



PATIENT

Mochi Chung

SPECIES

Canine

BREED

Maltese

SEX

Female

AGE

8 months

WEIGHT

5.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenalfy VC

REFERRING VET

Dr. Han

INVOICE

91619

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: - NO CLINICAL SYMPTOMS . ELEVATED ALT IS DETECTED THRU PREOP BLOOD WORK FOR SPAY. BILE ACID IS ELEVATED : PRE95/ POST : 275. MY IMPRESSION IS LIVER IS SMALLER THAN NORMAL AND DEBRIS IS SEEN IN BLADDER . MVD VS SHUNT ? UA IS PENDING AND PROTEIN C TEST IS PENDING .

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. Trace dependent and some suspended debris present owing to UTI or altered urate metabolism. 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. Slight renal mineralization was noted. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 0.5 cm. The region of the left adrenal gland was unremarkable.

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 subjectively subnormal in size. There were no obvious portosystemic shunts. 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.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Normal abdomen with slight renal mineralization.

Bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the severely elevated bile acids an EHPSS is likely but not visualized in this image set. CT with contrast recommended.

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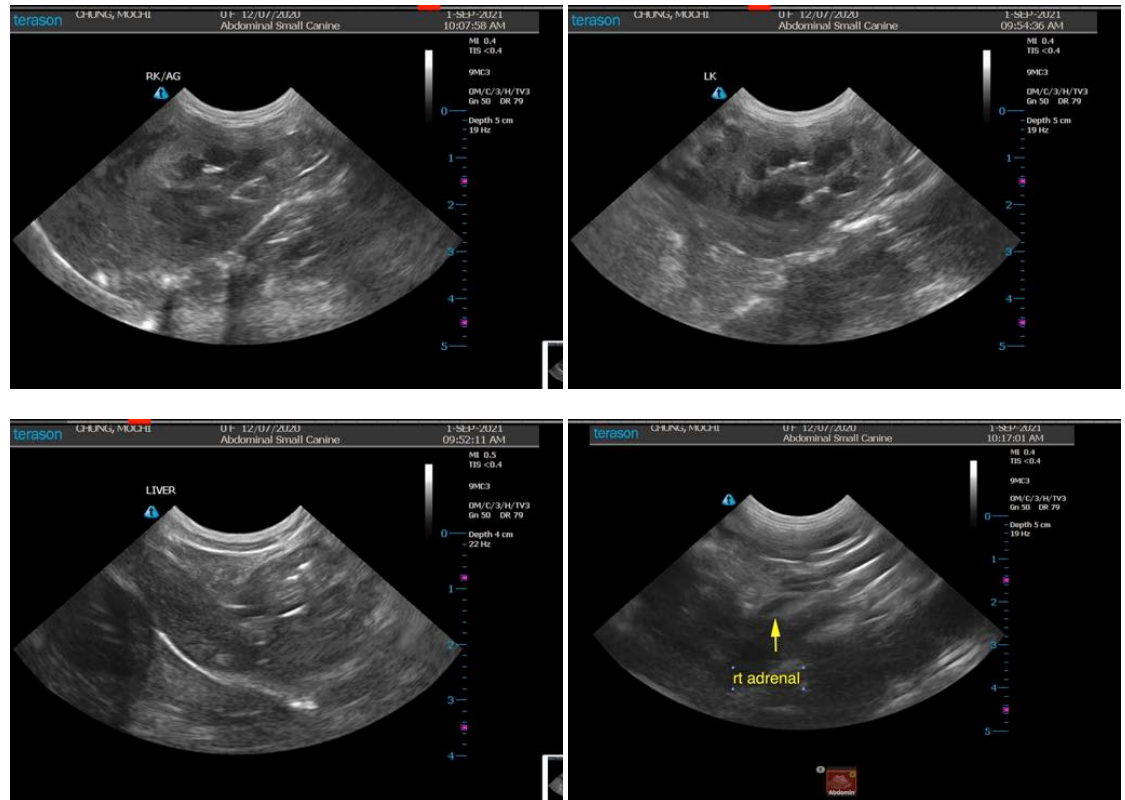
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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