



PATIENT

Governor Smith

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

7 Months

WEIGHT

5.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Desen Ertunc DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Dr. Jennifer Renner
DVM

INVOICE

14791

DATE

04/01/26

PRESENTING CLINICAL SIGNS

History (250 words max): Presented on 3/20/26 for castration. Elevated ALT on preanesthetic lab work. Elevated post-prandial bile acids.

*Abnormal PE: Persistent deciduous teeth. *Abnormal CBC/Chem/UA/rads (& date obtained):
CBC/CHEM: ALT 180 (10-125) Bile Acids: pre - 14.1, post 73.7

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 **iliac trifurcation** was unremarkable.

The **prostate** was uniform and measured 1.7 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 left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

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 left adrenal gland measured 1.12 cm x 0.26 cm width. The right adrenal gland measured 1.27 cm x 0.35 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 normal in size with slight increased portal markings and slight coarse architecture. Normal intrahepatic vascular volume. The gallbladder and common bile duct were unremarkable. The portal vein/vena cava ratio was 1:1. The portal vein at its termination measured 0.45 cm. The vena cava at the same position measured 0.47 cm.

Gastrointestinal



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The **stomach** revealed mild hypertrophy and minor fluid filled lumen. The small intestine and colon were unremarkable.

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

- No evidence of portosystemic shunting with minor hepatic remodeling.
- Potential low-grade gastric irritation given the fluid-filled lumen.

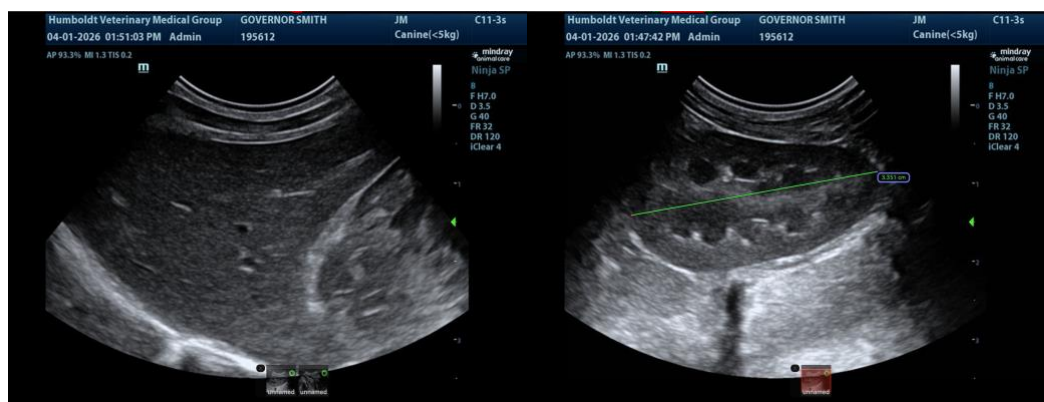
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic biopsy would be necessary for further definition. However, portal hypoplasia/microvascular dysplasia +/- hepatic insult such as leptospirosis or similar could be playing a role. Yet, given the breed predisposition, portal hypoplasia/microvascular dysplasia is likely.

The following could be considered and reassess bile acid profile after four to six weeks:

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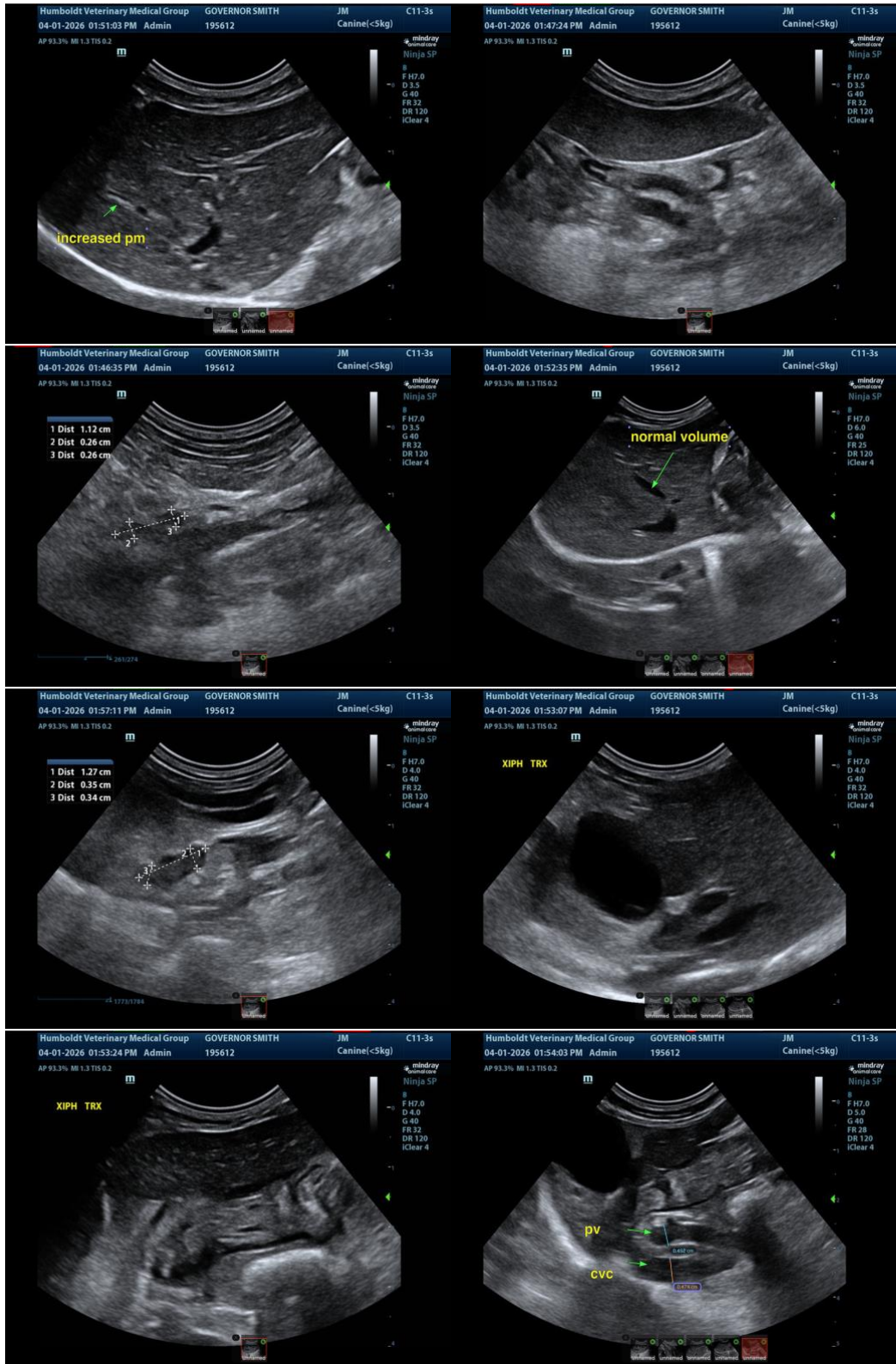
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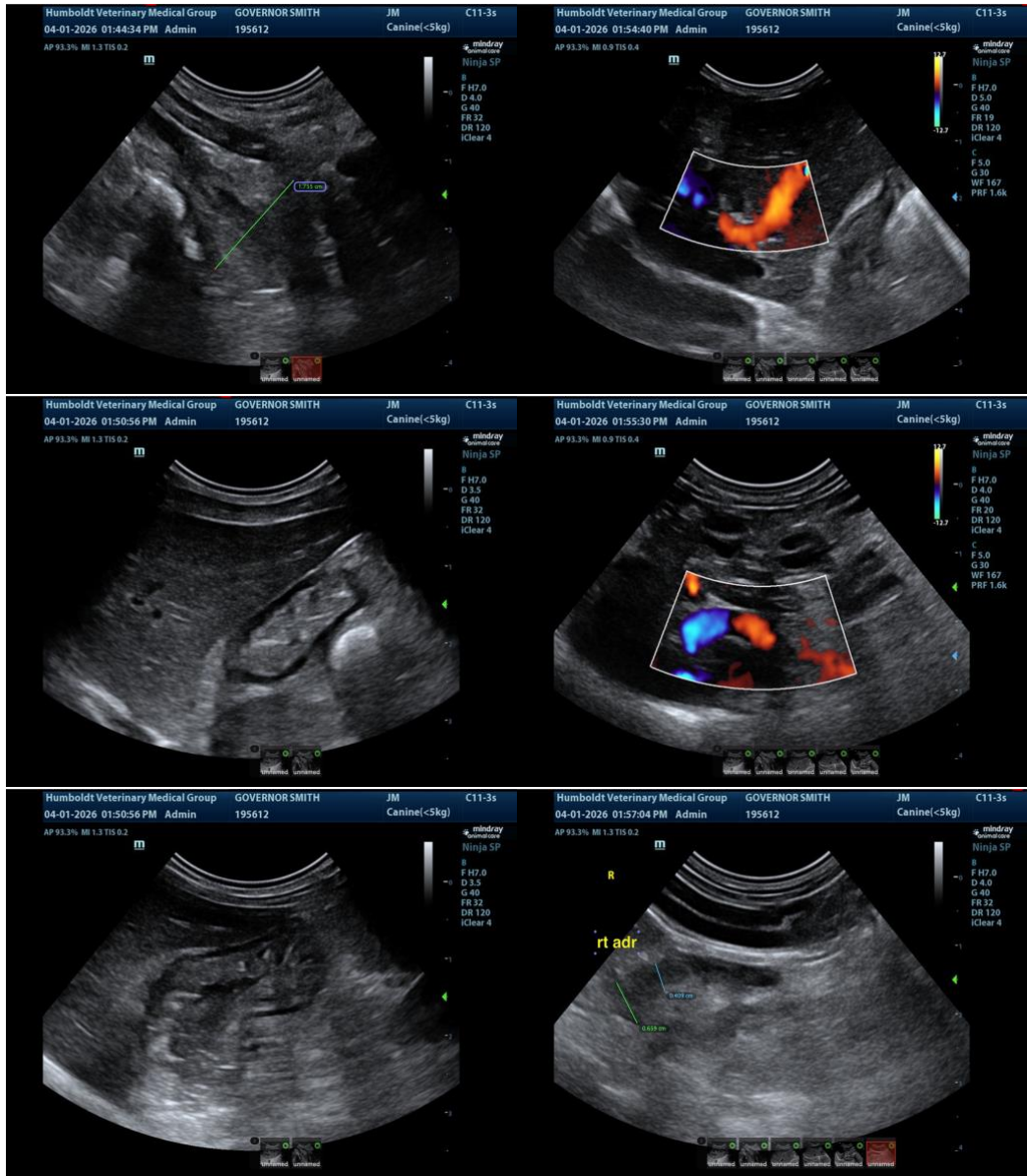
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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