



## PATIENT

Eevee Rairie

## SPECIES

Canine

## BREED

Peke Mix

## SEX

Spayed Female

## AGE

4 Years 9 Months

## WEIGHT

2.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brian Barnes

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Brian Barnes

## INVOICE

35962

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

History of having seizures, increased BA

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem: ALT 282 (N 10 - 125 U/L) ALP <10 (N 23 - 212 U/L) IDEXX SDMA 8 (N 0 - 14 µg/dL) Bile acid panel Pre 89.9 (N 0.0 - 14.9 µmol/) Post 4.7 (N 0.0 - 29.9 µmol/L)

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 2.89 cm. The left kidney measured 2.80 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 1.0 cm x 0.28 cm. The left adrenal gland measured 1.2 cm x 0.28 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 were noted.

### *Liver*

The **liver** was subnormal in size. The portal vein at the portal hilus measured 0.43 cm. The vena cava measured 0.55 cm. This is roughly 0.85 to 1.0 ratio, which is low/normal. No overt macroscopic shunting was noted in this patient. Portal vein branching appeared to be normal. The gallbladder and common bile duct were unremarkable.

### *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. A large amount of GI gas 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.

## ULTRASONOGRAPHIC FINDINGS

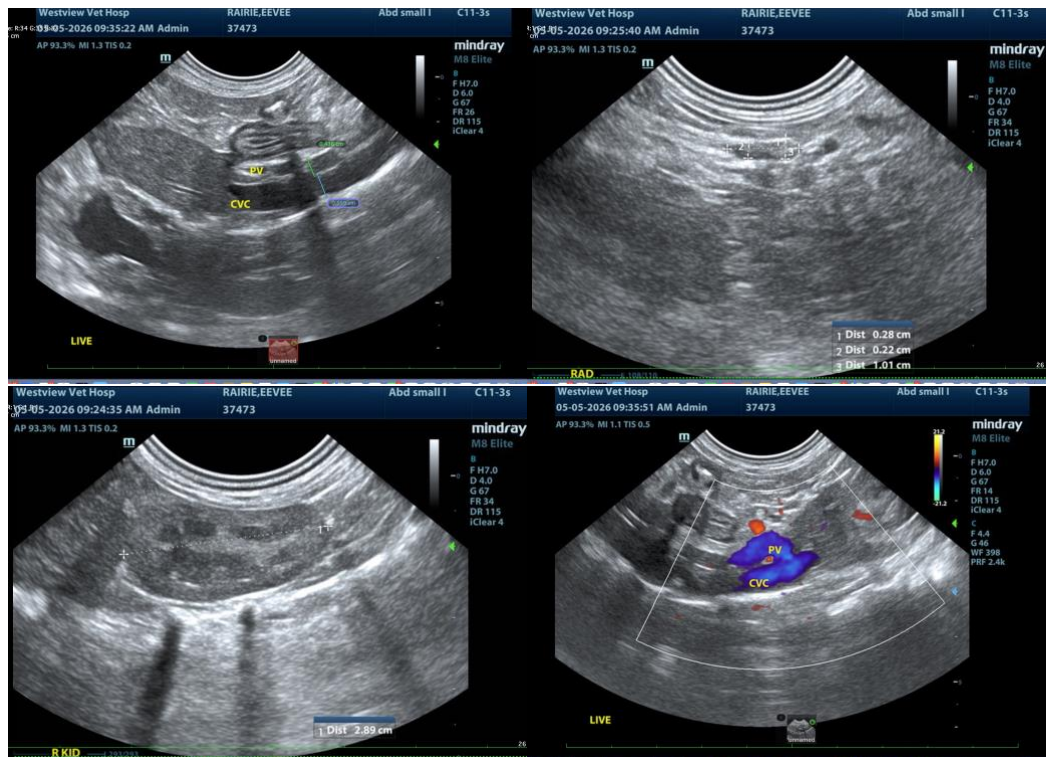
- Microhepatica without macroscopic shunting – suspect portal hypoplasia/microvascular dysplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy is indicated from a surgical laparoscopy or ultrasound guided approach. Medical management such as the following could be considered.

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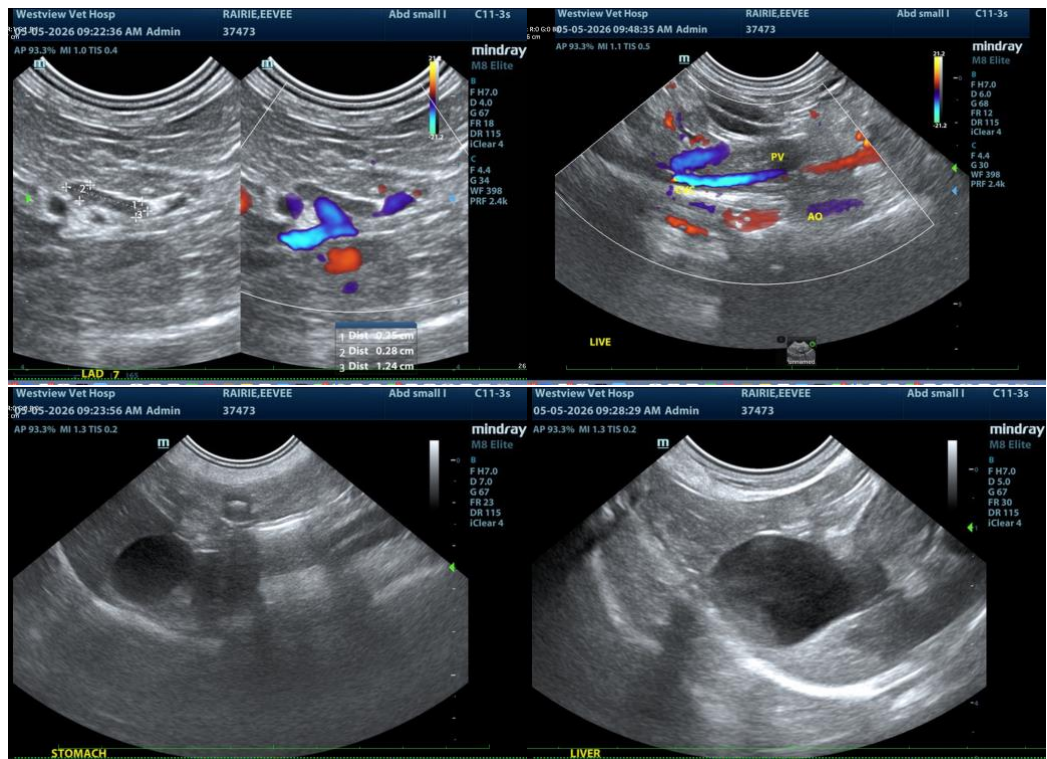
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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