**PATIENT**

Olive Ganong 50963A

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Intact female

AGE

8 months

WEIGHT

4.03 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS

INVOICE

31533

DATE

7/11/22

PRESENTING CLINICAL SIGNS

Olive presented for evaluation of elevated bile acids. About 1 week after adopting in January, Olive stopped eating the dry food. Since then, they have had an increasing difficult time finding a food that she will eat. One thing she will eat fairly consistently, is green beans cooked in butter. When she doesn't eat for a day or two she will vomit bile a few times. On a regular basis, she will vomit bile once in the morning about 3-4 days a week. Her water consumption has been consistently low. On days when she doesn't eat, she will become lethargic. Very occasionally, she has had an instance of diarrhea

Abnormal PE/Chem/CBC/UA Results: Bloodwork on 4/5/22 revealed a mildly elevated ALT (96) and elevated post-prandial bile acids (40.1). Normal ammonia levels. In-house bloodwork performed today was unremarkable.

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 was noted. Ureteral papillae were normal.

The uterus revealed no evident pathologies and measured 0.6 cm in width. The ovaries were uniform with no evidence of pathology.

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 3.67 cm. The left kidney measured 3.49 cm.

Adrenal Glands

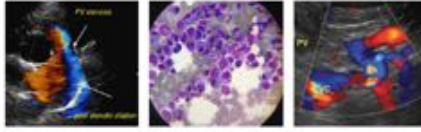
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.54 cm at the cranial pole and 0.37 cm at the caudal pole. The left adrenal gland measured 0.33 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

The **spleen** was uniform and folded upon itself. There was no evidence of pathology.

Liver

The **liver** was normal to slightly subnormal in size, yet contour and structure were normal. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The vena cava was enlarged and measured 0.55 cm owing to Dexdomitor. The portal vein appeared to have normal branching and measured 0.48 cm. 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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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. The mesenteric lymph nodes are reactive and measured up to 1.9 x 0.7 cm.

Pancreas

The **pancreas** were observed to be largely isoechoic to surrounding omental fat. No overt evidence of active inflammatory or neoplastic disease was noted. The pancreas measured 1.09 cm on the right limb with a dilated duct.

ULTRASONOGRAPHIC FINDINGS

No evidence of an intrahepatic or extrahepatic shunt.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The vena cava was dilated owing to Dexdomitor. Consider spurious bile acid elevation or microvascular dysplasia/portal hypoplasia which necessitates core biopsy for a diagnosis. I recommend to provide care for structurally insignificant gastritis, screening for Addison's with baseline cortisol.

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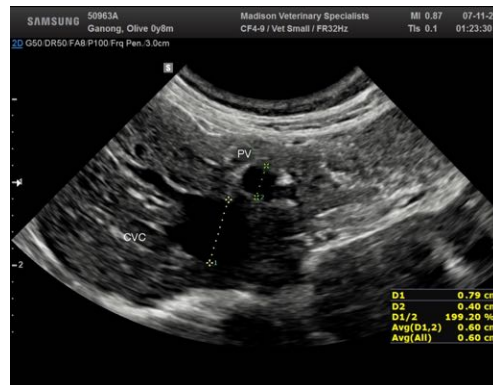
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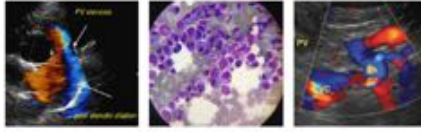
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fredgromalak@gmail.com



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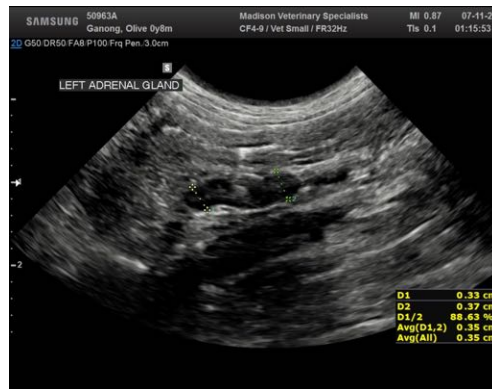
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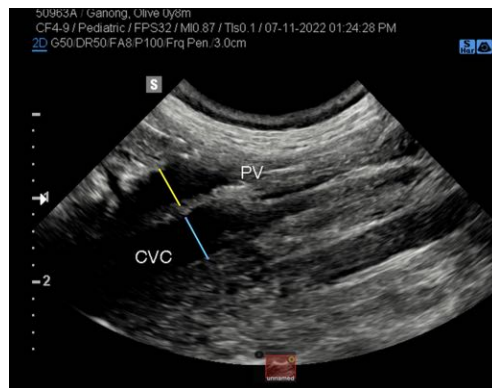
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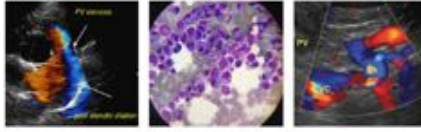
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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