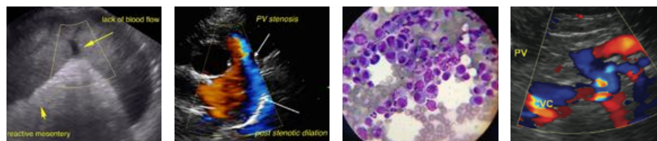

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gypsy Scott

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

6 years

WEIGHT

7.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Rosenfeld

INVOICE

76362

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: Hx: 6.2 yo FS Shih Tzu 7.1 # O declined sedation Presented on 7/28/23 for 1 day history of anorexia, vomiting, lethargy. Bloodwork showed CBC WNL. Chem: Glu 163 (H), Phos 1.5 (L), BUN 23 (N), Creat 1.1 (N), ALT > 4000 (H), ALP 209 (N), GGT 30 (H), tbili 0.6 (N), Amylase 478 (N), Snap CPL normal. Was treated with Clavamox and low dose metronidazole, liver protectants, as well as in patient SQF, cerenia. Patient is much improved - no longer vomiting, eating, normal BM and energy level. Here for AUS as next step in liver workup. Curently on clavamox, metro, liver protectants.

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 **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 3.0 cm. The left kidney measured 2.42 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 0.9 x 0.31 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 1.33 x 0.3 cm at the caudal pole and 0.39 cm at the cranial 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 was noted.

Liver

The **liver** was subnormal in size with slightly increased portal markings. The vena cava to aortic ratio was 1:1. There was no evidence of portosystemic shunting. The gallbladder wall was echogenic, thickened and mineralized.

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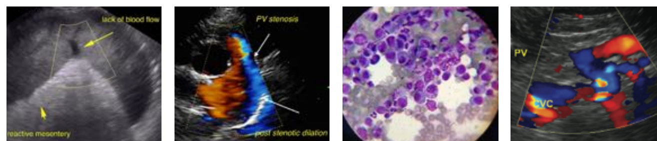
EDUCATIONAL TELECONSULTATION SERVICES™



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

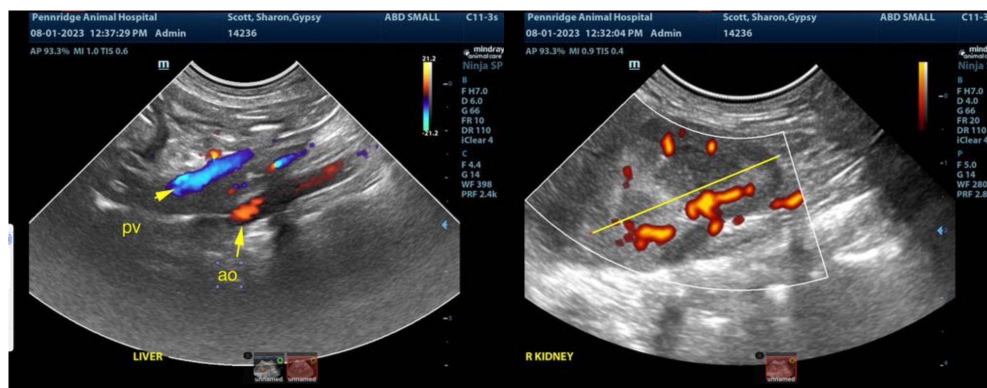
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

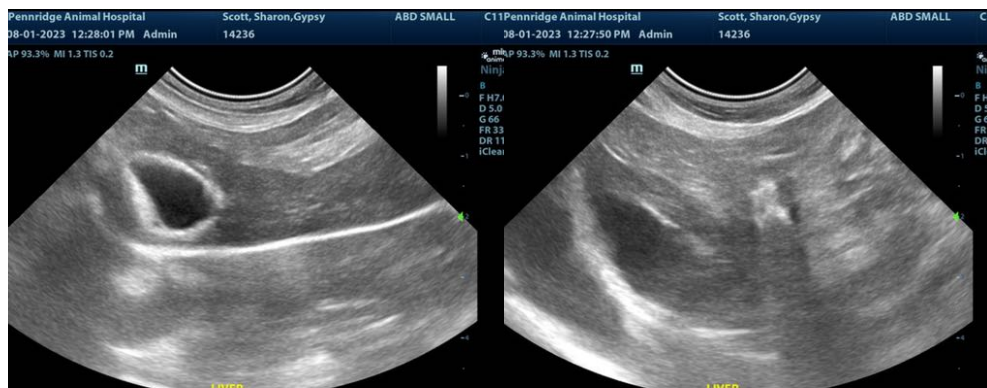
ULTRASONOGRAPHIC FINDINGS

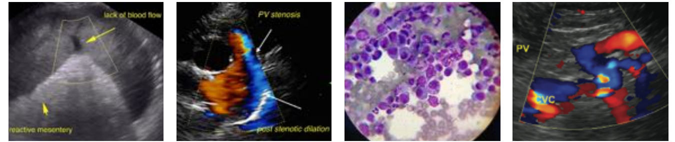
Fibrosing cholangitis liver pattern with microhepatica.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect portal hyperplasia. Given the microhepatica with only mild hepatic remodeling, primary portal hypoplasia/microvascular dysplasia is suspected. Core liver biopsy is indicated. Leptospirosis titers are indicated. IV fluid support, nutraceuticals and Ampicillin are all indicated. Treatment based on biopsy or FNA results are recommended.







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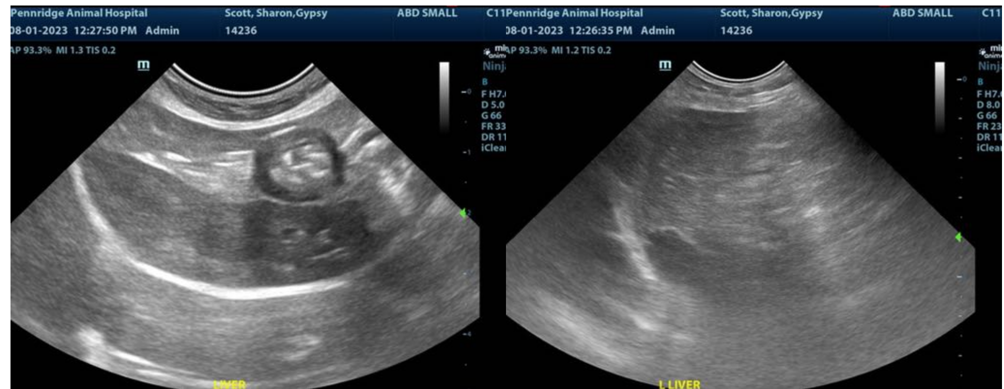

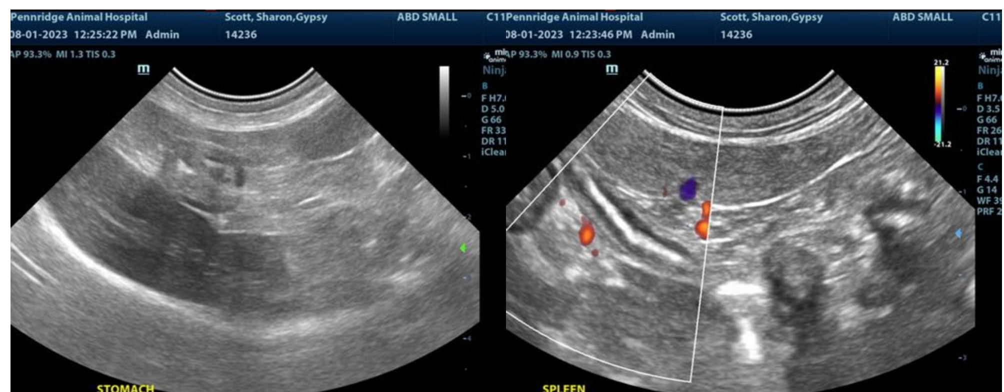

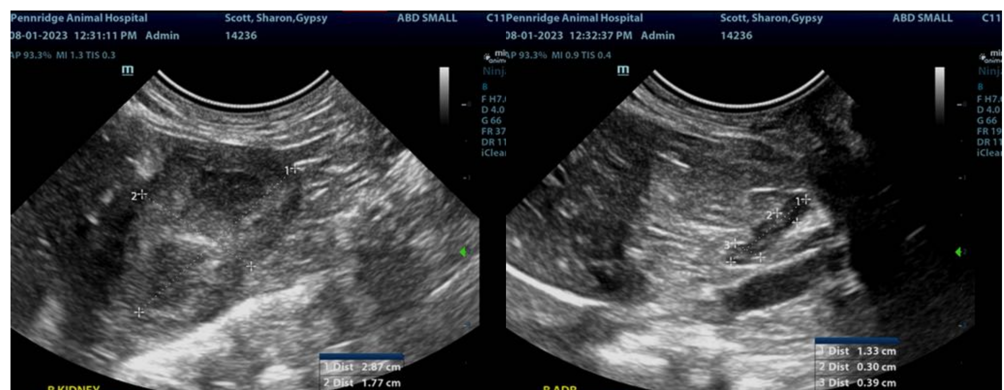

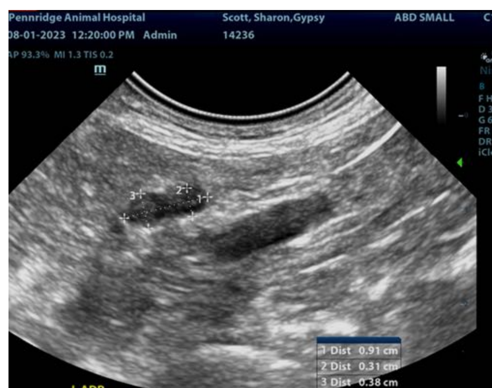

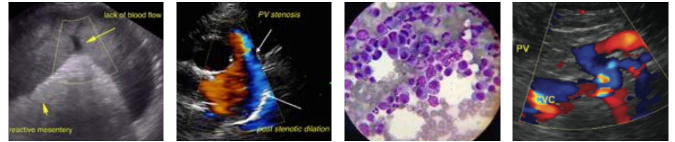

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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