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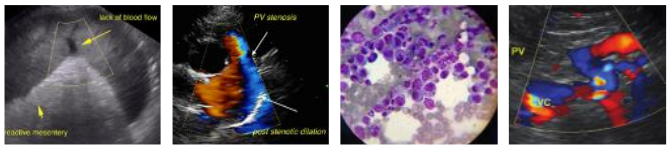
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nala Palacio

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

2 Years

WEIGHT

1.72 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Murphy

INVOICE

12794

DATE

8/27/21

PRESENTING CLINICAL SIGNS

Patient presents for hypoglycemia and HE. Current meds: Unasyn, Dextrose, and Lactulose. Abnormal PE/Chem/CBC/UA Results: HCT 31, neut. 13.41, mono. 2.99, glucose 47, creat. < .1, Ca 7.3, albumin 2.1, ALT 544, ALP 441, chol. 48, amylase 407.

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 **uterus** was uniform, measuring 0.33 cm.

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. Slight pinpoint mineralizations noted. Both kidneys measured 3.06 cm each.

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 0.61 cm x 0.22 cm at the caudal pole and 0.23 cm at the cranial pole. The right adrenal gland measured 1.5 cm x 0.6 cm.

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 subnormal in size and hypovascular. The vena cava to aortic ratio was 1:1. The gallbladder and common bile duct were unremarkable. A 0.4 cm wide extrahepatic portosystemic shunt appeared to be present. The course through the diaphragm at the esophageal inlet and the course dorsally, the pattern would suggest splenoazygos shunt or similar.

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

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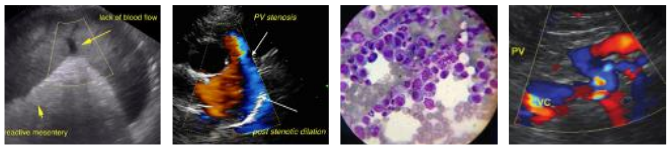

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory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

ULTRASONOGRAPHIC FINDINGS

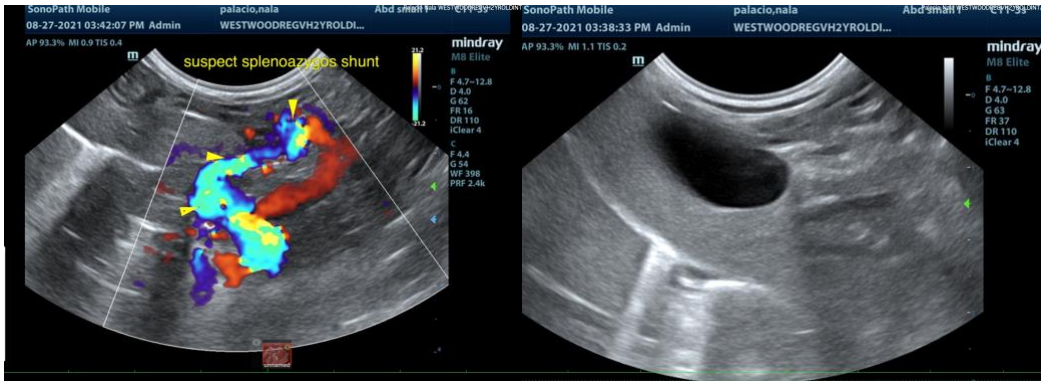
- Suspect extrahepatic portosystemic shunt with concurrent inflammatory hepatopathy, microhepatica
- Minor renal mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend CT with contrast to assess further and for surgical planning. If bile acids are elevated as suspected, the following protocol would be recommended from a medical standpoint until a CT can be performed.

Hepatic Support for Bile Acid Elevation +/- Hepatic Encephalopathy

Royal Canin Hepatic Support diet or Hills L/D, **Metronidazole** (7.5 mg/kg PO bid) over the next 14 days, **Lactulose** (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a **high-quality protein supplement** of minor amount of **yogurt** or **cheddar cheese**. Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. SAMe and nutraceuticals as needed. **Ursodiol (**10-15 mg/kg p.o. q24h) can be considered as hepatoprotectant and to enhance bile flow. **Zinc** serum level keep between 200—500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day. Gastrointestinal protectants are recommended if the patient is anorexic.



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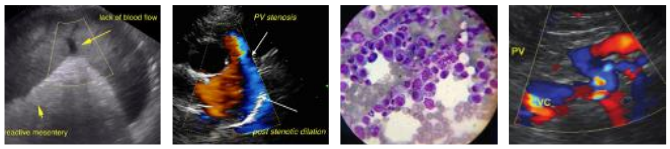

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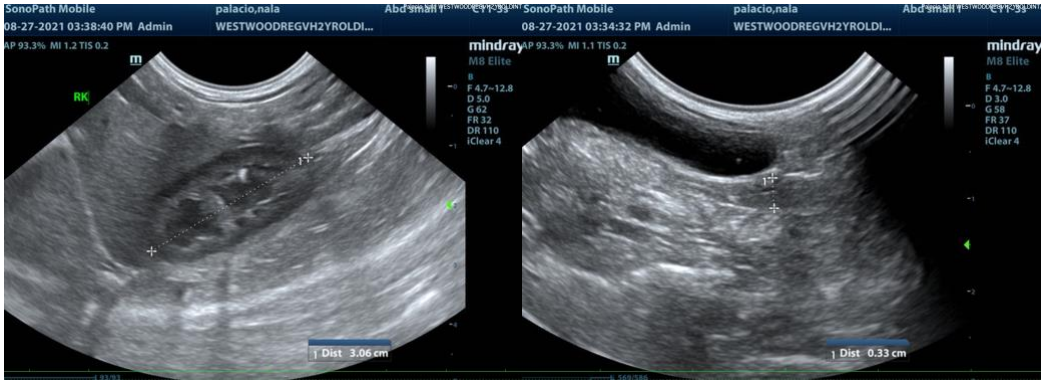

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com