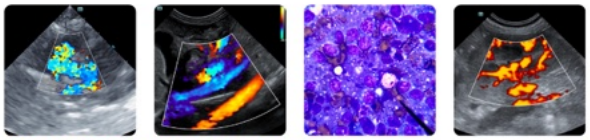


PATIENT

Dallas Quintana

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

2 years

WEIGHT

19.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Brian Giles

INVOICE

73475

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Recent seizures
- Recent labs show elevated hepatic values
- Post prandial bile acids elevated

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 left kidney measured 4.2 cm. The right kidney measured 4.4 cm.

The **prostate** was uniform and measured 2.0 cm. The testicles were imaged and were uniform with no evidence of pathology.

Adrenal Glands

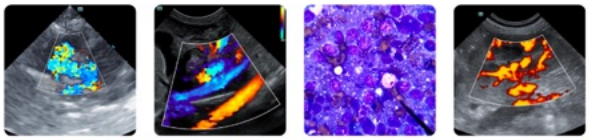
The regions of the **adrenal glands** were imaged with no evidence of pathology.

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 subnormal in size with uniform parenchyma. The portal hilus was not adequately visualized to rule in and rule out portosystemic shunting. 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

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

Normal abdomen with mild microhepatica. Differentials include non-visible macroscopic shunt owing to gas interference in the GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No global parameters were present such as urolithiasis or swollen kidneys that would suggest portosystemic shunting. However, there is microhepatica. I can largely rule out left divisional and central divisional intrahepatic shunts; however, I cannot rule out right divisional shunts or extrahepatic shunting. If bile acids are significantly elevated and shunts are suspected, then CT with contrast or further imaging sonographically with an emphasis on SDEP 11-14 approach with sedation would be recommended. Acoustic attenuation is a significant issue in this patient and does not allow for accurate imaging beyond 4-5 cm and is very sensitive to artifact interference.

Hepatic Support for Bile Acid Elevation +/- Hepatic Encephalopathy

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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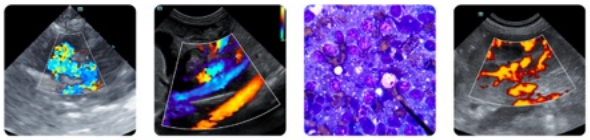

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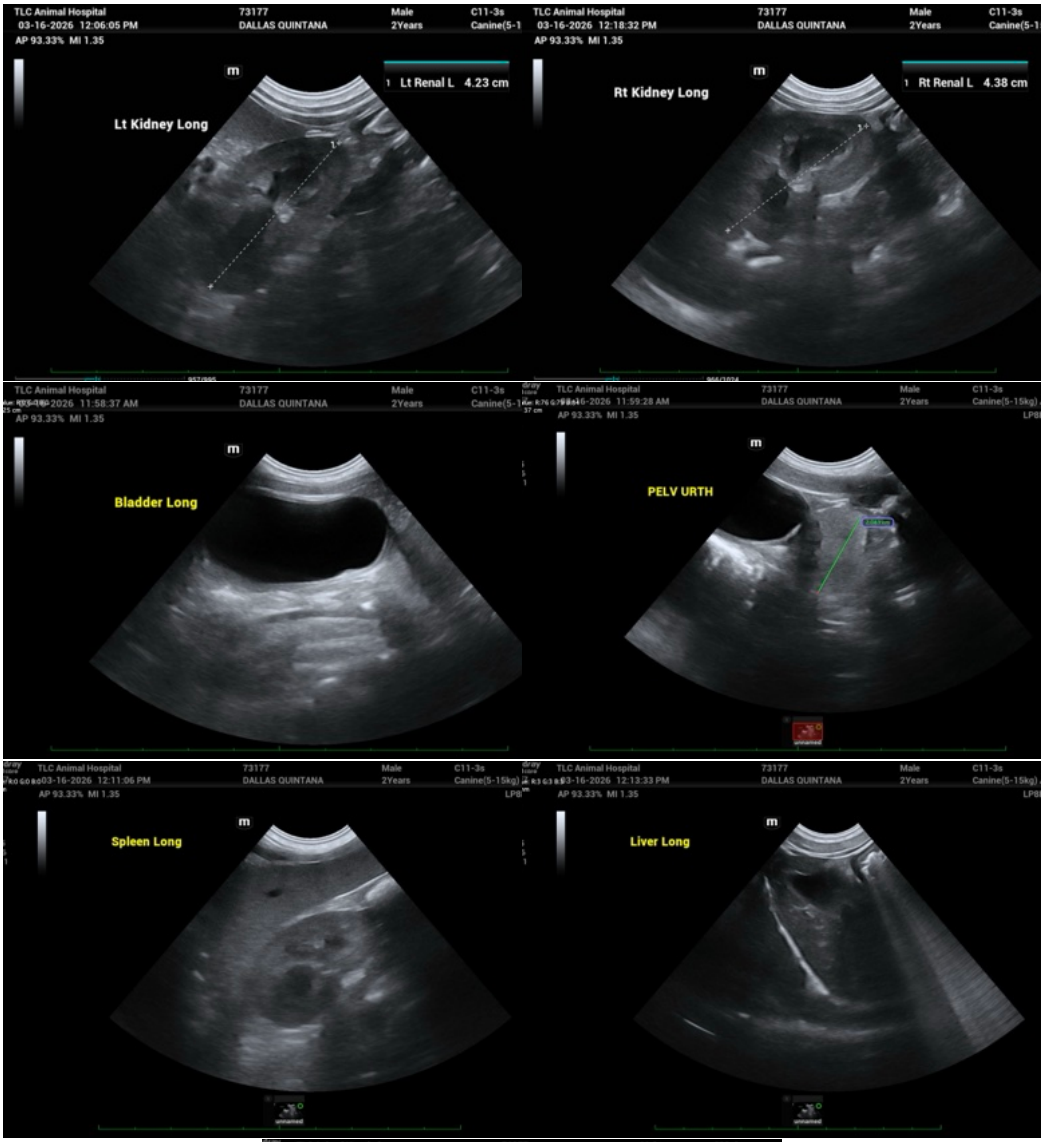

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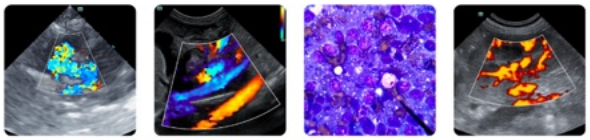

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com