

PATIENT PRESENTING CLINICAL SIGNS

Tilly Bird

- Bloodwork revealed elevated Alt - 462 (10-125) was 217 Dec 2025
- Is liver shunt present?

SPECIES

Canine

BREED

Bichon Mix

SEX

Spayed Female

AGE

1 Year

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Andratis

INVOICE

14551

DATE

03/23/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **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 3.46 cm in length. The right kidney measured 3.68 cm in length.

Adrenal Glands

The **right adrenal gland** presented normal in size and contour measuring 1.16 cm x 0.71 cm width at the cranial pole and 0.34 cm width at the caudal pole.

The **left adrenal gland** was subnormal in size measuring 0.90 cm x 0.27 cm width.

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** presented slightly subnormal in size with normal intrahepatic vascular volume and uniform hepatic parenchyma. The gallbladder and common bile duct were unremarkable.

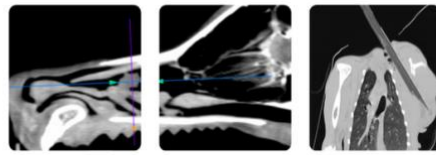
Portal vein measured 0.50 cm.

Vena cava measured 0.40 cm.

Normal portal vein / vena cava ratio with no evidence of portosystemic shunting.

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.



PATIENT *Pancreas*

Tilly Bird 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.

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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Slight microhepatica with structurally unremarkable parenchyma. No evidence of intrahepatic or extrahepatic shunting.
- Subnormal left adrenal gland.

Bichon Mix

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Cannot rule out portal hypoplasia/microvascular dysplasia. If bile acids are elevated, then core liver biopsy would be necessary for a definitive diagnosis. Regarding the ALT elevations (though non-specific), low-grade inflammatory hepatopathy, leptospirosis should be ruled out as an occult underlying factor. Otherwise, medical management for reactive hepatopathy can be considered.

AGE

1 Year

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose, but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

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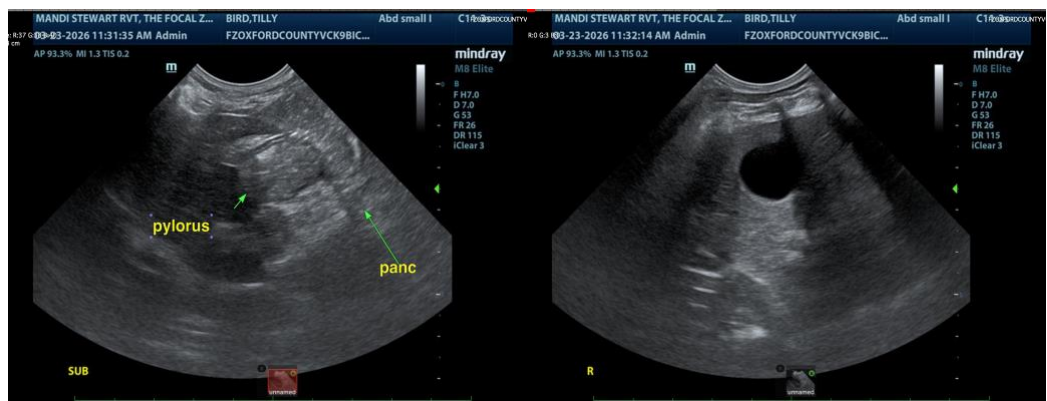
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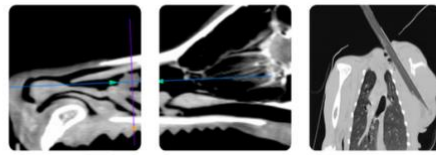
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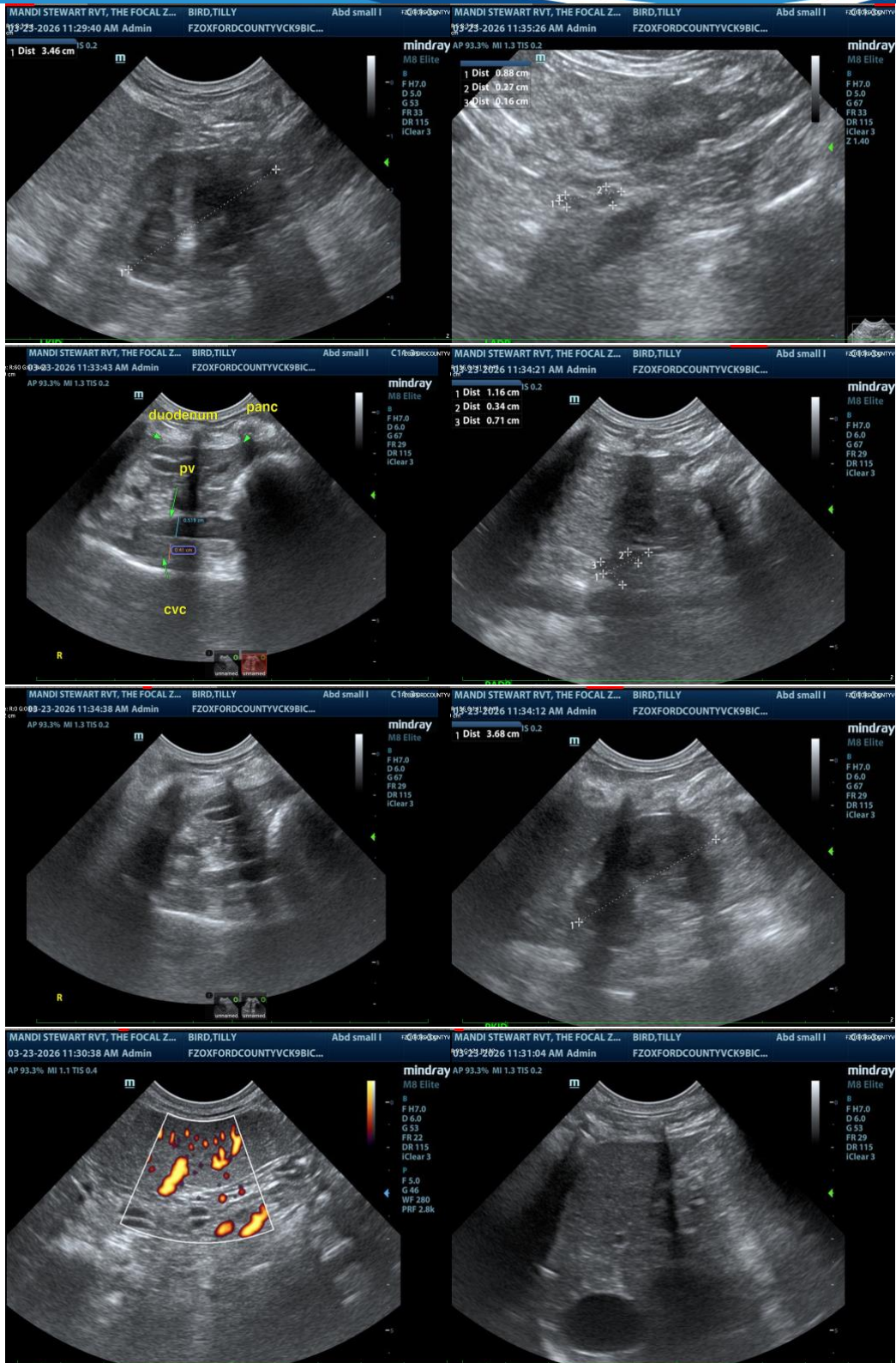
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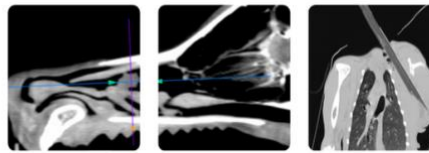
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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