



PATIENT

Archie Massie

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

1 Year 1 Month

WEIGHT

27 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Parker

INVOICE

37337

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Vomiting, not gaining weight. Thin, nauseous. Cerenia injection last night. Radiographs gas filled intestinal loops, calculi in bladder, only 1 kidney noted, small liver. Gabapentin 200mgs given this am at 4.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.1, BUN 59,, Alt 205, HCT 29, WBC 17.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a solitary calculus, measuring 1.5 cm. The calculus was nonobstructive at the time of the ultrasound. A second calculus was also noted, measuring 0.6 cm. The bladder itself was unremarkable. The residual prostate was uniform, measuring 1.3 cm.

The **kidneys** were swollen in contour with pinpoint mineralizations noted. The right kidney measured 6.87 cm. The left kidney measured 6.3 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 1.77 cm x 0.43 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 2.54 cm x 1.65 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

The **spleen** revealed subtle micronodular changes. Caudal folding of the spleen was noted.

Liver

The **liver** was subnormal in size. An abnormal vessel was noted in the region of the splenic vein junction to the portal vein, appeared to have an enlarged vena cava. Strong concern for splenocaval portosystemic shunting. The abnormal vessel measured approximately 1.3 cm. Cloaking artifact, owing to surrounding colon, was noted. Termination appeared to be caval, however, cannot be confirmed. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Minor **pyloric** hypertrophy was noted with echogenic mucosal remodeling. Areas of mucosal fogging were noted. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

The right limb of the **pancreas** was hypoechoic and mildly irregular with undulating contour.

ULTRASONOGRAPHIC FINDINGS



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- Suspect splenocaval shunt
- Microhepatica
- Nonspecific gastroenteritis presentation with gastric hypertrophy and areas of mucosal fogging- suspect protein losing enteropathy given the low albumin.
- Concurrent urinary bladder calculi, nonobstructive.
- Swollen kidneys with pinpoint mineralizations
- Subtle micronodular splenic changes
- Hypoechoic, mildly irregular pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

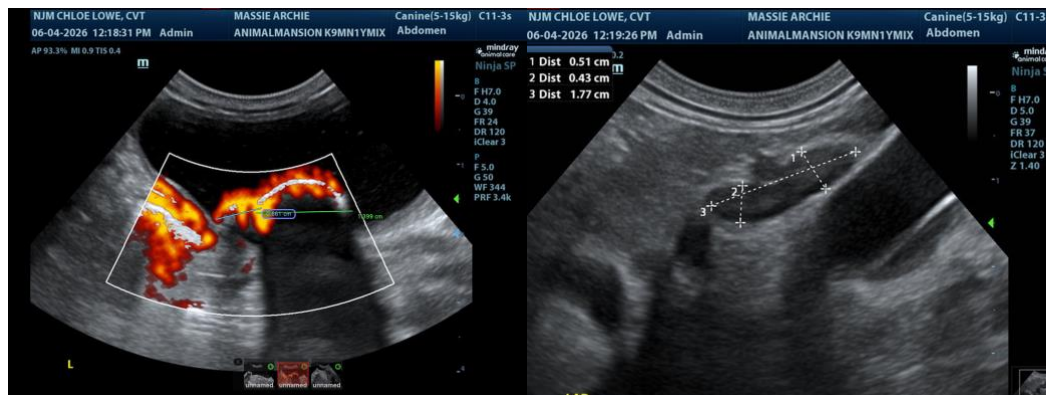
If no significant proteinuria is present, then management for protein losing enteropathy is indicated. Recommend CT with contrast in this patient. Bile acid profile is warranted. If elevated, as it is suspected to be, then CT with contrast to confirm the suspicion of splenocaval shunting. Stabilization with the following protocol is recommended.

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.

ABOUT SONOPATH CT SERVICES:

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/vetimaging/>





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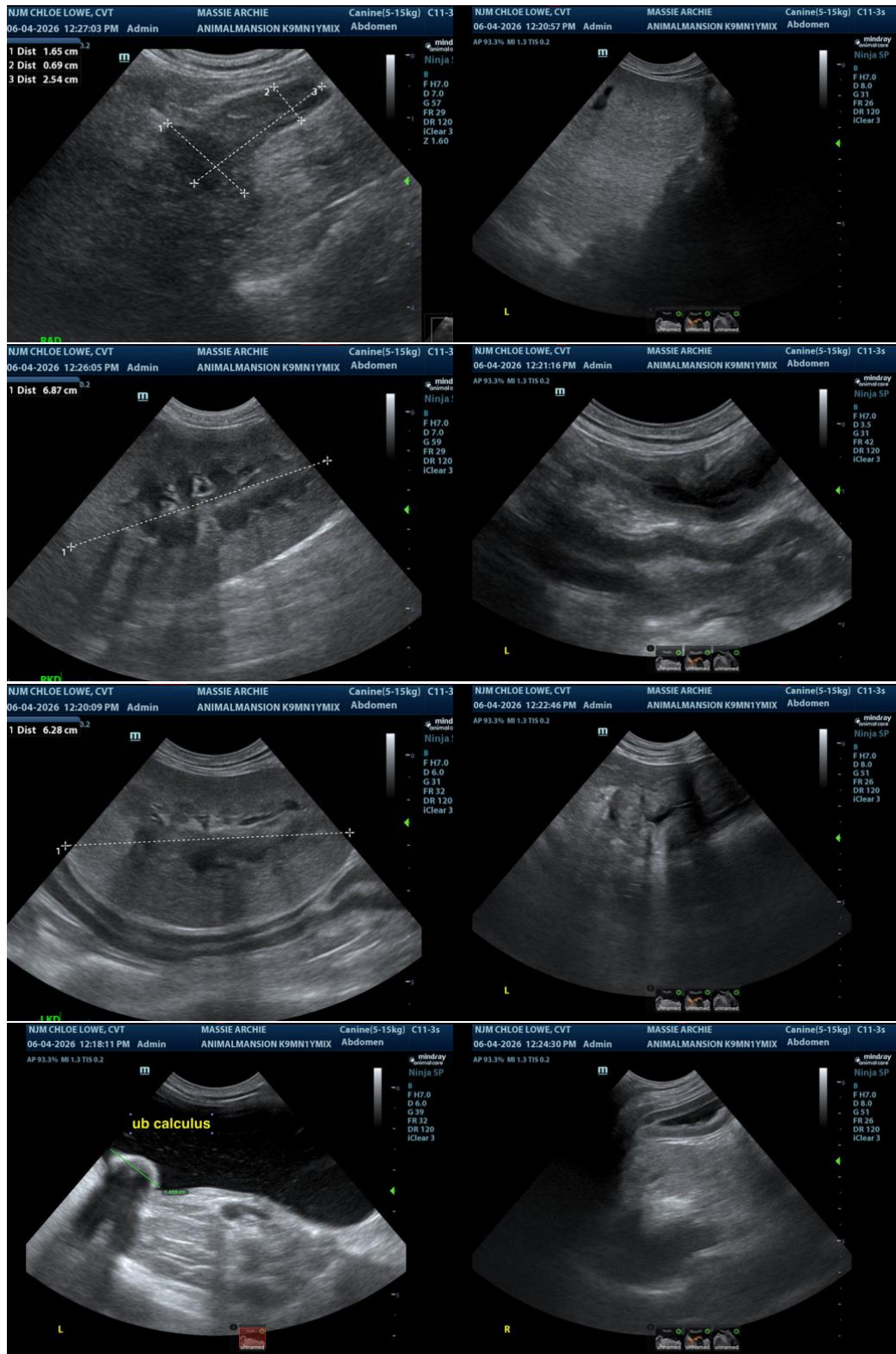
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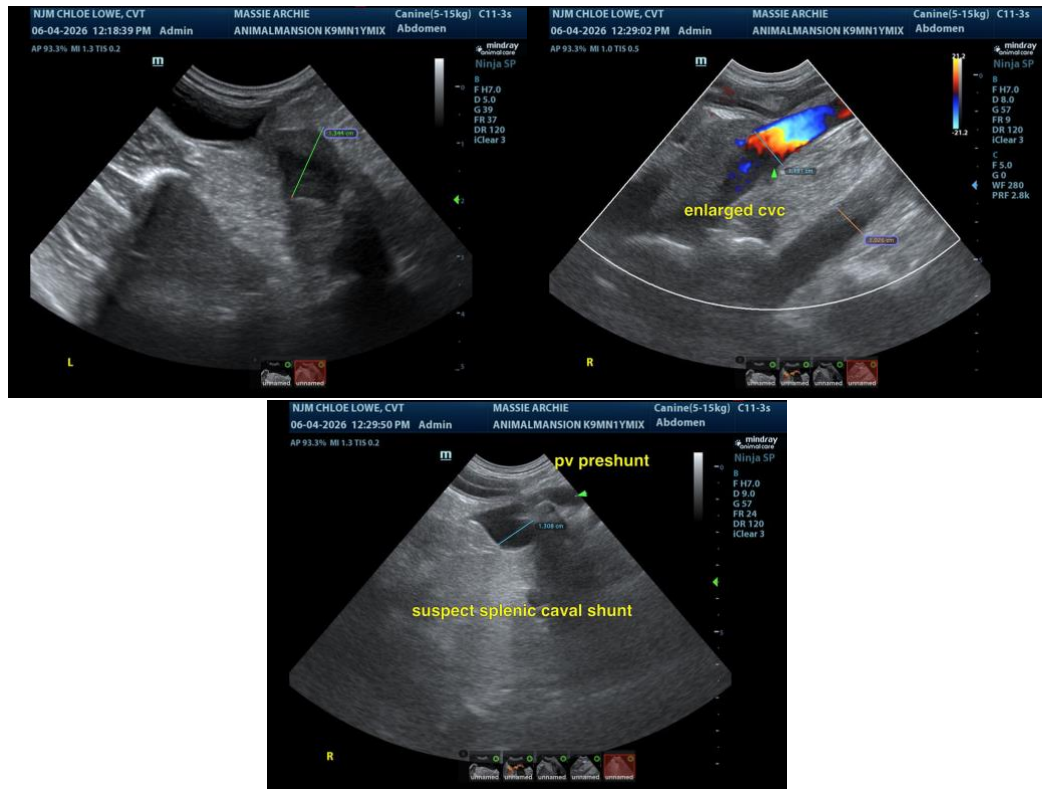
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
 CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com