



PATIENT

Winnie Albarran

SPECIES

Canine

BREED

Staff Terrier

SEX

Female

AGE

8 Months

WEIGHT

29.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Eppler

INVOICE

16287

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Elev. liver enzymes, presented in ER lethargic, vomiting intermittently, sensitive abd palp. Denamarin and famotidine

Abnormal PE/Chem/CBC/UA Results: Elev ALP ALT decreased Creatinine, BUN and amylase

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 **kidneys** presented mildly swollen yet structurally unremarkable with slight areas of pinpoint mineralizations. The left kidney measured 7.1 cm in length. The right kidney measured 7.5 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 2.25 cm x 0.39 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland measured 3.09 cm x 1.24 cm width at the cranial pole and 0.75 cm width 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** presented subnormal in size with poorly developed left liver. Intrahepatic vascularity appeared to be subjectively subnormal in volume with mild parenchymal remodeling. Minimal views of the gallbladder were visible. The stomach was over distended and filled with chyme, which obscured some visibility of the intrahepatic vascularity. I do not believe there is an extrahepatic shunt however, cannot rule out intrahepatic shunting in this patient.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative



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disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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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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ULTRASONOGRAPHIC FINDINGS

SEX

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- Microhepatica with mild hepatic remodeling.
- Gastric content interfering with complete evaluation of portosystemic shunting.
- Swollen kidneys.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend bile acid profile. If elevated, then CT with contrast is indicated +/- further imaging with complete NPO status.

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ABOUT SONOPATH CT SERVICES:

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Eric Lindquist, DMV,
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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>

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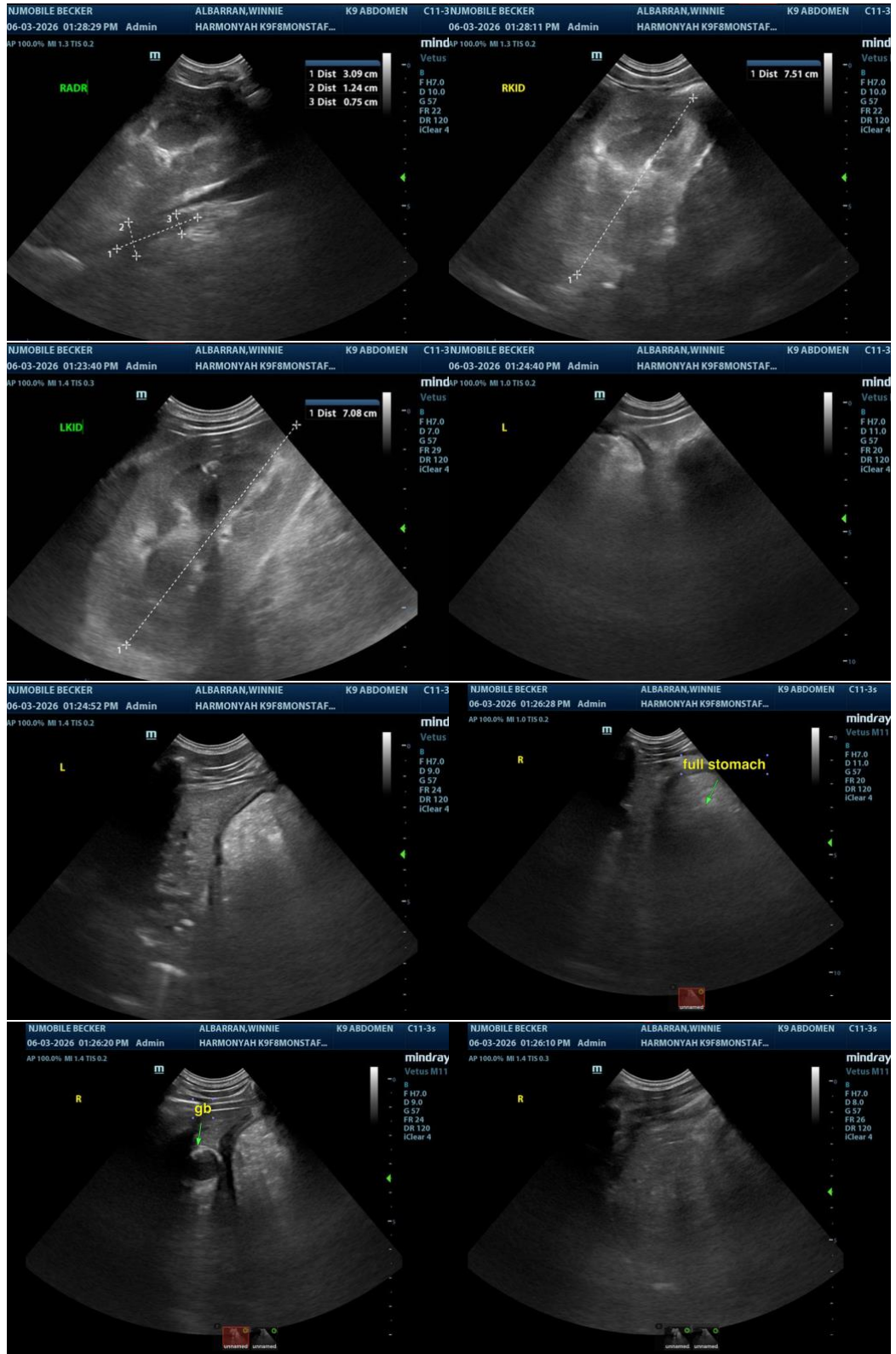
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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