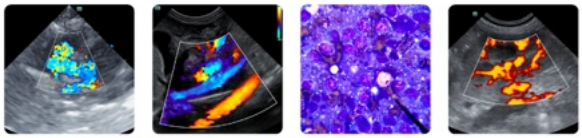


PATIENT

Charlie Sloan

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Spayed female

AGE

6 years

WEIGHT

17.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro, DVM, DACVIM

HOSPITAL NAME

Ashley Pines

REFERRING VET

Dr. Lavallee

INVOICE

70094

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: New patient, needs dental Pre-anesthetic labs reveal inc liver enzymes and mild hypoalbuminemia
Abnormal PE/Chem/CBC/UA Results: ALT - 562 ALP - 180 Albumin - 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. There was slight thickening in the deep pelvic urethra noted in this patient measuring 0.55 cm x 0.3 cm. The iliac trifurcation was unremarkable.

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. Pinpoint mineralization was noted. The left kidney measured 5.36 cm.

Adrenal Glands

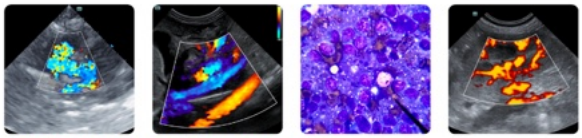
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.54 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 0.9 cm at the cranial pole and 0.59 cm at the caudal pole.

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 subnormal in size. The portal vein measured 0.5 cm, vena cava measured 0.9 cm and aorta 0.7 cm. The portal hilus in this patient revealed an extrahepatic portosystemic shunt with a small portal vein and large vena cava. The exact entrance of the shunt into the vena cava cannot be confirmed. I



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cannot completely rule out splenoazygos shunt. However, there is turbulence in the vena cava that would suggest vena cava entry. Gallbladder calculus was noted and measured 0.72 cm.

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

Bladder debris.

Concurrent urethral thickening. May be an attached blood clot, however, early carcinoma can present in this fashion.

Extrahepatic portosystemic shunt. Suspect splenocaval or splenoazygos shunt.

Concurrent gallbladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend BRAF testing. If any straining to urinate is an issue then cystoscopy is indicated. This should be monitored. Recheck sonogram is recommended in 3-4 weeks to assess for any growth. CT evaluation for further definition is recommended. Bile acid profile would be warranted. I do not recommend anesthesia until further definition of the shunt status as hepatic dysfunction will likely be an issue with anesthesia in this patient.

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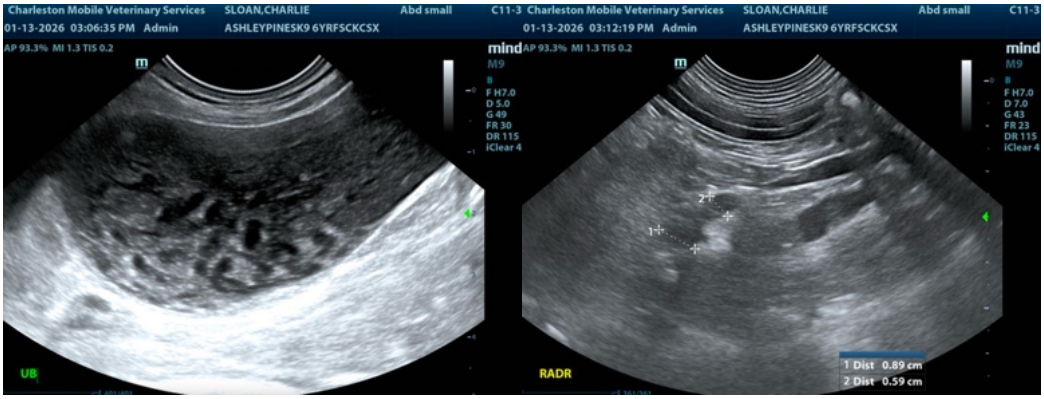

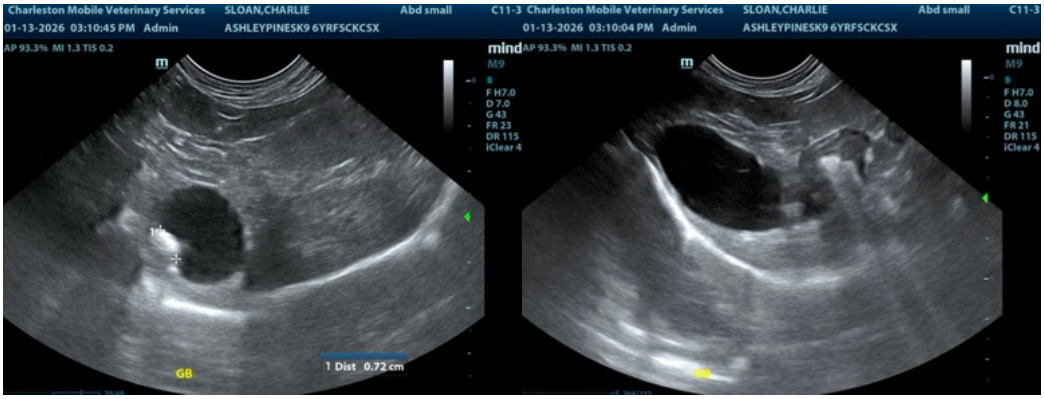

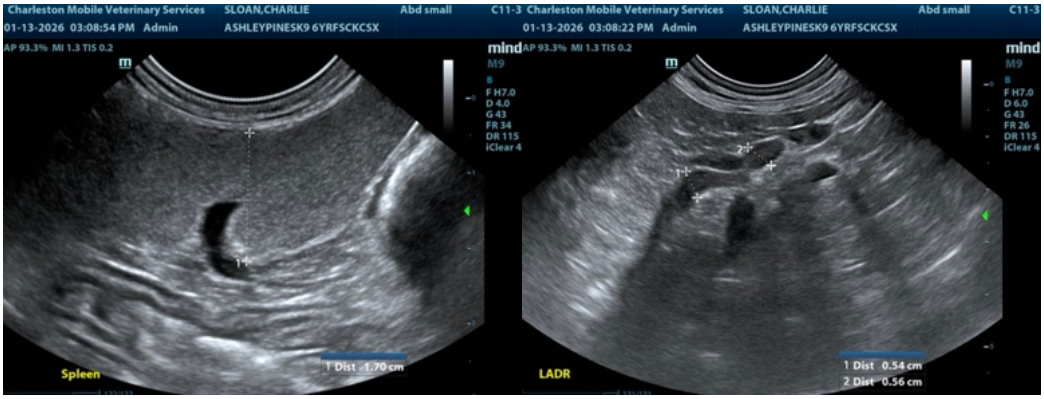

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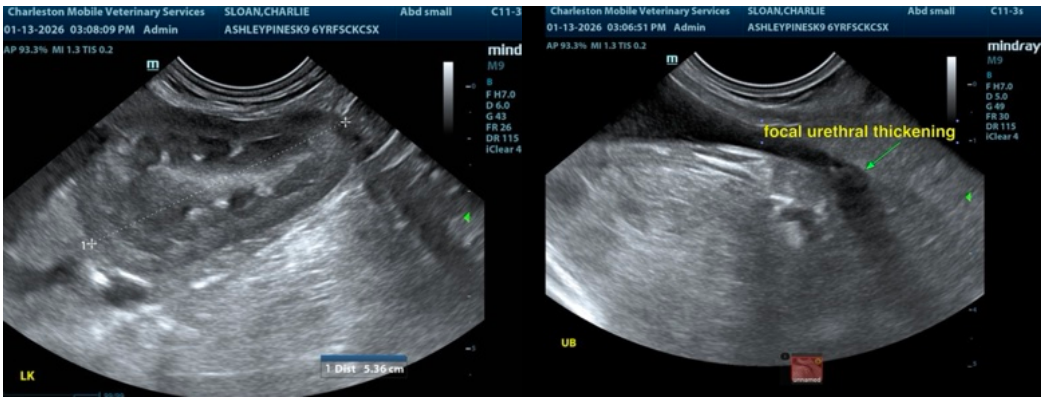

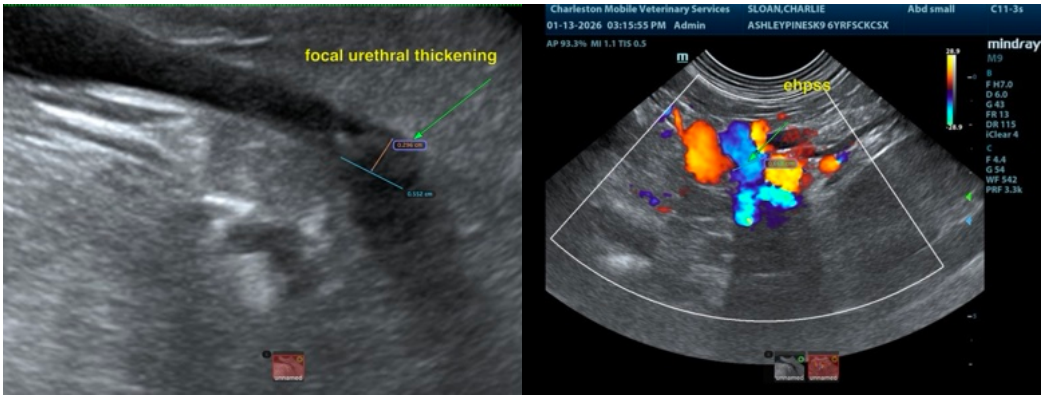

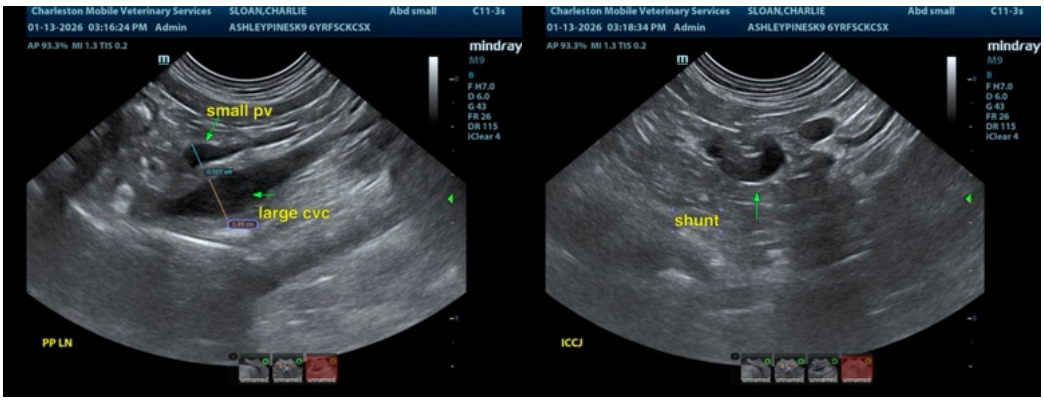

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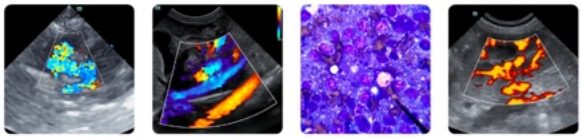

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Educational Teleconsultation Services™

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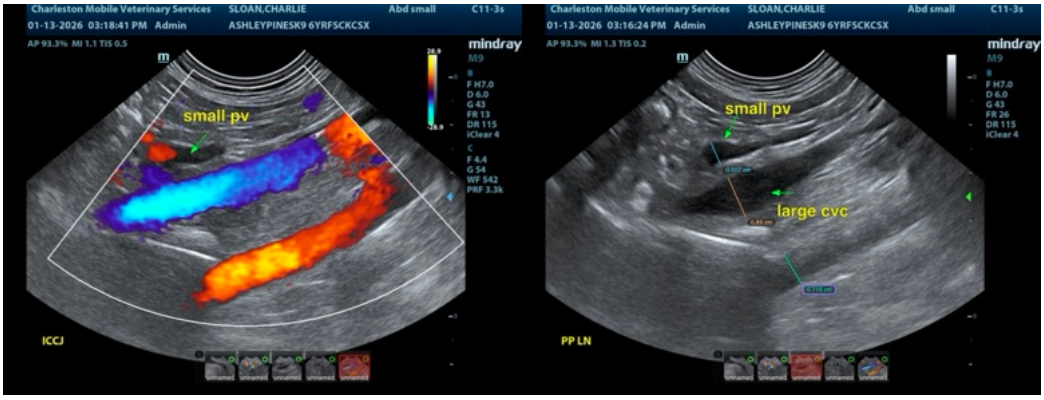

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com