

**PATIENT**

Josi Webb 51768A

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

1 Year

WEIGHT

5.5 kg

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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETDr. Thomas- Madison
VS**INVOICE**

16888

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Josi is presented to MVS for wobbly, confused, tucked tail. Josi owner has been concerned for a possible liver shunt, today she started to wobble and have glossy eyes, her ears tend to be pinned back during these episodes and is lethargic today. Josi had no episodes during July, but had 4 episodes since August 2nd. Owners said her episodes can last 4-24hrs. She has been E/D/U/D normally until she gets into these episodes. Current medications: Metronidazole 0.3ml SID Lactulose solution 2ml TID

Abnormal PE/Chem/CBC/UA Results: normal BA, normal NH₃, normal protein C level by pcDVM

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** 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 3.73 cm. The left kidney measured 3.61 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 0.29 cm at the cranial pole and 0.36 cm at the caudal pole. The left adrenal gland measured 0.36 cm at the caudal pole and 0.27 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 were noted.

Liver

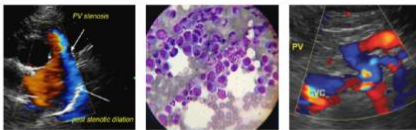
The **liver** was mildly subnormal in size. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Soft stool was noted in the colon.

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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.

Free Abdomen

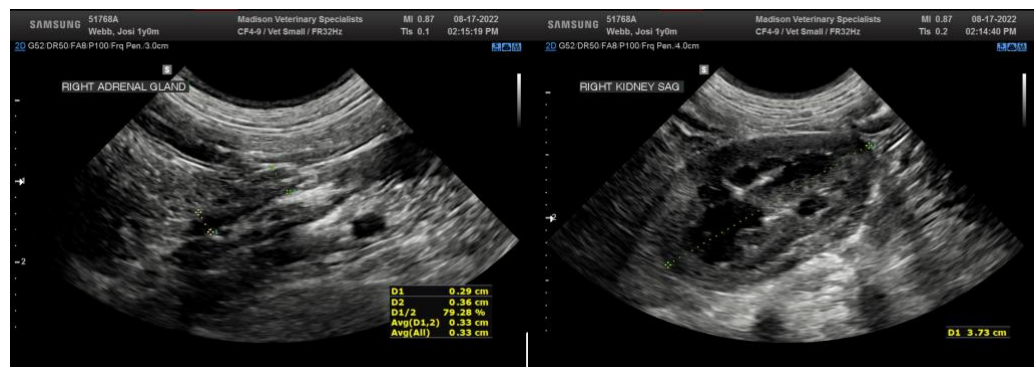
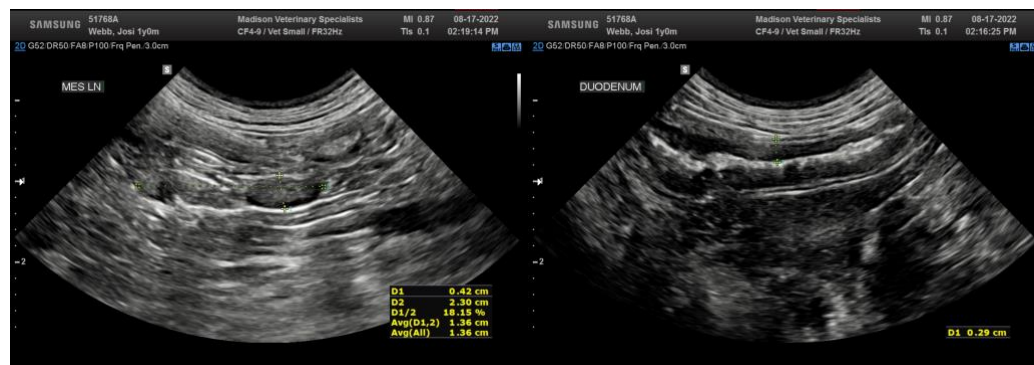
The mesenteric **lymph nodes** (2.3 cm x 0.4 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Mild Microhepatica. No evidence of intrahepatic or extrahepatic shunting
- Partially full stomach with soft stool in the colon

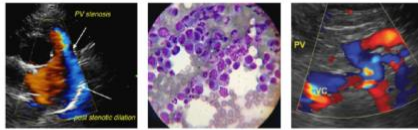
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary CNS or orthopedic disease should be considered. CT with contrast or MRI of the CNS and spine may be appropriate, depending upon the clinical exam.



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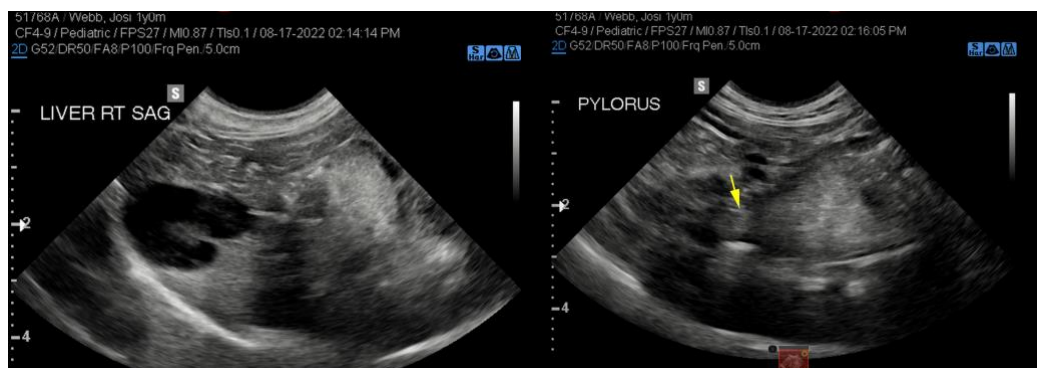
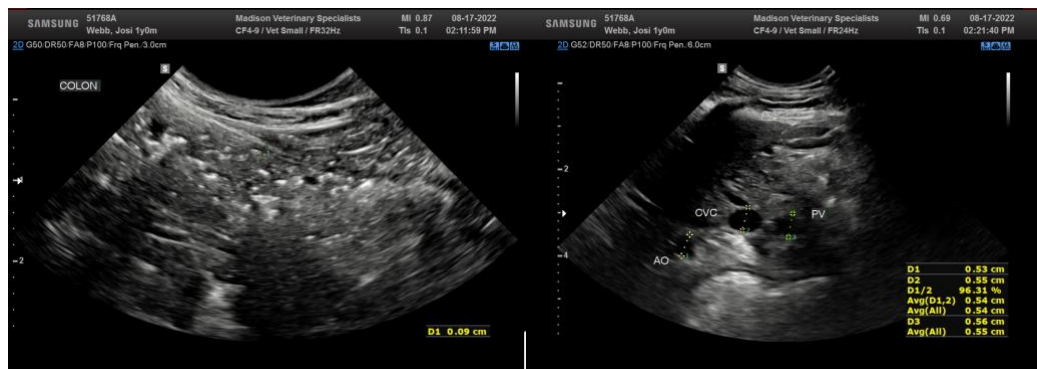
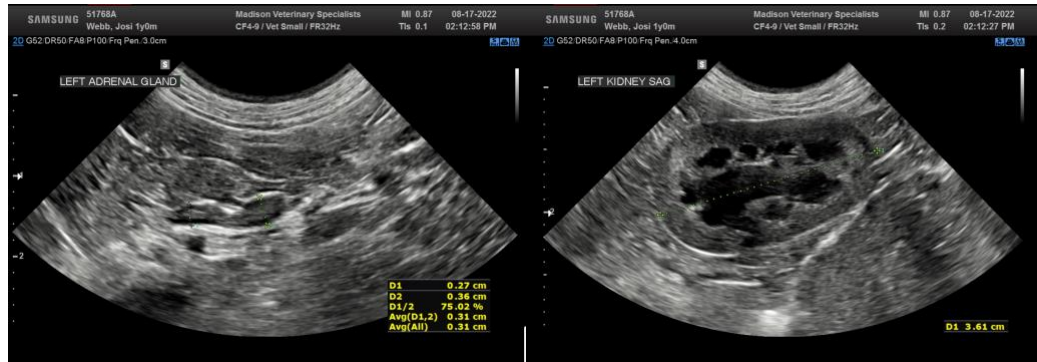
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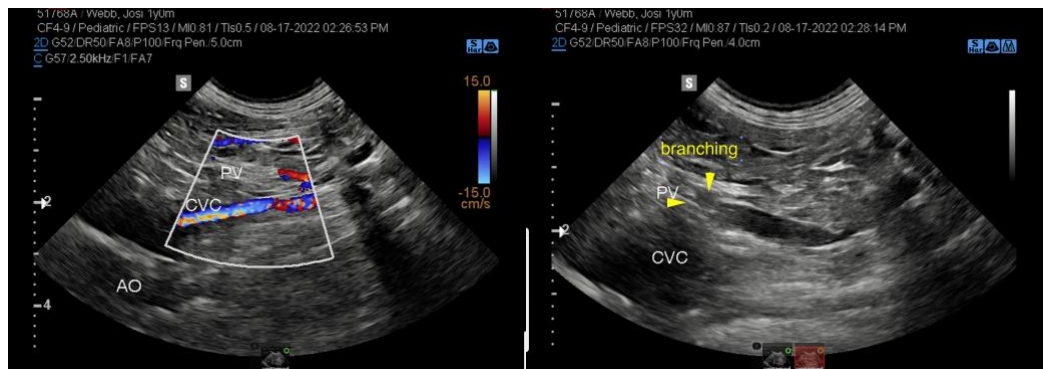
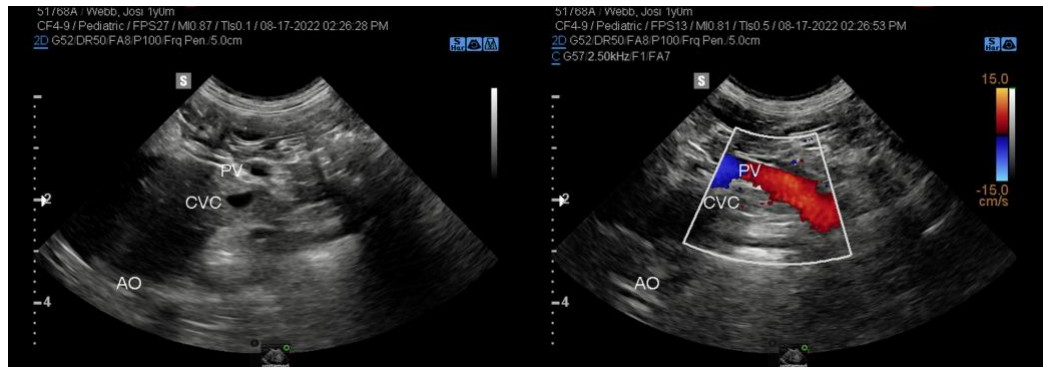
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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