



PATIENT

Bently McGuire

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

4 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Newburgh VH

REFERRING VET

Dr. Steinbeiser

INVOICE

35731

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Chronic liver dz
- Chronic intermittent vomiting and anorexia usually associated with severe elevated LE- r/o congenital liver dz
- Current meds: metronidazole 50mg BID, Amoxi 50mg BID, Cerenia 8mg SID, Milk thistle 200mg SID, hills biome diet
- Abnormal PE/Chem/CBC/UA Results: 2/2/26 liver values WNL

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 2.75 cm. The right kidney measured 3.2 cm. Slight pinpoint mineralizations were noted in both kidneys.

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 1.34 cm x 0.57 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 1.27 cm x 0.38 cm at the cranial pole and 0.36 cm at the caudal pole.

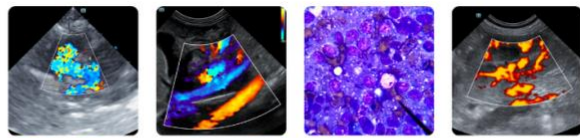
Spleen

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 mildly subnormal in size yet normal vascular volume. The gallbladder and common bile duct were unremarkable. The portal vein to vena cava ratio was 1:1. No evidence of macroscopic shunting. The portal vein measured 0.42 cm. the vena cava measured 0.43 cm.

Gastrointestinal



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There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. The pylorus was well visualized, no evidence of pathology.

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

- Mild microhepatica, structurally unremarkable parenchyma- no evidence of macroscopic shunting
- Slight renal mineralizations
- Retention of ingesta in the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the minor elevation of bile acids, a minor form of portal hypoplasia/microvascular dysplasia may be present yet the liver structure is unremarkable. Strict diet is likely a good practice for this patient. If the patient was NPO at the time of the sonogram, then delayed outflow is likely. Endoscopy would be warranted to obtain mucosal biopsies. Surgical GI biopsies could also be considered given the chronic clinical signs. A clinical trial for helicobacter gastritis, such as the following, could be considered from an empirical standpoint.

Helicobacter/Gastritis protocol

A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, **Metronidazole (10-20 mg/kg p.o. b.i.d.)**, **Pepcid (0.5-1 mg/kg s.i.d.)** and **Sucralfate (0.5-2 g/dog PO)** or **Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.



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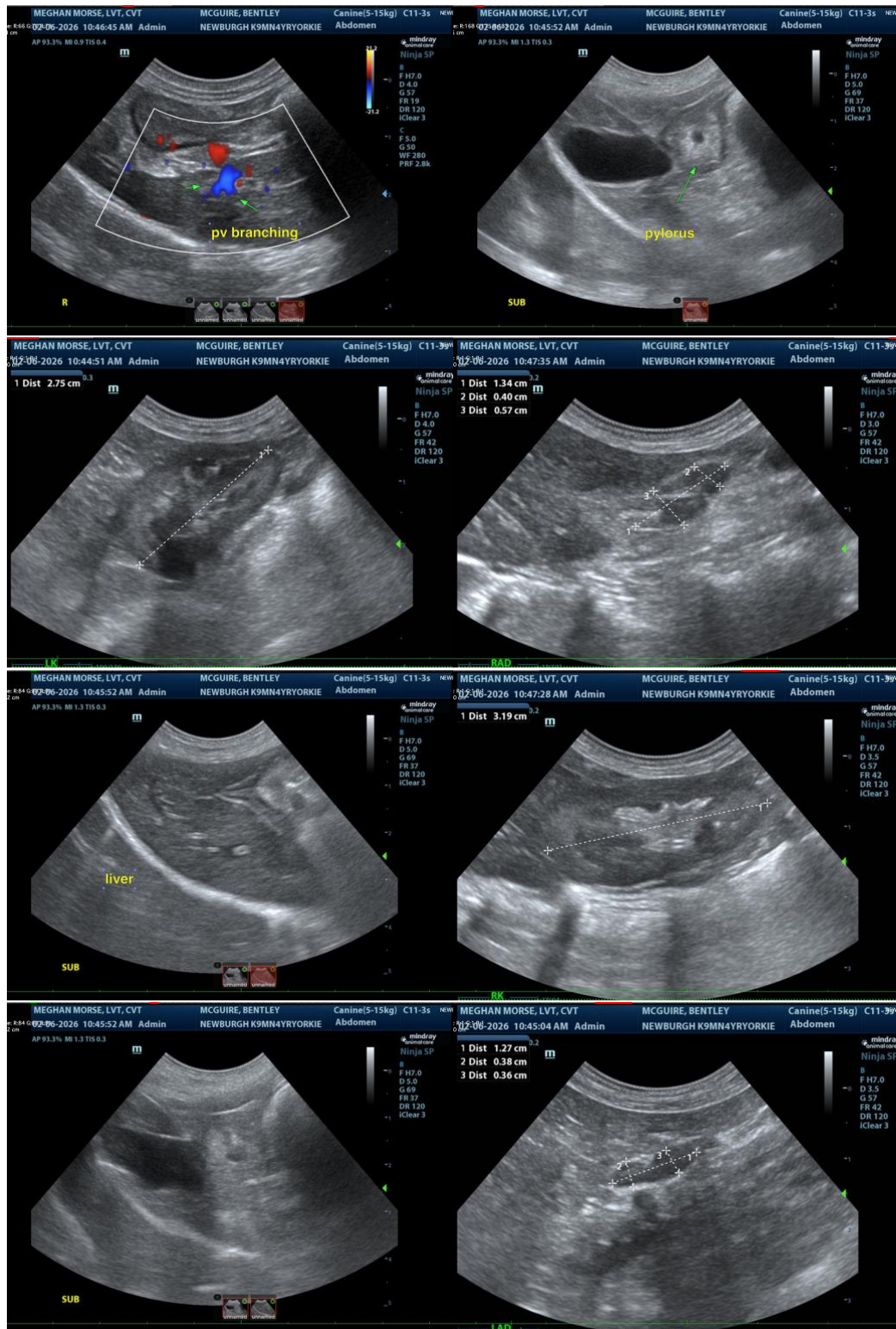
Dr. Steinbeiser

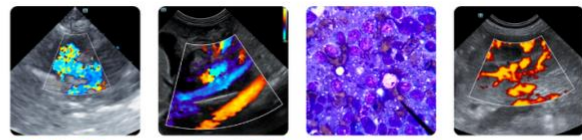
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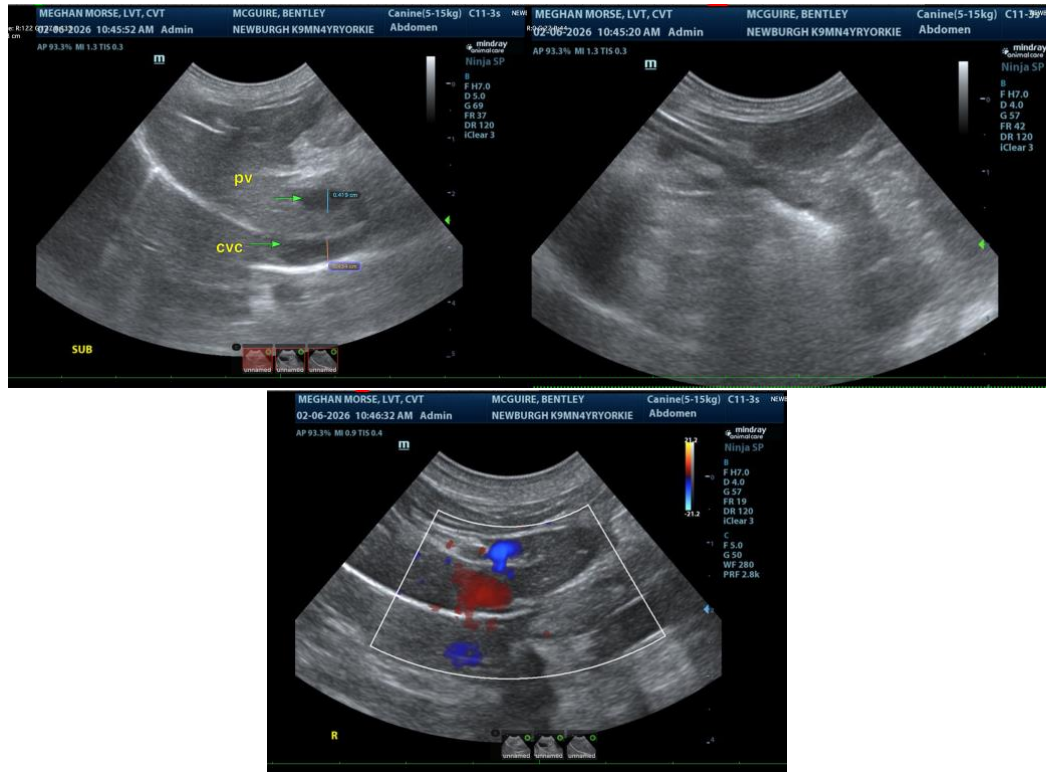
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
 CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com