



PATIENT

Big Sexy Nash Hilton

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

6 Months

WEIGHT

3 lb 12 oz

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health Vet
Clinic

REFERRING VET

Dr. Rodriguez

INVOICE

41013

DATE

9/2/22

PRESENTING CLINICAL SIGNS

Referral patient from another local clinic in area. P was suspicious of a liver shunt. Bile acids had mild elevation but not enough to confirm shunt. Multiple episodes of hypoglycemia. P was a breeder reject per owner. P has had less episodes as growth continues.

Abnormal PE/Chem/CBC/UA Results: Bloodwork mostly WNL. Phosphorous 7.1mg/dl, ALT 9, Bile acids pre meal - 2.0, Bile acids post meal 43.6 all other values WNL.

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 measures 3.38 cm. The left kidney measured 2.92 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 0.27 cm. The right adrenal gland measured 0.30 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 slightly subnormal in size. The gallbladder and common bile duct were unremarkable.

The portal vein was visible and measured 4.0 mm. Intrahepatic vascularity appeared normal. No evidence of intrahepatic or extrahepatic shunting.

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. Reactive juvenile mesenteric lymph node noted, measuring 2.0 cm x 0.5 cm.



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Pancreas

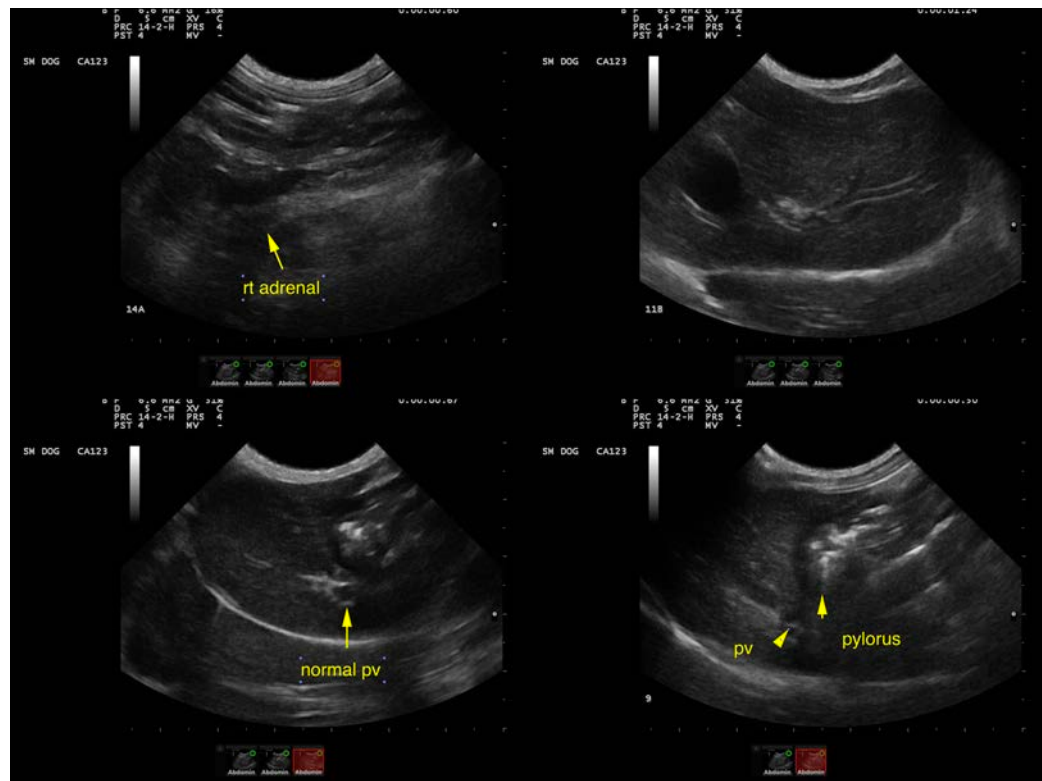
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor microhepatica

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unremarkable abdomen otherwise. Given the breed and bile acid profile, portal hypoplasia likely. Liver biopsy would be necessary for further definition. Strict dietary regiment recommended in this patient. No evidence of macroscopic shunting. Given the breeding history in this patient, liver biopsy would be appropriate to assess a baseline on whether portal hypoplasia/microvascular dysplasia is an underlying issue, yet no macroscopic pathology present.





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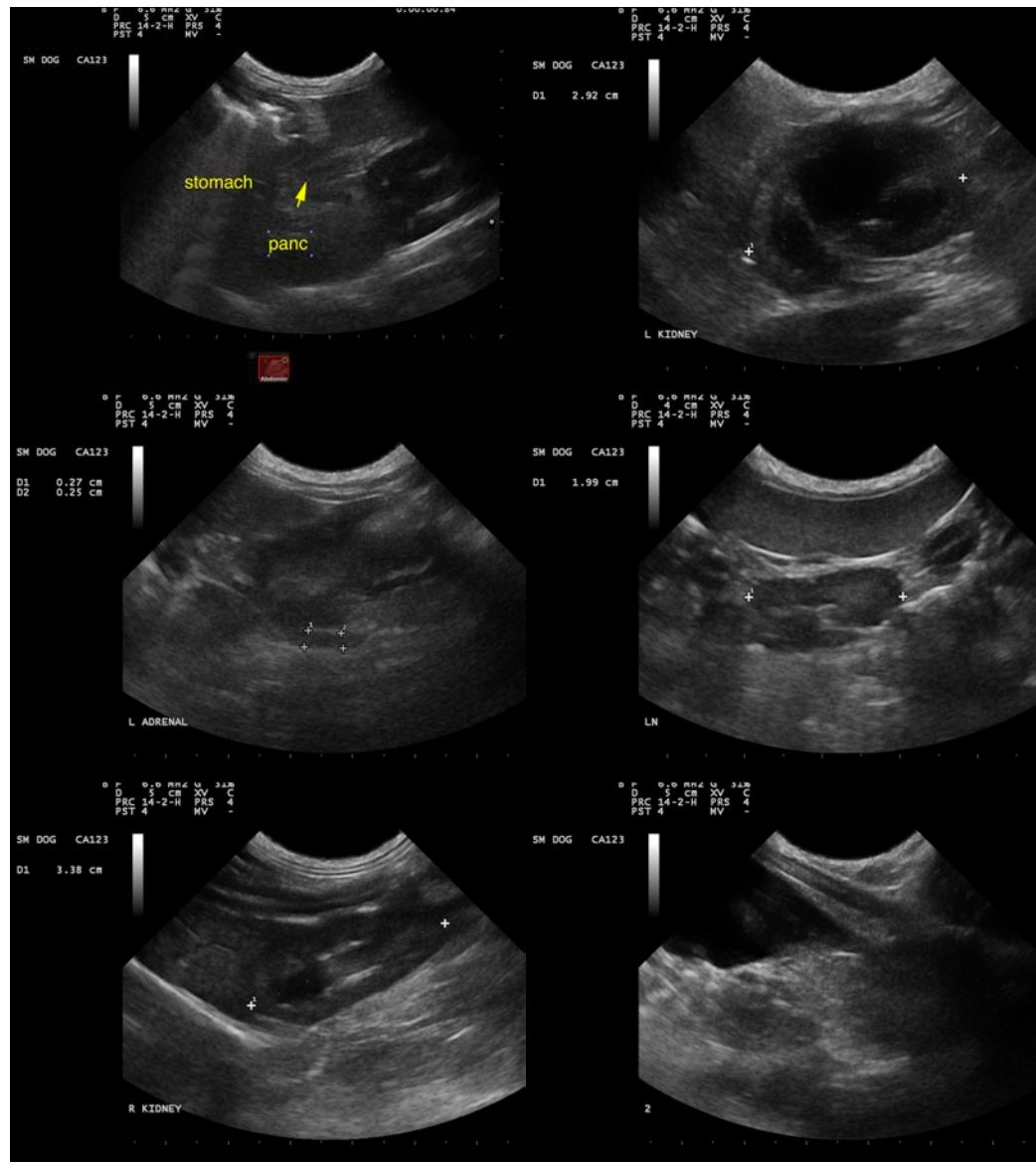
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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