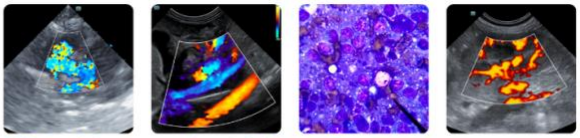

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Ruby Elliot

SPECIES

Canine

BREED

Yorkshire Terrier X

SEX

Spayed Female

AGE

3 Years

WEIGHT

12.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Forest Valley VC

REFERRING VET

Dr. Kenna

INVOICE

35946

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: r/o seizures, liver shunt

ABNORMAL Labwork Values, BUN = 5 L, GGT = 8 H minor, BA <1 L, BUN = 6 L

Current Medications: Levetiracetam oral solution 100mg/ml, 1 ml PO every 8 hours for seizures

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 1.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

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 3.6 cm. The right kidney measured 3.6 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 1.65 cm x 0.32 cm at the cranial pole and 0.37 cm at the caudal pole. The right adrenal gland measured 0.75 cm at the cranial pole and 0.45 cm at the caudal pole.

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** revealed uniform parenchyma and minor subnormal size. The gallbladder and common bile duct were unremarkable. The portal vein to vena cava ratio was 1:1. No evidence of macroscopic shunting. The portal vein measured 0.4 cm. The vena cava measured 0.4 cm. The hepatic veins presented normal volume and contour, entering correctly into the vena cava from the intrahepatic SDEP 12 position.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear

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patterns were maintained throughout the GI tract. No evidence of pathology. 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

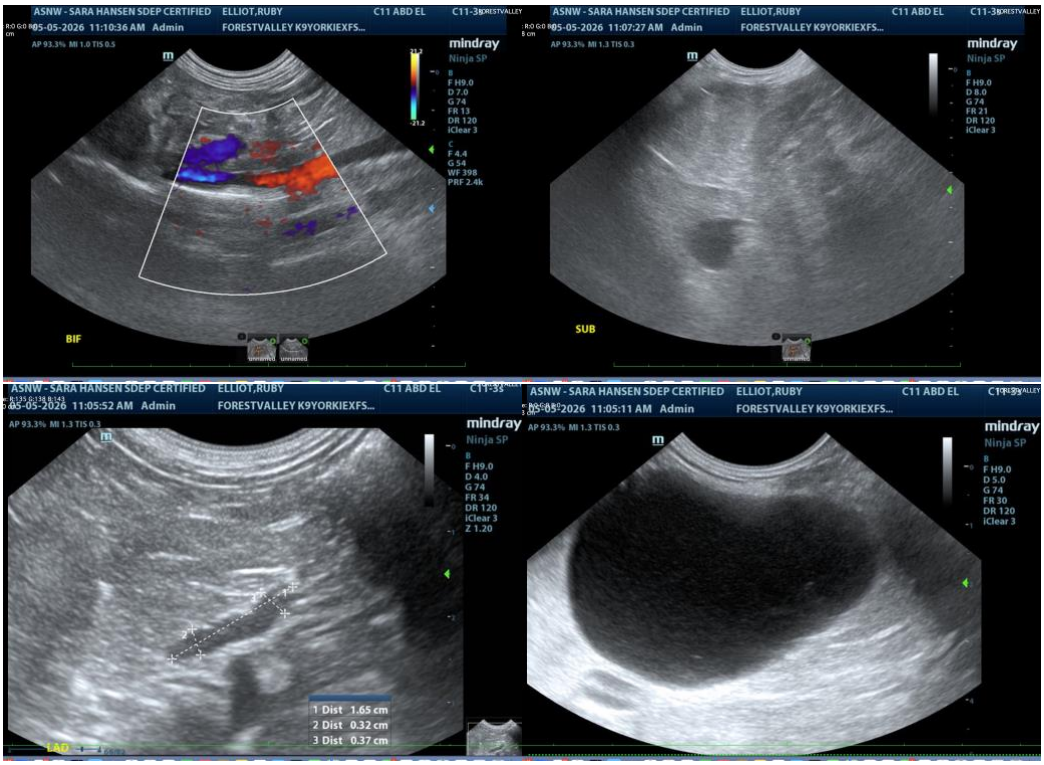
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor microhepatica
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If bile acids are elevated, this would likely be owing to portal hypoplasia/microvascular dysplasia, however, no evidence of macroscopic shunting was present. Skull CT with contrast is indicated given the seizure activity. If bile acids are elevated, then liver biopsy would be necessary for further definition.



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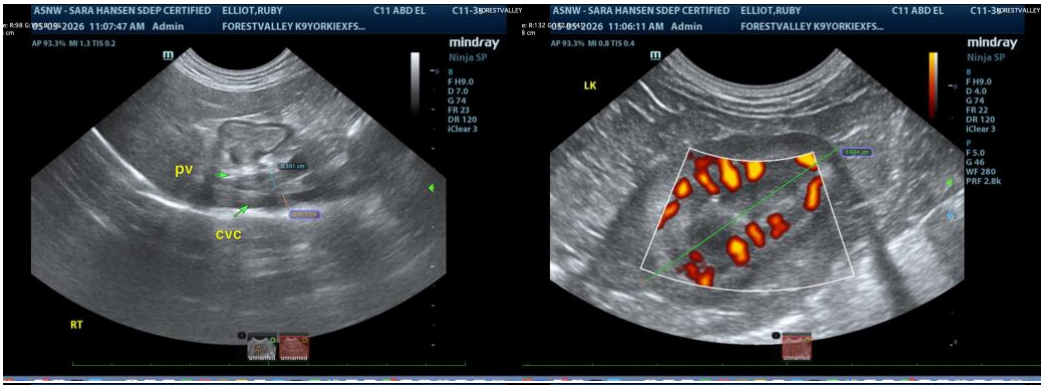
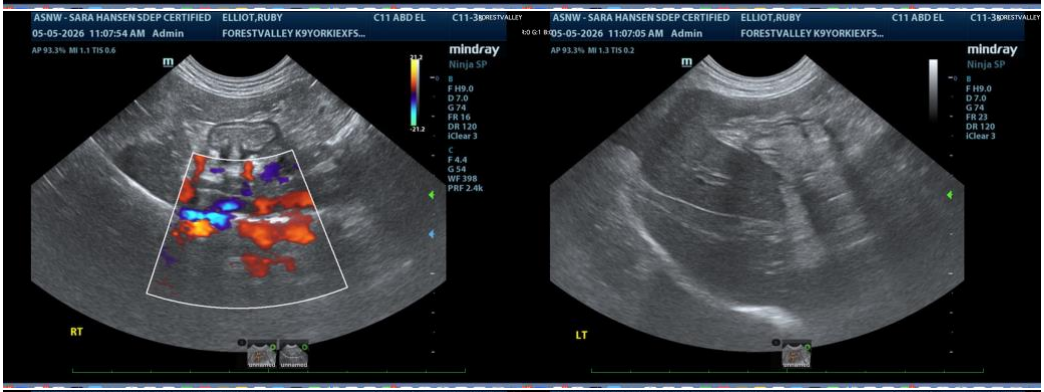
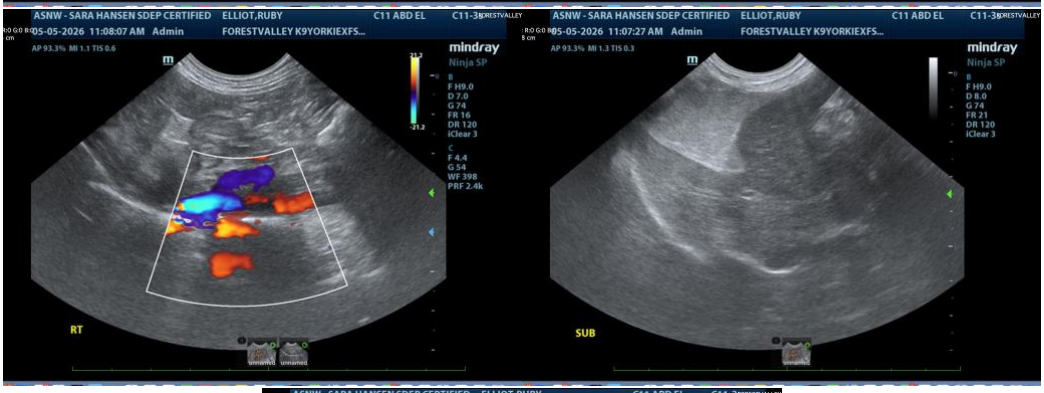
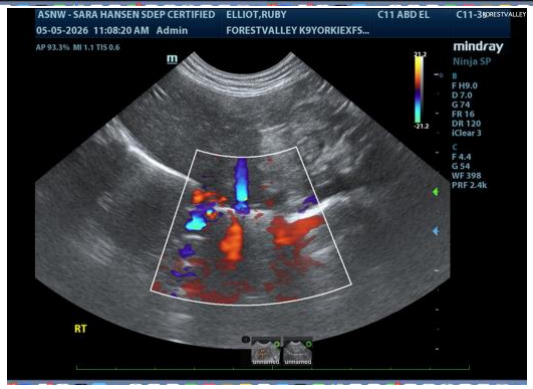
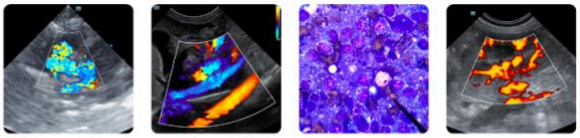








The information and recommendations provided are based on the images presented by the



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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