**PATIENT**

Layla Bird

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Female

**AGE**

8 months

**WEIGHT**

10.8 lbs

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

Rachel Runnells RVT

**HOSPITAL NAME**SVS Imaging Kansas  
City**REFERRING VET**

Dr. Weingartner

**INVOICE**

32417

**DATE**

8/18/22

**PRESENTING CLINICAL SIGNS**

History: 7-18 increased liver values from pre-anesthetic bloodwork. Did not have procedure done. Bile acids test had abnormal results.

**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 4.12 cm. The left kidney measured 4.02 cm.

**Adrenal Glands**

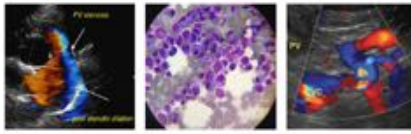
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.28 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measured 0.44 cm at the cranial pole and 0.57 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. Portal vein branching was normal. The portal vein measured 0.52 cm and the vena cava measured 0.5 cm. Intrahepatic vascularity was of normal volumes and structure. There is no evidence of portosystemic shunting. 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. 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**

Normal abdomen. No evidence of portosystemic shunting.

Structurally the liver appears normal.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If liver enzyme elevations are present this may be related to reactive hepatopathy or other acute insult.

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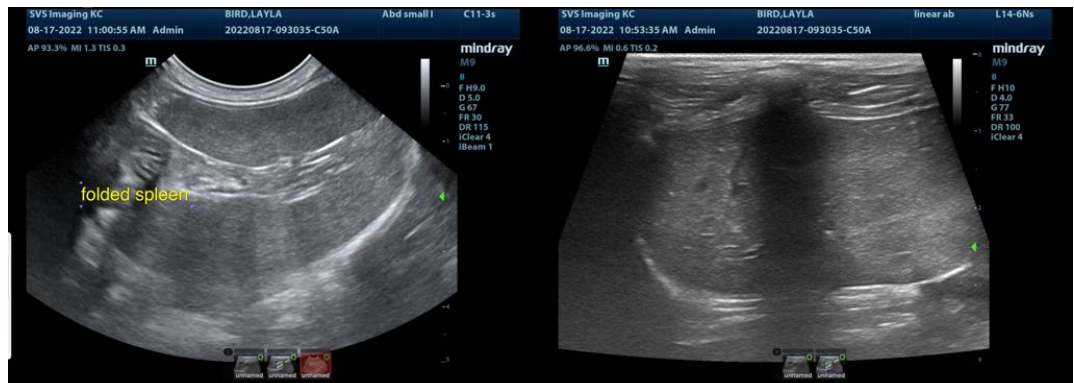
Dr. Weingartner

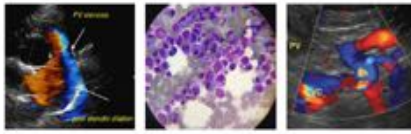
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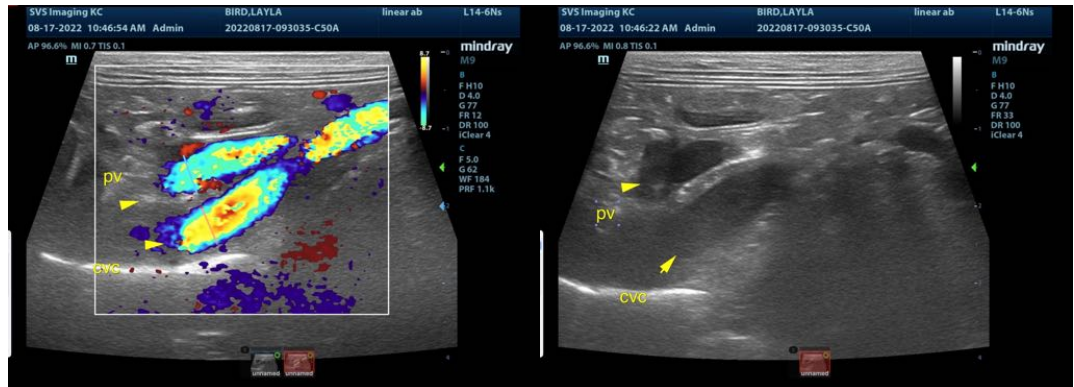
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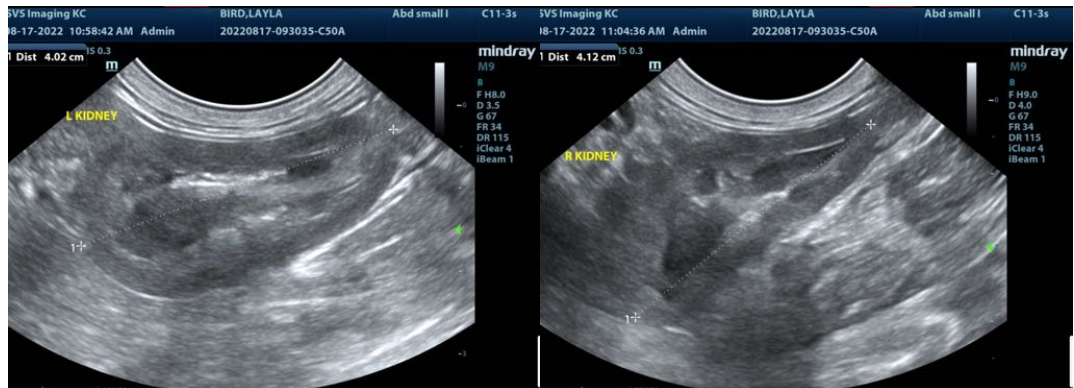
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com