

PATIENT

Oakley Mayfield

SPECIES

Canine

BREED

Border Collie Cross

SEX

Intact female

AGE

2 years

WEIGHT

20.3 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek AC

REFERRING VET

Dr. Tangeman

DATE

3/22/23

Invoice
43466

PRESENTING CLINICAL SIGNS

History: Patient had a liver shunt correction surgery with coils done in June 2022 and blood work checks have been good, but recent owner has noticed some lethargy. Recheck blood work last week found that ALT was abnormal again and patient has very small RBCs, which can be a sign of a liver shunt. Abnormal PE/Chem/CBC/UA Results: ALT: 203 MCV: 42.2 MCH: 13.1 RDW: 31.3% Current Medications None

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 uterus was uniform and measured 0.5 cm. There was no evidence of pathology.

The **kidneys** were swollen with normal 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 dilatation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.95 cm with slight cortical mineralization.

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 2.31 x 0.54 cm at the caudal pole and 0.36 cm at the cranial pole. The right adrenal gland measured 3.25 x 1.76 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged and folded upon itself cranially with uniform parenchyma.

Liver

The **liver** was subnormal in size with uniform parenchyma. Vascular occlude/coil was noted n admeasured approximately 2.0 cm. At the level of the coil intrahepatic vascular dilation was present. The liver itself appeared to be uniform.



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Gastrointestinal

The **gastric** wall was hypertrophied. There was no loss of mural detail. The gastric lumen was mildly fluid filled. The small intestines and colon were unremarkable.

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.

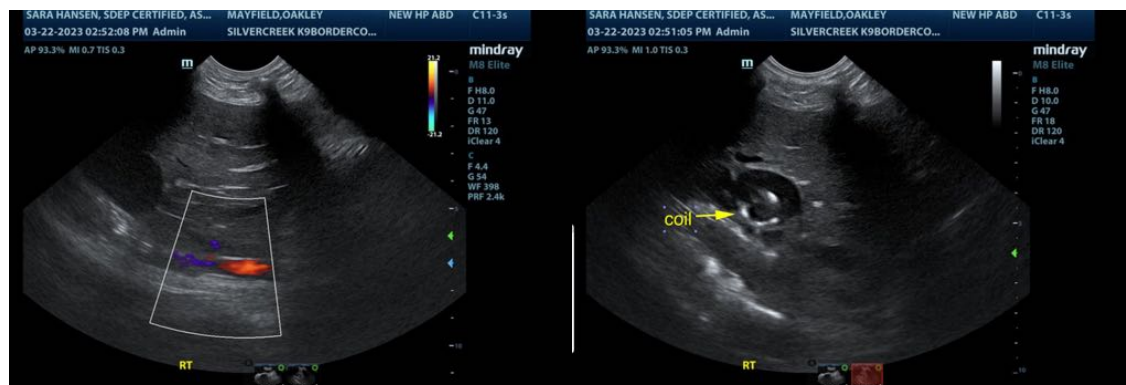
ULTRASONOGRAPHIC FINDINGS

Swollen kidneys.

Gastritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It was difficult to assess whether the vascular anomaly within the liver is adequately attenuated without CT evaluation. Sonographically the swollen kidneys are persistently present and gastric pattern is present. Bile acid profile is warranted with CT evaluation with contrast to assess if the coil is attenuating the shunting blood adequately. No complicating factors are noted. If the bile acids are significantly elevated especially over 80 post prandial, then the clinical signs are likely deriving from hepatic dysfunction.





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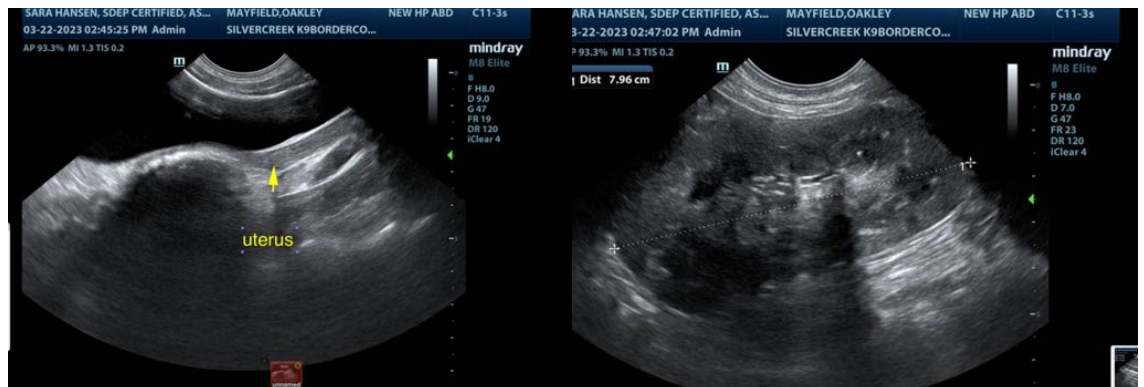
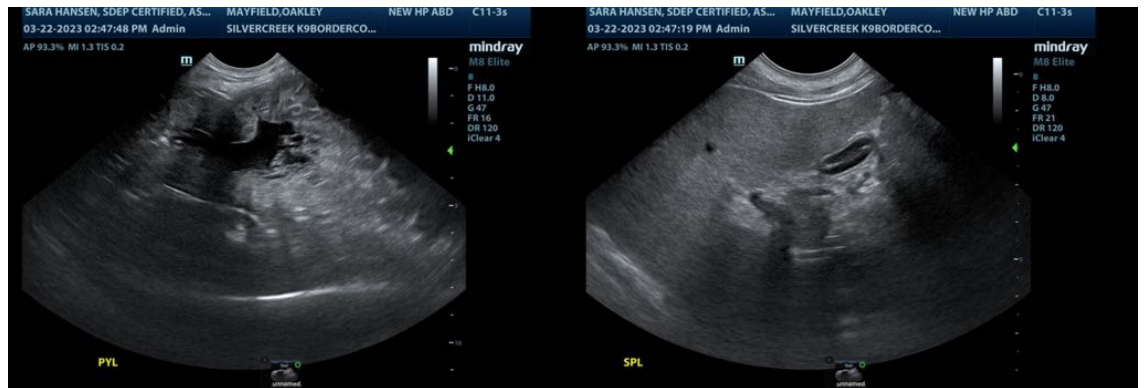
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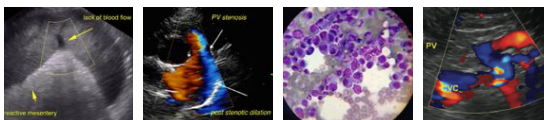
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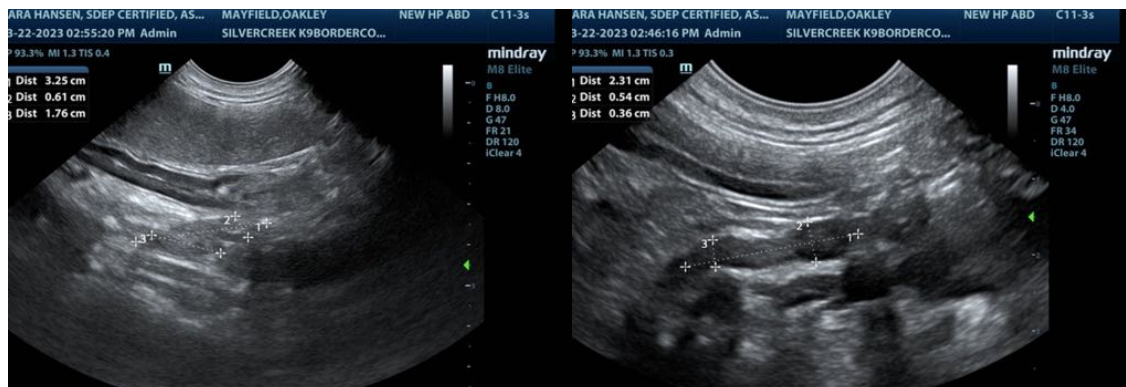
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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