

**PATIENT**

Maya Dale

**SPECIES**

Canine

**BREED**

King Charles Cavalier

**SEX**

Spayed female

**AGE**

3 years

**WEIGHT**

7.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP, Cert. IVUSS,  
 CEO of SonoPath.com

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Woodstock VH

**REFERRING VET**

Dr. Wagler

**INVOICE**

68344

**DATE**

11/5/25

**PRESENTING CLINICAL SIGNS**

History: history of chronic, intermittent gastroenteritis. Clinical signs include watery diarrhea and vomiting over the past three years, which have been responsive to treatment with metronidazole or tylosin and gastroprotectants ie. Sucralfate Ddx: include food allergy, SIBO, inflammatory bowel disease (IBD), microvascular dysplasia (MVD), Hepatic shunt or Addison's disease. littermate is a carrier for medium-chain acyl-CoA dehydrogenase (MCAD) deficiency; the dam was negative.  
 Abnormal PE/Chem/CBC/UA Results: See attached BW Bloodwork performed in September 2025 was largely unremarkable. - A pancreatitis test (Spec cPL) was normal. - TLI and folate levels were within normal limits. - Normal bilirubin and electrolytes make Addison's disease less probable. - Two liver enzymes (ALT and were noted to be slightly below the normal reference range, raising suspicion for a possible MVD or portosystemic shunt. - A bile acid stimulation test has not yet been performed. The owner has elected to proceed with an abdominal ultrasound as the initial diagnostic step for the liver. - Macrothrombocytosis - Fecal Negative

**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.

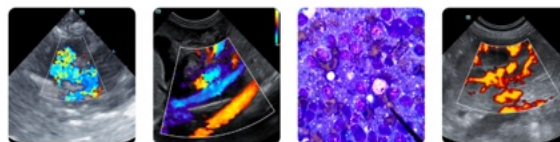
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.25 cm. The right kidney measured 4.21 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 1.86 x 0.5 cm at the caudal pole and 0.46 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.



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**Liver**

The **liver** was mildly subnormal in size with normal vascular volume. The parenchyma was uniform. The portal vein at its bifurcation measured 0.5 cm. The portal hilus was somewhat obscured by the transverse colon in this patient. The gallbladder and common bile duct were unremarkable. Mild coalesced bile was noted in the gallbladder. This is not pathological.

**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**

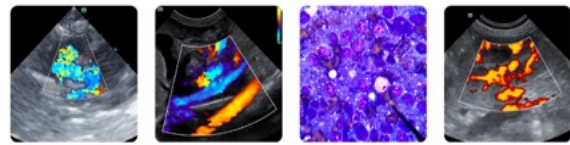
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Microhepatica.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is significant microhepatica. I cannot completely rule out portosystemic shunting. The one view the portal vein appears to have adequate volume. However, sedation may be necessary in this patient for further definition. If the bile acids are significantly elevated then sedation and further imaging of the portal hilus is indicated. However, there are no global parameters other than microhepatica that would suggest macroscopic shunting. Portal hypoplasia/microvascular dysplasia is most likely as the kidneys and bladder do not demonstrate any evidence of nephrolithiasis or renomegaly, which would be typically pattern found sonographically with macroscopic shunting. Bile acid profile is warranted +/- further imaging is recommended under sedation.



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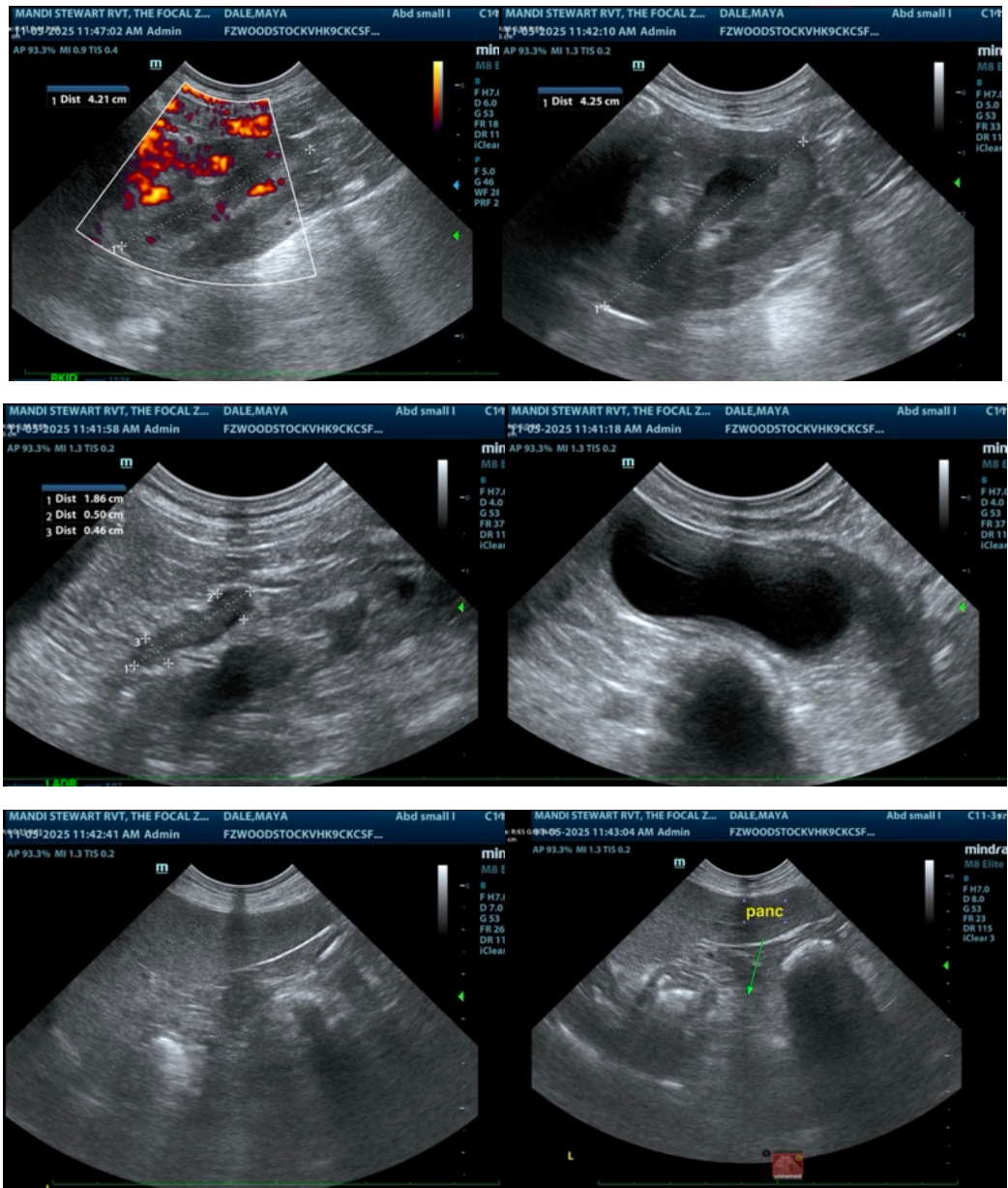
Dr. Wagler

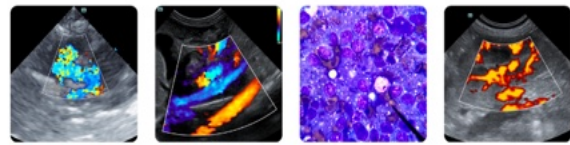
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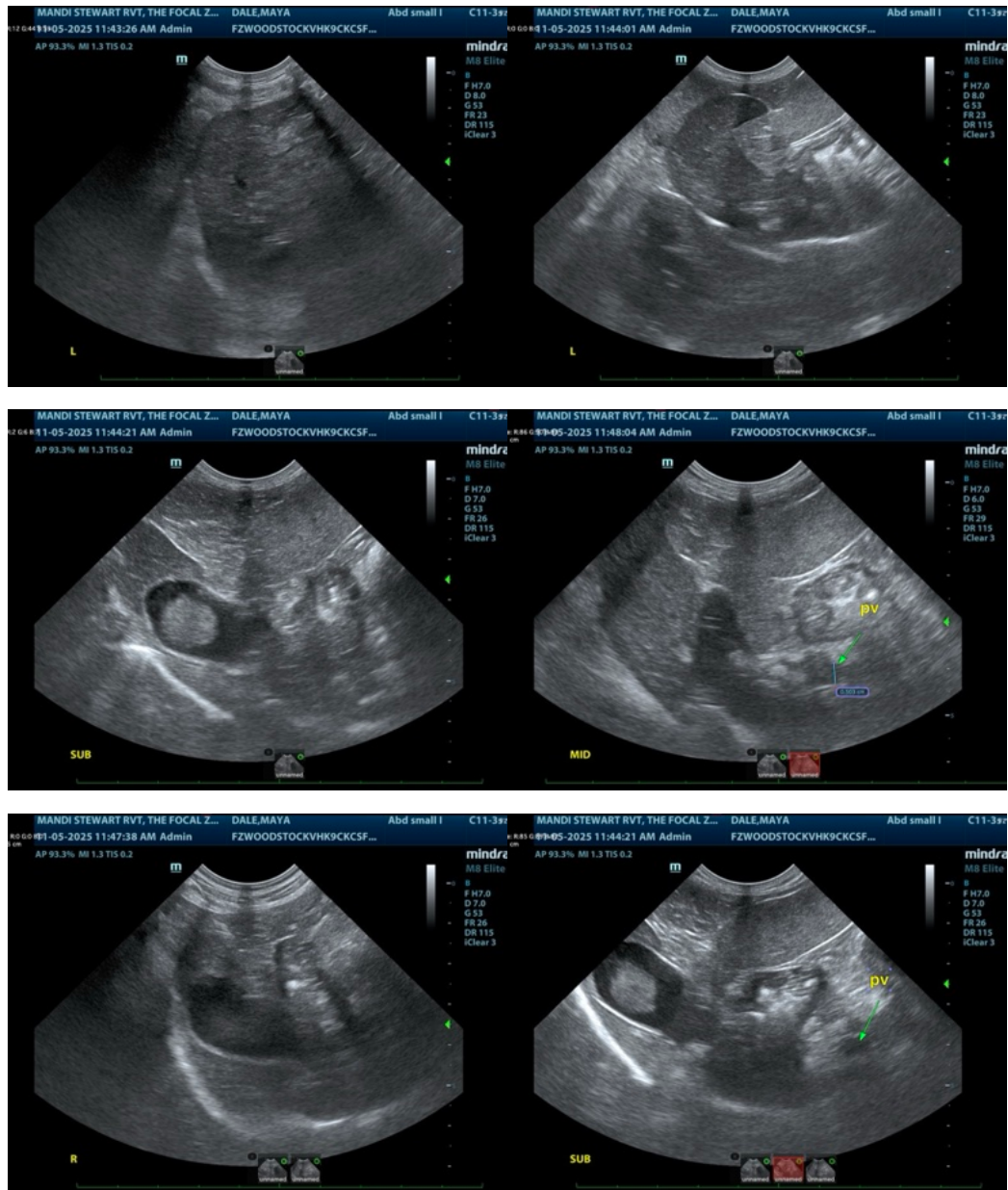
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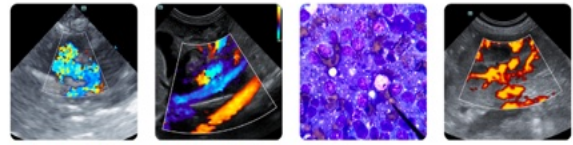


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)



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