



**PATIENT**

Mogley Depace

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

1.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

BPH Stoney Creek

**REFERRING VET**

Dr. Baskin

**INVOICE**

92664

**DATE**

10/27/21

**PRESENTING CLINICAL SIGNS**

History: Tentative Diagnosis: liver shunt vs Addison's vs other Dx Plan: (highlight those being Done) CBC, Electrolytes, Chem Urine analysis Radiographs Other: (Specify) CBC: mild monocytosis Biochem: - Hypoglycemia (BG 2) -- liver shunt, Addison's, not eating -hypercholesterolemia - GI losses, liver shunt, decreased intake -low amylase -mildly increased ALT - liver shunt vs incidental finding UA: not able to collect Rads: liver small, no obstructive pattern or masses UA: Ketones +++ (altered metabolism due to hypoglycemia?) Bile acids testing pending  
Abnormal PE/Chem/CBC/UA Results: GLU 2.05 mmol/L 4.11 - 7.95 LOW, ALT 197 U/L 10 - 125 HIGH, ALKP 17 U/L 23 - 212 LOW, CHOL 1.59 mmol/L 2.84 - 8.26 LOW, AMYL 314 U/L 500 - 1500 LOW

**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 **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 left kidney measured 3.03 cm. The right kidney measured 3.27 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 right adrenal gland measured 1.35 x 0.84 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 1.17 x 0.3 cm at the caudal pole and 0.36 cm at the cranial 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** is slightly subnormal in size with normal internal vascular volume. The medial lobes of the liver appear to be poorly developed. One vessel that appears to be the portal vein, but cannot be fully defined. It may be taking an odd angle owing to the poorly developed medial liver lobes. The gallbladder



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presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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**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.

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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**

Subnormal liver size. Poorly developed medial liver lobes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

I cannot completely ruled out an extrahepatic portosystemic shunting in this patient. However, I have ruled out intrahepatic shunting. Portal hypoplasia may be a significant issue in this patient and it may be a biopsy diagnosis. I recommend bile acid profile in this patient. If elevated then recheck sonogram under full sedation would be indicated. Other causes of hypoglycemia is not evident. Other visceral pathologies are not evident in this patient.

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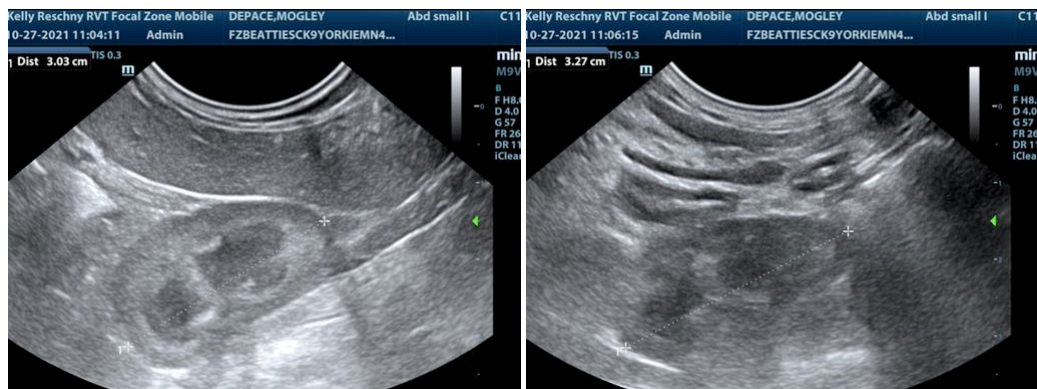
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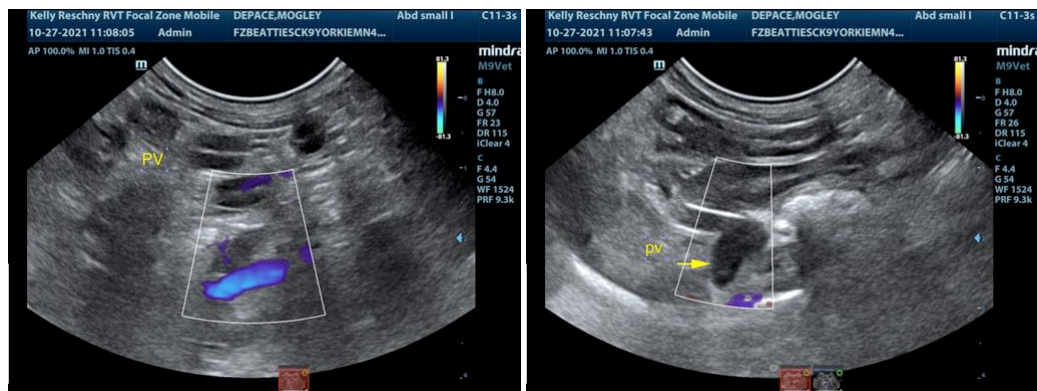
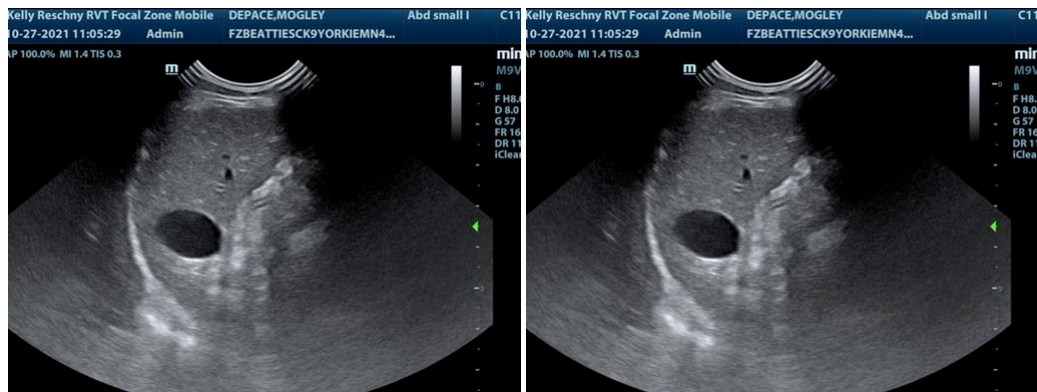
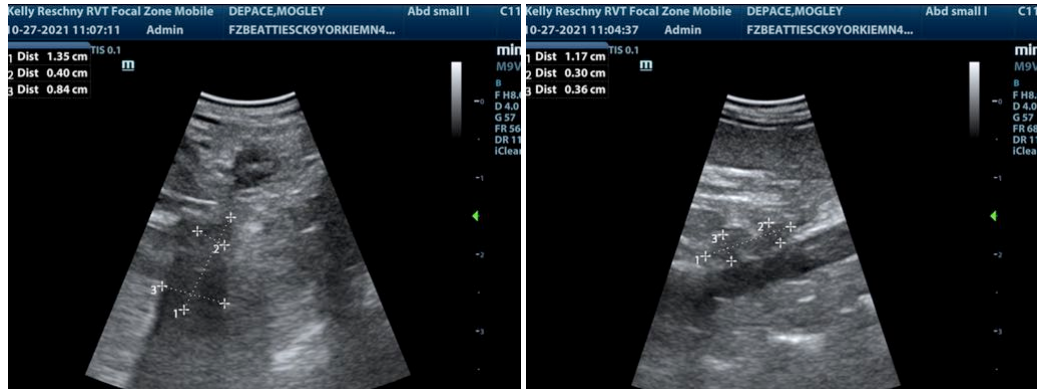
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com