

PATIENT PRESENTING CLINICAL SIGNS

Buzz Sahlia History: Has been seen twice now for episodes of wobbling and seeming uncoordinated and confused. First time was 24 hours after DHPP/Lepto vaccine, but then it occurred again and not linked to anything. Shunt? No meds.

SPECIES Abnormal PE/Chem/CBC/UA Results: BW showed all normal other than M1 increase in ALT and GGT.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Yorkie Cross

Urinary System

SEX

Intact male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

AGE

17 weeks

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 3.0 cm. The right kidney measured 3.1 cm.

WEIGHT

4.6 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.05 x 0.32 cm at the caudal pole and 0.28 cm at the cranial pole. The right adrenal gland measured 1.27 x 0.3 cm at the caudal pole and 0.44 cm at the cranial pole.

IMAGING PERFORMED BY

Crystal Hill, RVT

Spleen

HOSPITAL NAME

Crediview Eglington
AH

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.

REFERRING VET

Dr. Ghobrial

Liver

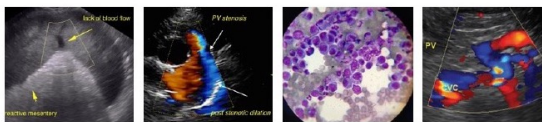
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39607

The **liver** was mildly subnormal in size, yet had normal vascularity and normal parenchyma. The portal vein revealed normal branching and volume at 0.4 cm. The vena cava measured 0.4 cm. The ratio was 1:1. There is no evidence of portosystemic shunting. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

DATE

9/26/22



PATIENT

Gastrointestinal

Buzz Salhia

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.

SPECIES

Canine

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Yorkie Cross

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.

SEX

Intact male

ULTRASONOGRAPHIC FINDINGS

Reactive hepatopathy is likely. Mild microhepatica, no evidence of macroscopic shunting.

AGE

17 weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the bile acids are elevated portal hypoplasia/microvascular dysplasia may be an issue. This would necessitate core biopsies for a definitive diagnosis.

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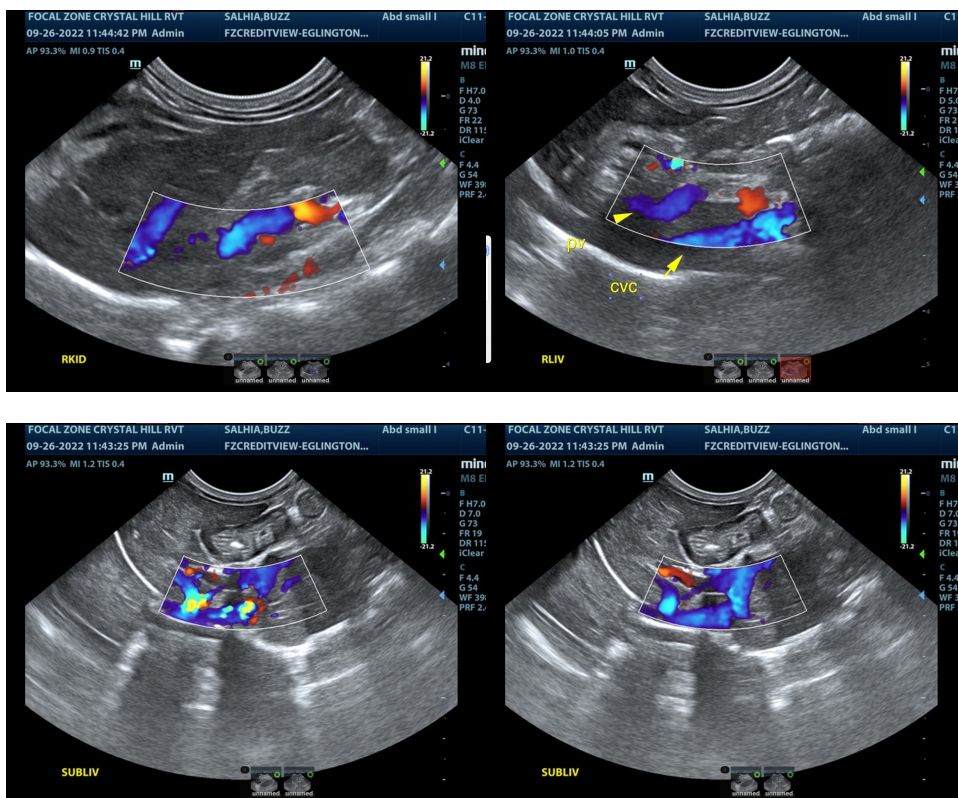
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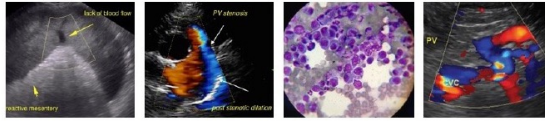
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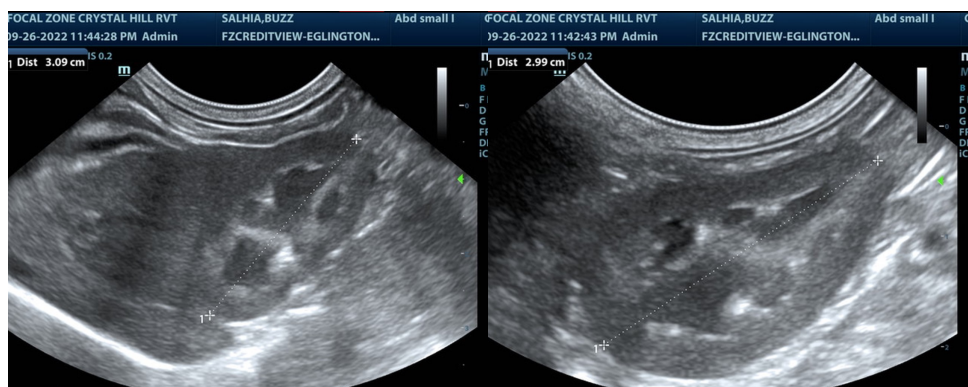
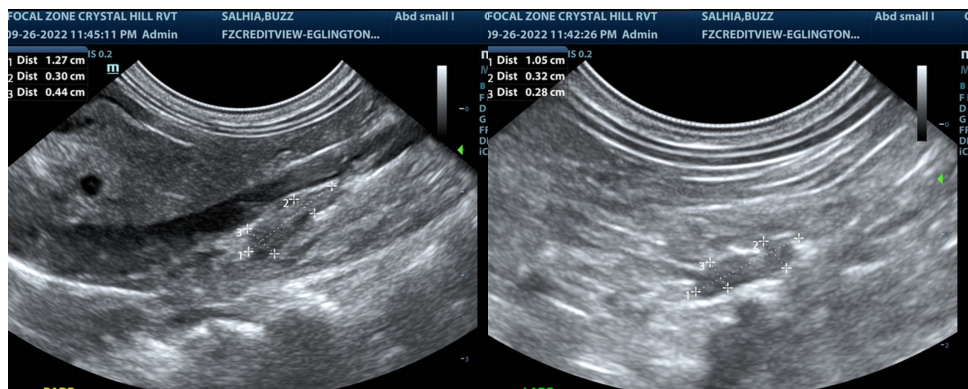
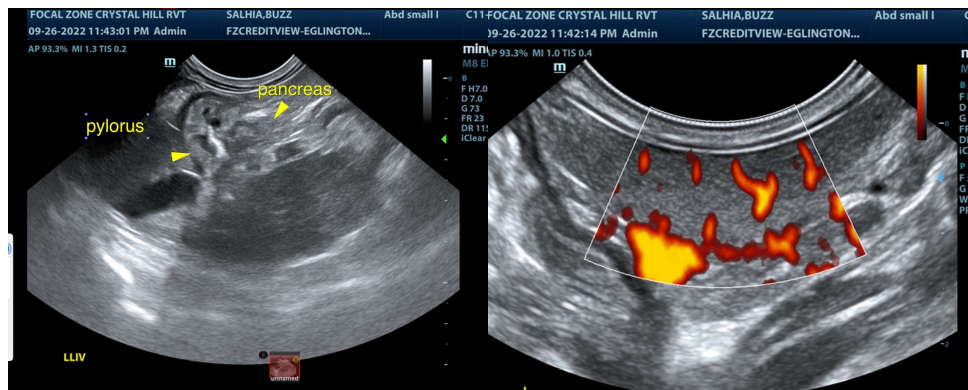
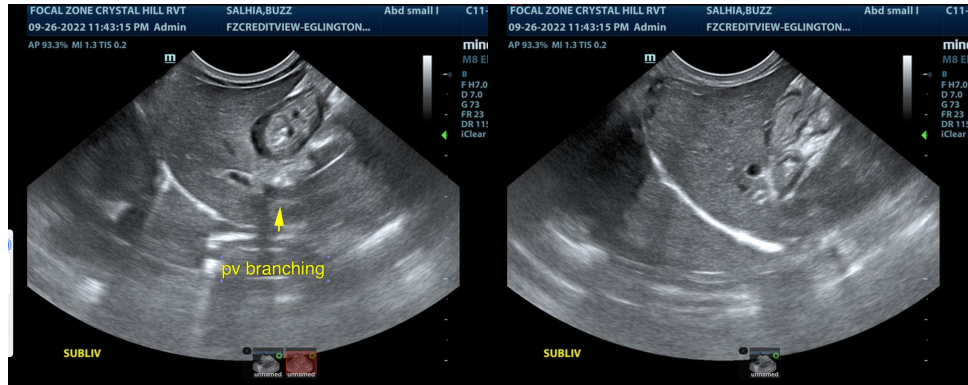
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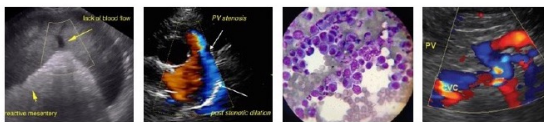
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com