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Clinical Sonography & Telecytology
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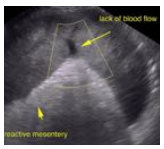

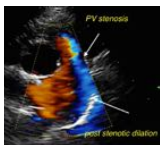

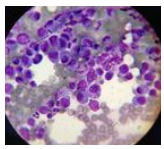
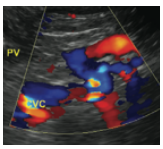

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Loki Seiss

SPECIES

Canine

BREED

Brussels Griffon

SEX

Intact male

AGE

1 year

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lauren Sikorski

HOSPITAL NAME

Animal Internal Medicine

REFERRING VET

Dr. Sikorski

INVOICE

44157

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History: Clinically normal though wears diapers due to marking.
Abnormal PE/Chem/CBC/UA Results: Cyptorchid; BA >300. Ammonia urate crystals and a tiny UB calculus.

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. Small bladder calculus was noted and was non-obstructive measuring 0.1 cm in width. 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 3.67 cm. The right kidney measured 3.67 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 left adrenal gland measured 1.41 x 0.27 cm. The right adrenal gland measured 1.8 x 0.5 cm.

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 mildly subnormal in size. The portal vein was not overtly visualized owing to interfering artifact. The vena cava and aorta presented a 1:1 ratio each measuring 0.7 cm each. This would rule out a caval termination to an extrahepatic shunt. 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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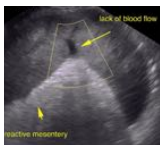
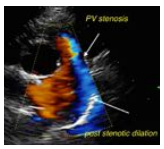
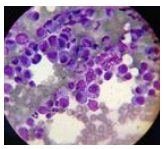
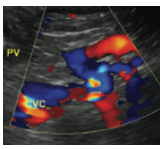

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Gastrointestinal

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.

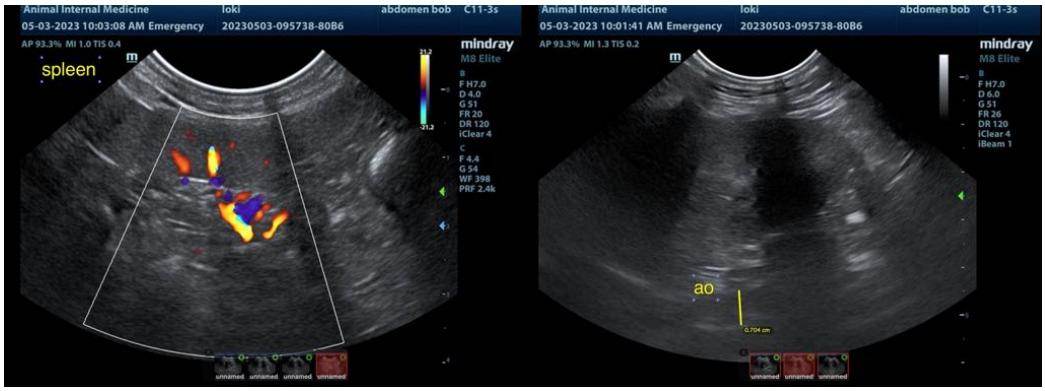
ULTRASONOGRAPHIC FINDINGS

Bladder calculi.

Occult extrahepatic shunting is possible such as azygos shunt or severe portal hypoplasia would necessitate biopsy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of intrahepatic shunts present. I cannot completely ruled out the presence of portosystemic shunting. Further imaging of the portal vein and junction of the splenic vein to portal vein and gastroduodenal vein to portal vein region. Otherwise, CT evaluation with contrast is indicated. Medical management is warranted until further imaging can be provided. The only other positive predictive factor is the small calculus in the bladder. Further views under full sedation with examination of the portal vein and branching as well as the splenic vein, portal vein and gastroduodenal vein and portal vein junctions (SDEP position 11-14) would be ideal. Otherwise, CT with contrast is indicated +/- consideration of hepatic biopsy.



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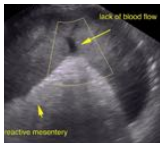
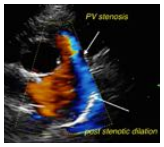
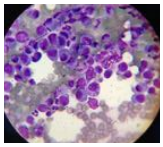
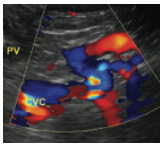

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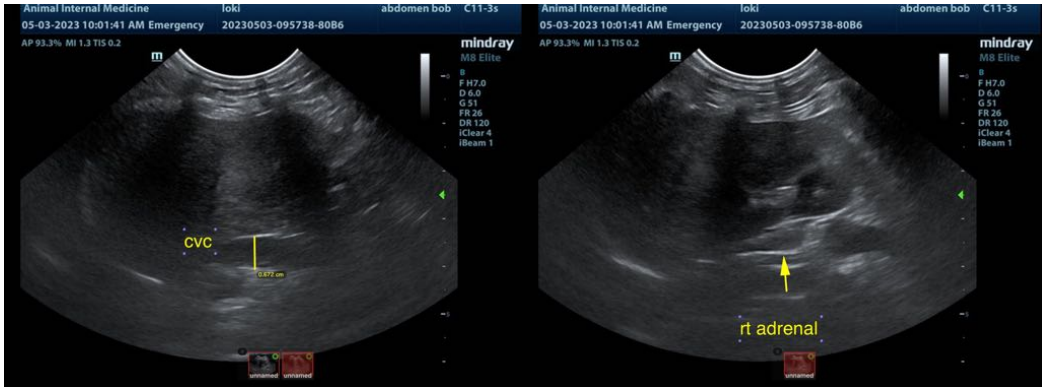

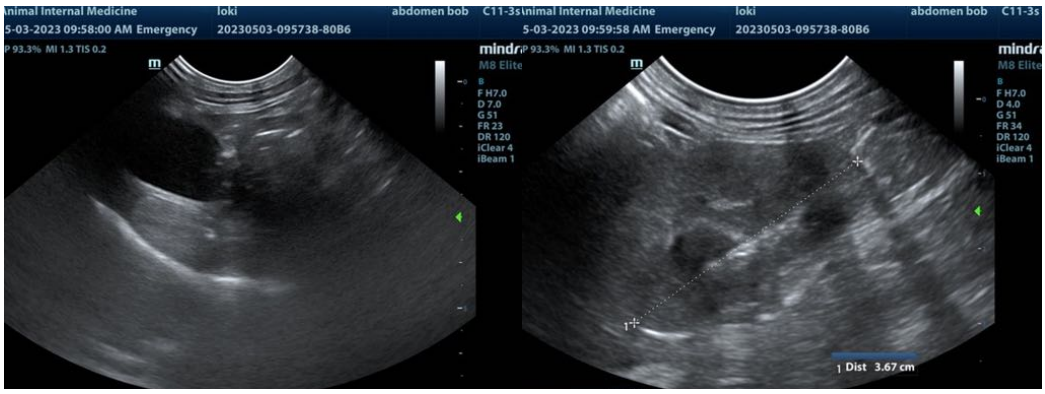

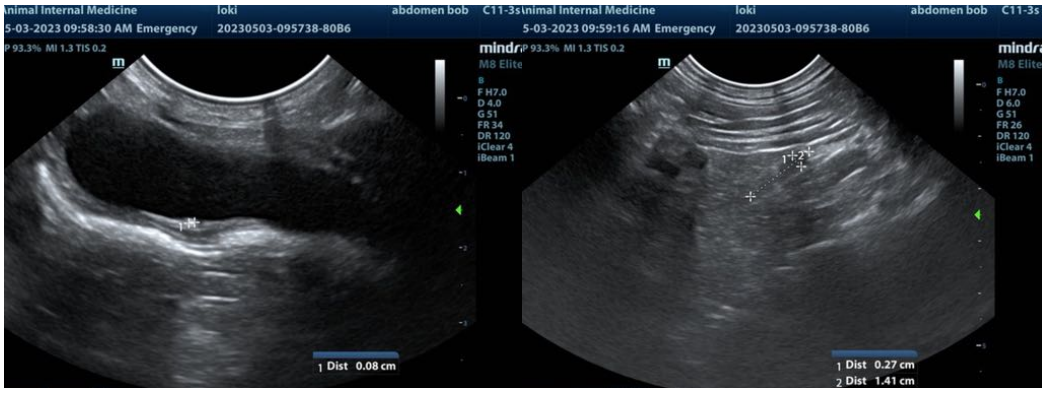

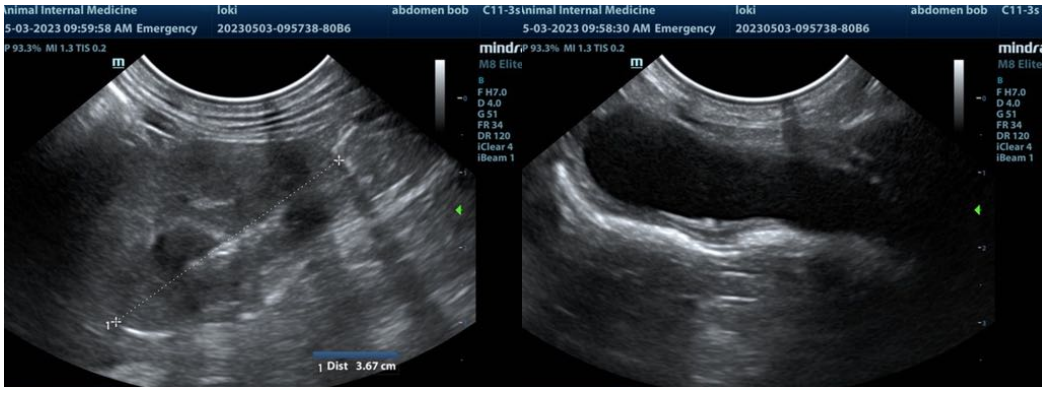

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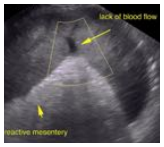

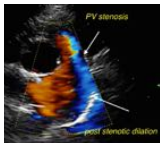

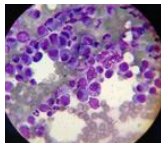
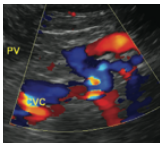

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com