

**DATE**

7/15/22

PRESENTING CLINICAL SIGNS

History: Always been a picky eater but pickiness has increased recently. Also just moved into a new home (new construction). No vomiting or Diarrhea. Acts completely normal and plays with other dog. No weight loss.

PATIENT

Marvel Christie

Current Medications: Rec Denamarin but has not started yet, No other medications.

Lab Results: ALT 504, ALKP 238, Chol 423, Remainder of BW WNL. Doing Bile acids today.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Canine

Sedation: Torbugesic / Valium IV.

Stat Report: Not requested.

BREED

Imaging Performed By: Stephanie Pearce RDCS, RVT.

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Neutered Male

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.

AGE

8/1/2019

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.

WEIGHT

51 Pounds

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 6.05 cm. The left kidney measured 5.85 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was 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 2.5 cm x 0.62 cm at the caudal pole and 0.51 cm at the cranial pole.

HOSPITAL NAME

Happier at Home MV

The **right adrenal gland** revealed no evident pathology.

REFERRING VET

Dr. Haskin

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.

INVOICE

16652

Liver

The **liver** was subnormal in size with coarse architecture and increased portal markings. Subjectively, hepatic vascular volume was subnormal. Hepatic width in short axis was a maximum of 3.0 cm. Vena cava to aortic ratio was 1:1, eliminating the potential of caval related shunting, however, azygous and intrahepatic shunts, particularly right divisional, cannot be ruled out. The gallbladder appeared empty.

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.

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.

Free Abdomen

The mesenteric **lymph nodes** (up to 2.0 cm x 0.5 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

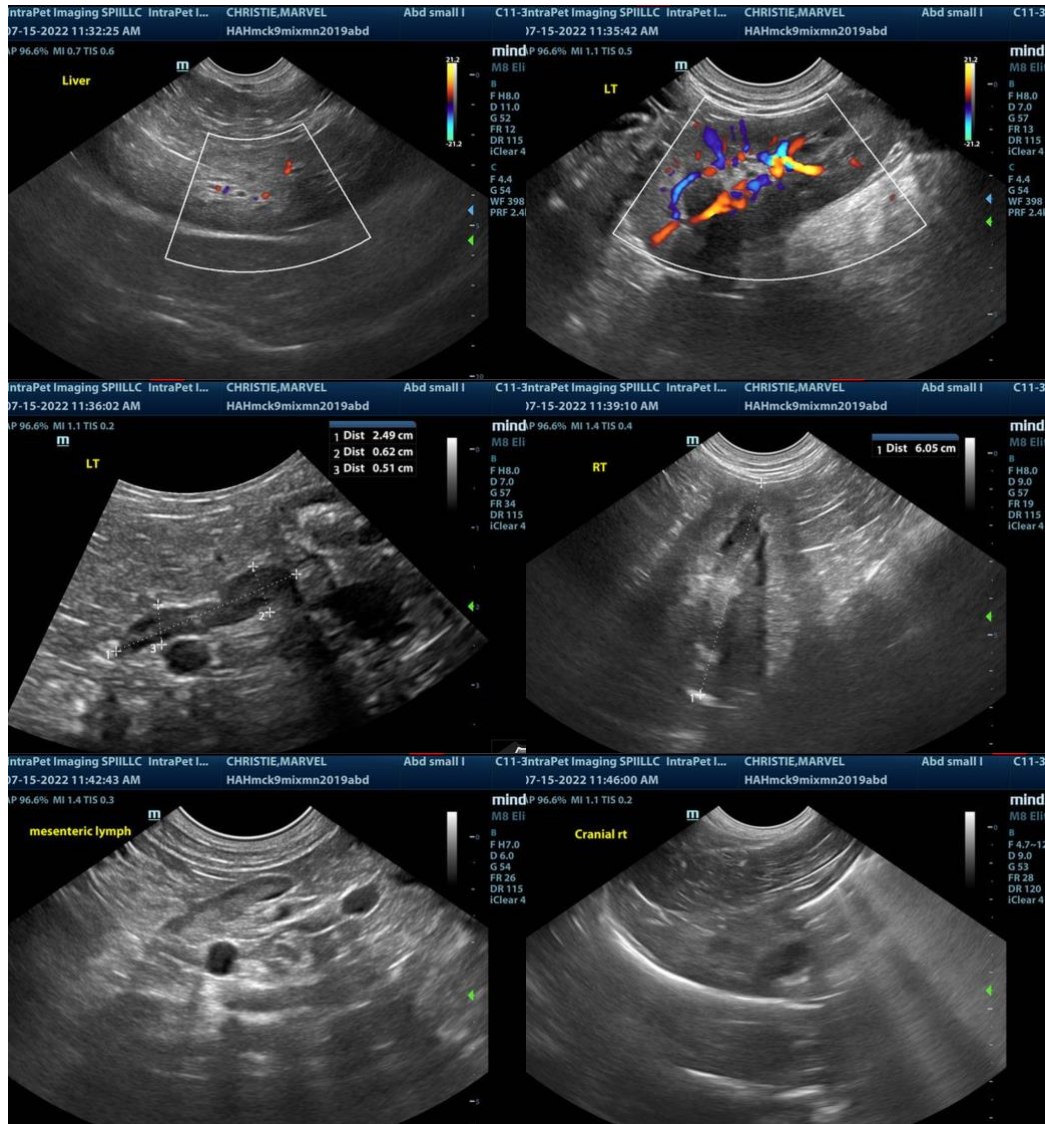
ULTRASONOGRAPHIC FINDINGS

- Microhepatica, portal hypoplasia or occult portosystemic shunting is possible. Concurrent inflammatory hepatopathy given the hepatic profile.
- Reactive mesenteric lymph nodes
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If bile acids are severely elevated, then further imaging is warranted to assess for portosystemic shunting.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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
 Eric.Lindquist@SonoPath.com