present. The portal vein appeared to be subnormal in size at 0.3 cm. However, further definition is necessary through CT. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed shadowing material that measured 1.0 cm. This may be foreign matter or medications depending on when the patient ate prior to the sonogram. Other shadowing structures were present in the pylorus.



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Pancreas

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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.

BREED

Maltese Mix

ULTRASONOGRAPHIC FINDINGS

- Bladder debris.
- Microhepatica.
- Swollen kidneys.

SEX

Intact Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect extrahepatic portosystemic shunt. CT with contrast is recommended for further definition.

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Hepatic Support for Bile Acid Elevation +/- Hepatic Encephalopathy

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Royal Canin Hepatic Support diet or Hills L/D, Metronidazole (7.5 mg/kg PO bid) over the next 14 days, Lactulose (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a high-quality protein supplement of minor amount of yogurt or cheddar cheese. Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. SAME and nutraceuticals as needed. Ursodiol (10-15 mg/kg p.o. q24h) can be considered as hepatoprotectant and to enhance bile flow. Zinc serum level keep between 200–500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day. Gastrointestinal protectants are recommended if the patient is anorexic.

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ABOUT SONOPATH CT SERVICES:

IMAGING PERFORMED BY

Diane McFadden

SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown, New Jersey. More information can be found at

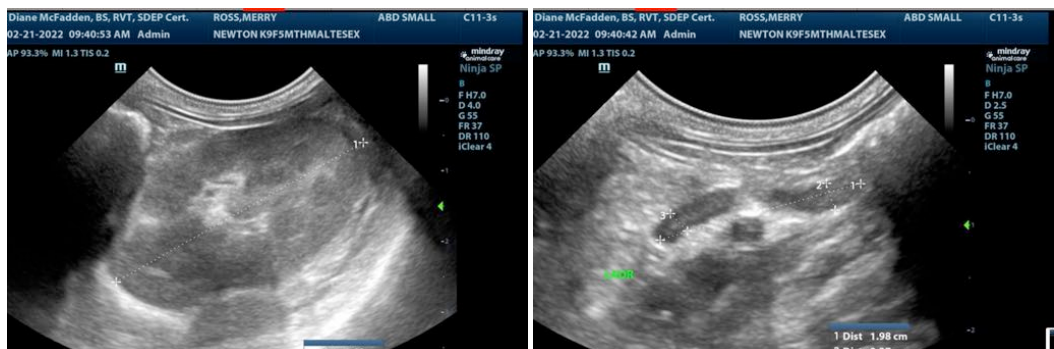
<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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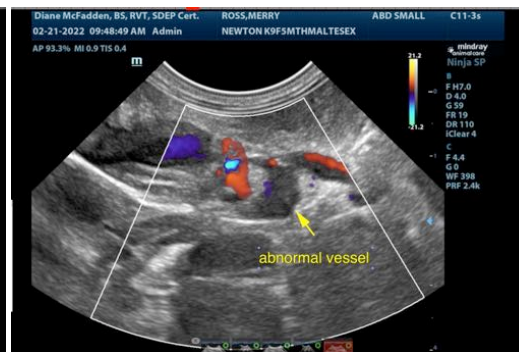
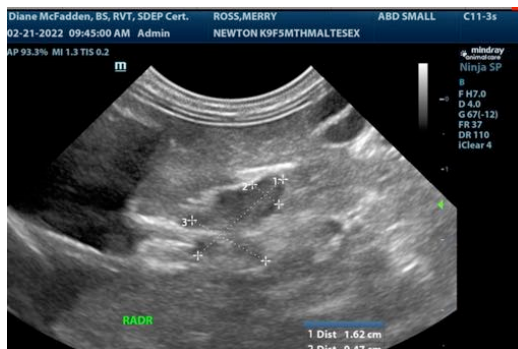
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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