



**PATIENT**

Leo English Setter  
Rescue

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

Intact male

**AGE**

20 weeks

**WEIGHT**

13.2 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Cattiny

**INVOICE**

97942

**DATE**

3/30/22

**PRESENTING CLINICAL SIGNS**

History: R/O liver shunt vs. other; stunted growth, high ammonia level. Current meds: Panacur for coccidia (+).  
Abnormal PE/Chem/CBC/UA Results: Creat. 0.3, ammonia level 136.

**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 prostate was uniform and measured 0.98 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. The right kidney measured 5.22 cm. The left kidney measured 5.33 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 1.92 x 0.52 cm at the caudal pole and 0.55 cm at the cranial pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** was slightly subnormal in size with trace amounts of free fluid noted. Slight, coarse hepatic architecture was noted. The portal vein was mildly dilated with increased portal vein to vena cava ratio. There was no evidence of extrahepatic shunts. The portal vein measured 0.84 cm and the vena cava measured 0.31 cm and aorta 0.58 cm. There is no evidence of intrahepatic or extrahepatic 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**

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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.

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**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.

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Intact male

**ULTRASONOGRAPHIC FINDINGS**

Portal hypoplasia/microvascular dysplasia is possible or acute insult with the prominent portal vein. Emerging portal hypertension is a potential.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

13.2 lbs

I recommend bile acid profile. Liver biopsy is necessary for further definition, yet no macroscopic shunting is present. Dietary adjustment with liver oriented diet, 10 days of Metronidazole and Leptospirosis titers are warranted if ALT values have been elevated. The free fluid is likely physiological for this age patient. Bile acid profile is warranted to pair with the elevated ammonia levels. The kidneys and bladder are normal without evidence of nephrolithiasis or lower urolithiasis, which typically occurs with portosystemic shunting. There is only minor microhepatica in this patient. The vascular volume and structures are normal.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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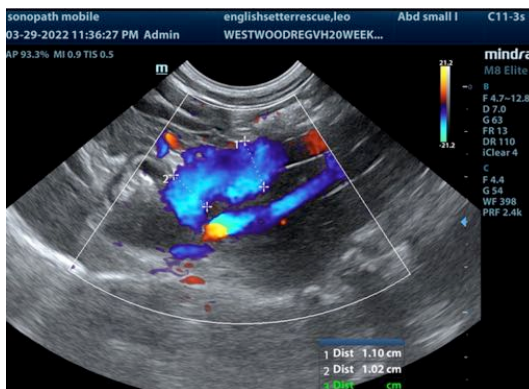
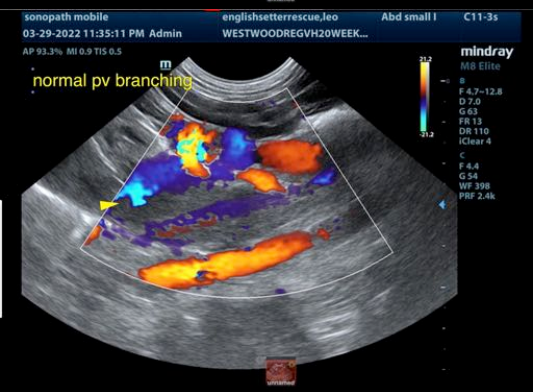
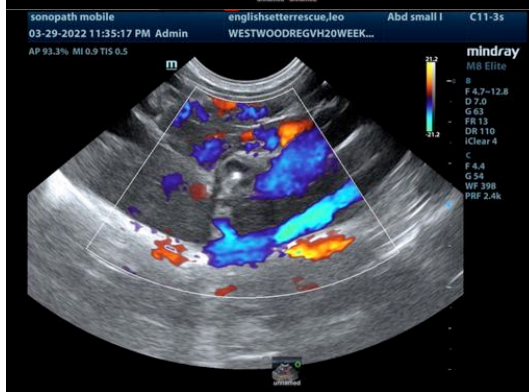
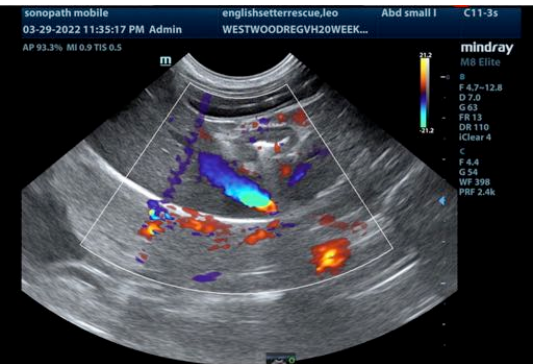
Dr. Cattiny

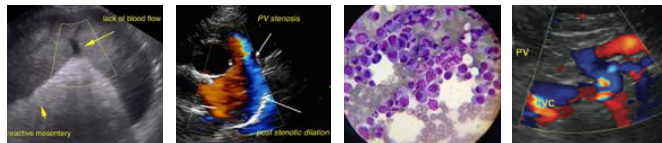
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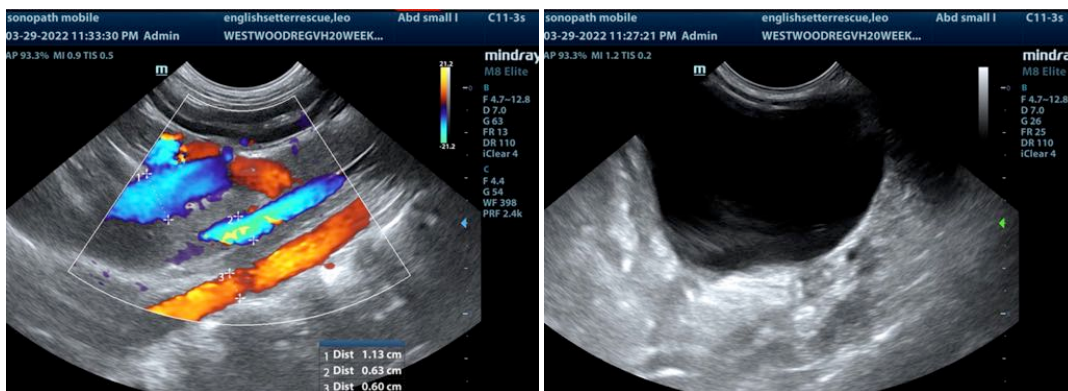
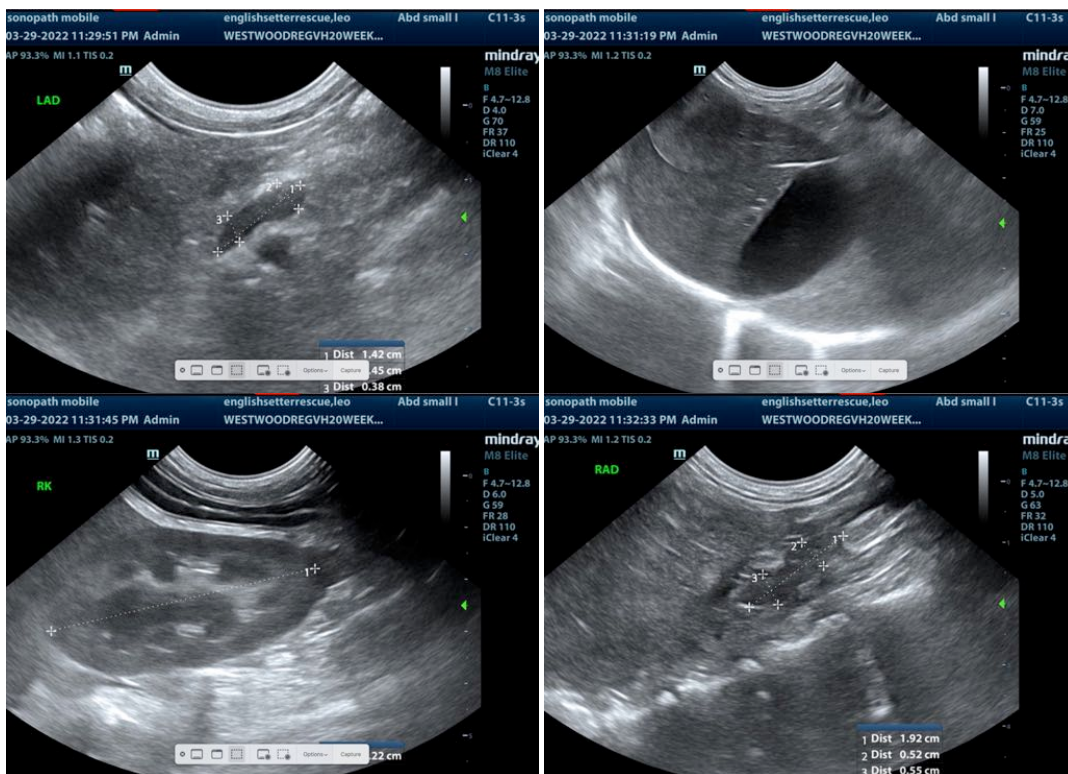
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com