DATE

3/21/26

PATIENT

Maxie Booz

SPECIES

Canine

BREED

Terrier Mix

SEX

Intact Male

AGE

7/20/2025

WEIGHT

1.26 kg

INTERPRETED BY

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

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Moore

INVOICE

36329

PRESENTING CLINICAL SIGNS

Patient History: Vomiting and whit malodorous diarrhea. Afebrile.
Current Medications:
Labwork Results: Bloodwork from rDVM on 3/21
CBC:
WBC 45.84 (H)
NEU 38.74 (H)
MONO 6.14 (H)
EOS 0.00 (L)
HCT 31.9 (L)
HGB 10.6 (L)
Chem 6 and lytes:
Creat 0.3 (L)
TP 4.5 (L)
Glu 31 (L) -180 after dextrose, on CRI
K 3.6 (L)
PCV/TS: 32%/5.4
Ammonia: 168 (fasted)
Lactate: 4.5
Parvo: negative
Texas GI panel pending
Bloodwork from rDVM on 3/18
CBC:
HCT 27.1 (L)
WBC 22.22 (H)
NEU 13.32 (H)
Chem 6:
TP 4.9 (L)
2Alb 2.3
Glob 2.6
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: requested.
Imaging Performed by: Andi Parkinson RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed dependent sand, suspended debris and mucus. The prostate was uniform, measuring 1.0 cm.

The **left testicle** was descended, measuring 0.9 cm.

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. Slight pinpoint mineralizations were noted in the kidneys. The right kidney measured 3.52 cm. The left kidney measured 3.59 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 1.06 cm x 0.21 cm. The left adrenal gland measured 1.4 cm x 0.33 cm at the cranial pole and 0.3 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 (1.7 cm in width) with slight increased portal markings. The liver was hypoperfused. The gallbladder and common bile duct were unremarkable. An abnormal extrahepatic shunting vessel, measuring 0.4 cm wide, appeared to derive from the splenic vein juncture with the portal vein decoursing dorsocranially and either entering into the esophageal inlet and azygous vein or into the vena cava. The vena cava to aortic ratio was 1:1. The vena cava measured 0.52 cm. The aorta measured 0.56 cm. Double aorta sign was noted, with a 3rd vessel adjacent to the aorta measuring 0.6 cm. This pattern would suggest splenoazygos shunt. The visible portal vein at the level of the portal hilus was exceedingly small and difficult to localize.

Gastrointestinal

The **gastric fundus** was mildly thickened in this patient. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

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.

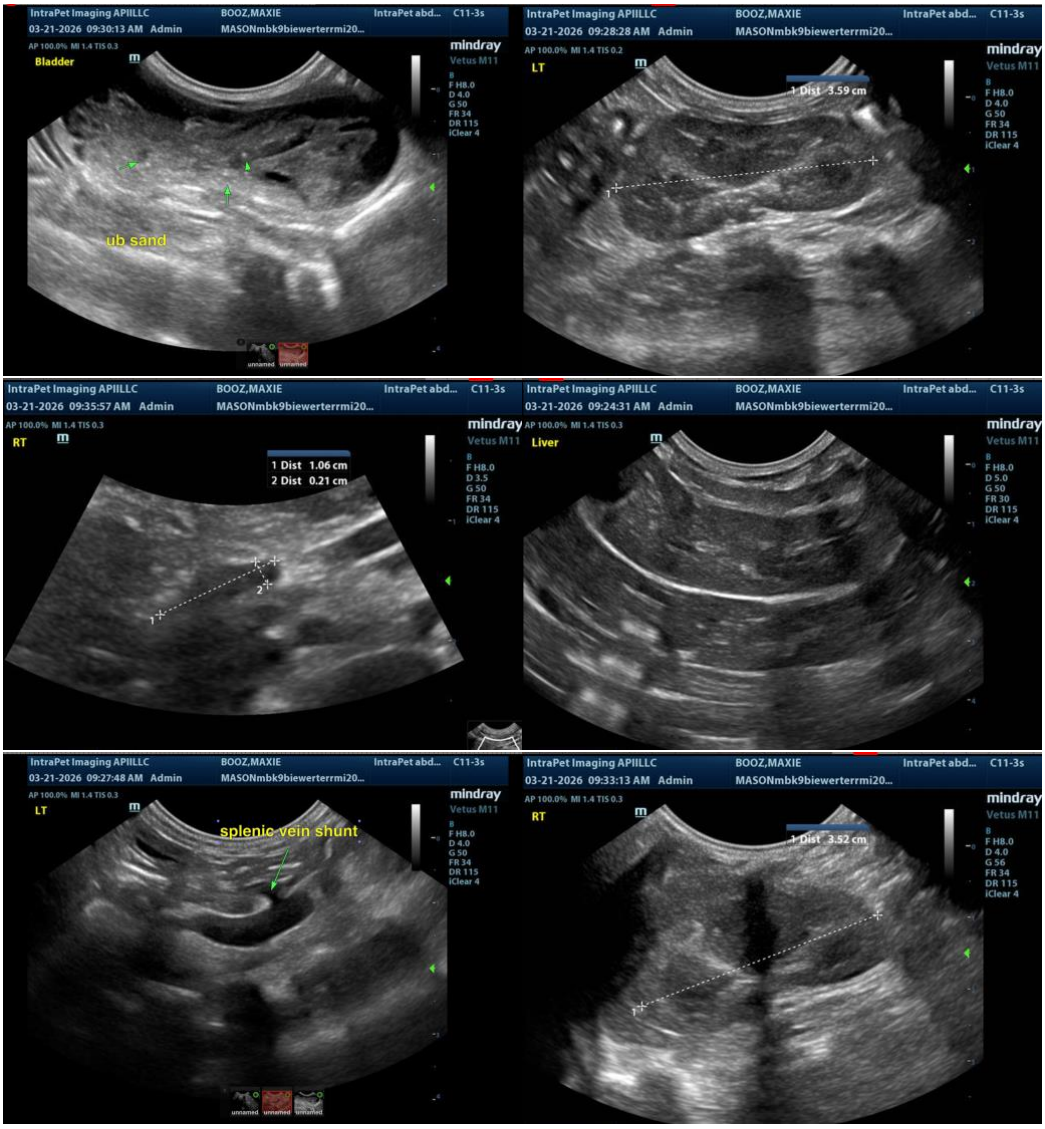
ULTRASONOGRAPHIC FINDINGS

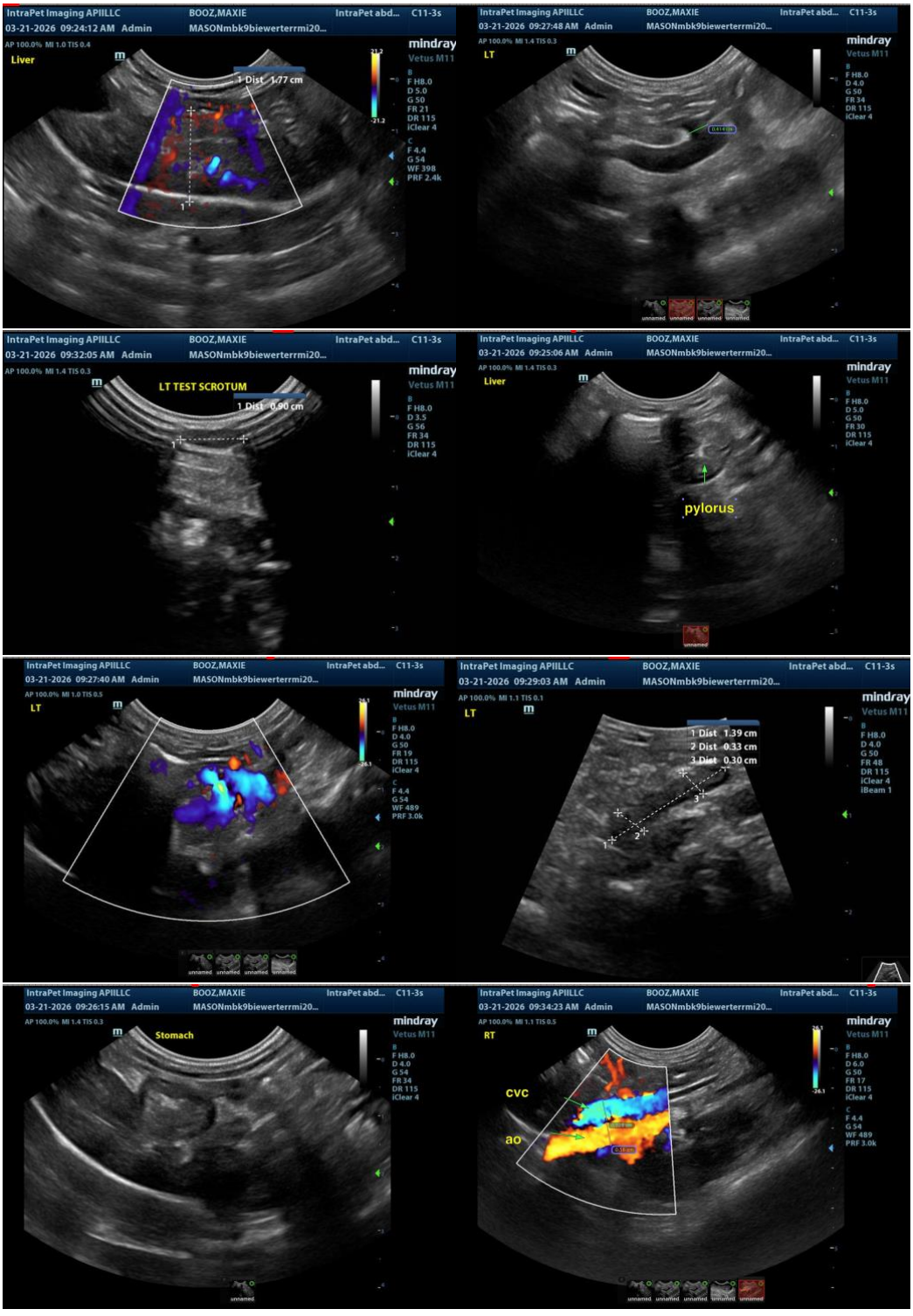
- Extrahepatic portosystemic shunt, to be further defined by contrast CT. This appears amenable to surgery.
- Urinary bladder sand
- Microhepatica
- Slight renal mineralizations

- Mildly thickened gastric fundus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol and medical management for extrahepatic shunting are warranted with surgical consult after CT with contrast to further define and confirm the type of shunt, yet splenoazygos shunt is suspected.




IntraPet Imaging APIIILLC
BOOZ,MAXIE
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C11-3s
03-21-2026 09:24:12 AM Admin
MASONmbk9biewerterrmi20...
Liver
1 Dist 1.77 cm
mindray
Vetus M11
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LT
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LT TEST SCROTUM
1 Dist 0.90 cm
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Liver
pylorus
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LT
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LT
1 Dist 1.39 cm
2 Dist 0.33 cm
3 Dist 0.30 cm
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Stomach
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RT
cvc
ao

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.

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