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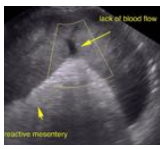

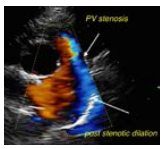

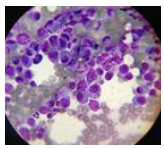
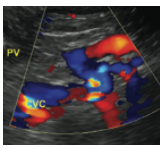

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1-800-838-4268 info@sonopath.com

PATIENT
Gilly Tsai

SPECIES
Canine

BREED
Irish Wolfhound

SEX
Female

AGE
1 year

WEIGHT
99 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Sonopath Imaging Center

REFERRING VET
Dr. Leal

INVOICE
42023

DATE
1/10/23

PRESENTING CLINICAL SIGNS

Suspected shunt.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The bladder was over distended at the time of the sonogram. 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.

The **kidneys** were bilaterally swollen with pyelectasia, hyperechoic medullary rim owing to excessive urate metabolism. The kidneys were hypervascular. The left kidney measured 9.9 cm. The right kidney measured 10.0 cm.

Adrenal Glands

The **adrenal glands** were subjectively flattened in this patient. The right adrenal gland measured 3.68 x 0.84 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland was 2.5 x 0.4 cm.

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** in this patient was subnormal in size. The portal vein to vena cava ratio was 1:1; however, the left medial liver revealed a 2.6 cm wide intrahepatic shunt with a large amount of vascular turbulence, which appeared to connect with the vena cava. The connection measured approximately 1.56 cm. The liver itself was fairly uniform without significant remodeling. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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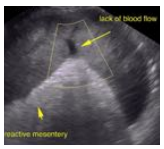
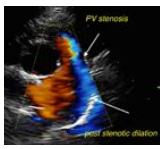
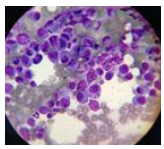
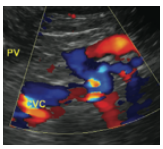

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Large intrahepatic shunt. Consistent with likely left divisional or central divisional shunt.

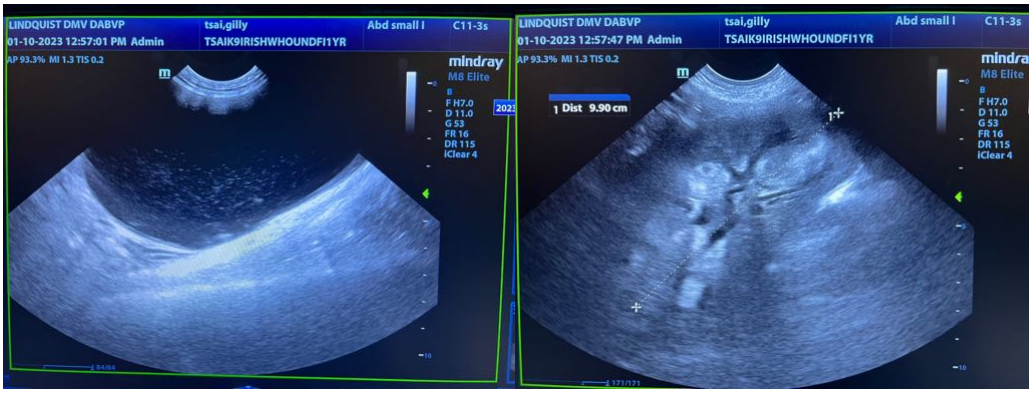
Full stomach. This obscured complete visibility of the shunt origin.

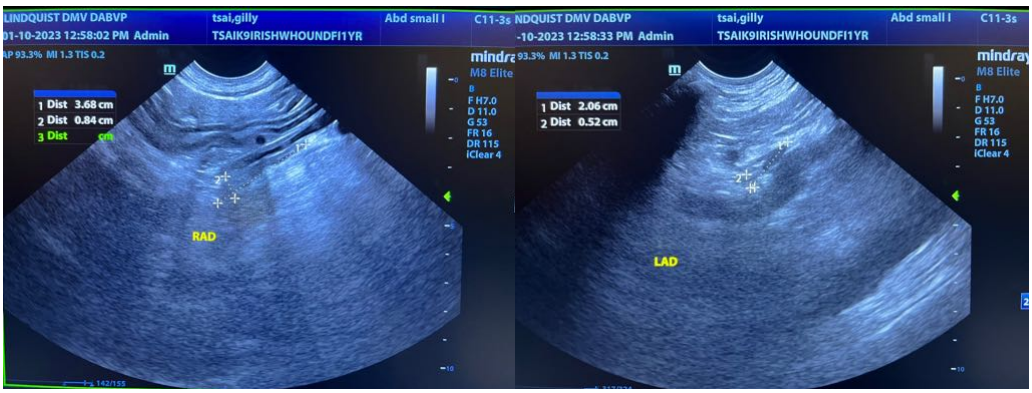
Bilateral renomegaly with pyelectasia and mineralization.

No evidence of urinary calculi, yet some bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend referral for interventional radiology if possible based on CT and ultrasound results. Screening for Addison's with baseline cortisol is warranted. Strict dietary regimen is recommended for the lifetime of this patient.





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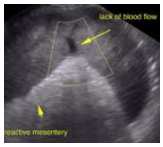
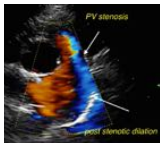
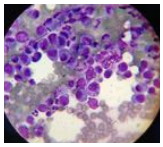
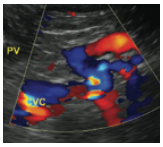

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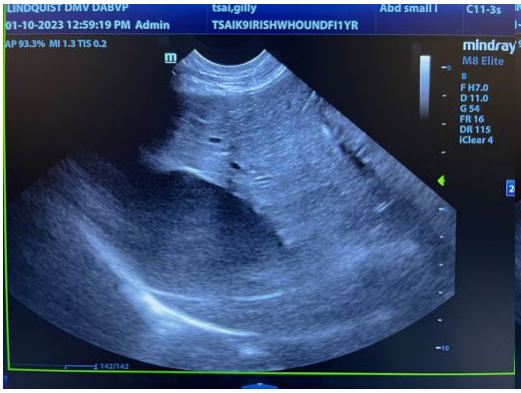

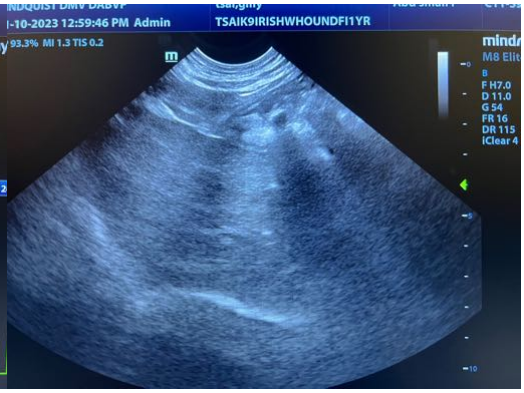

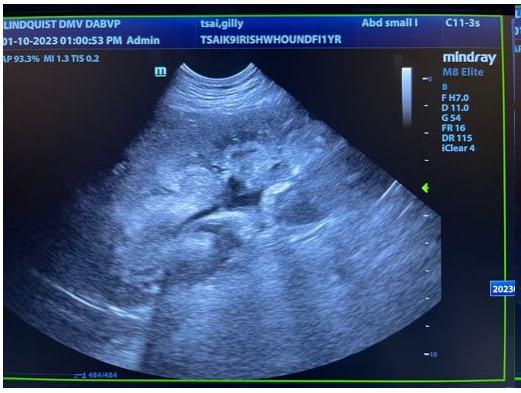

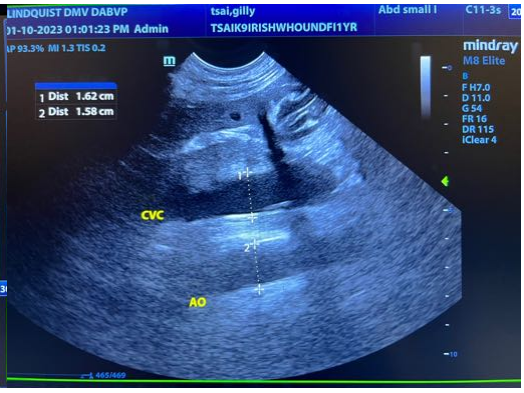

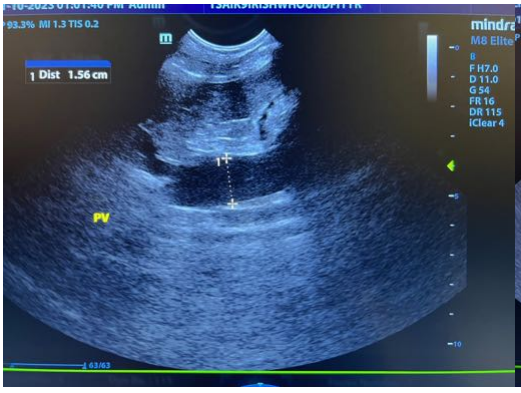

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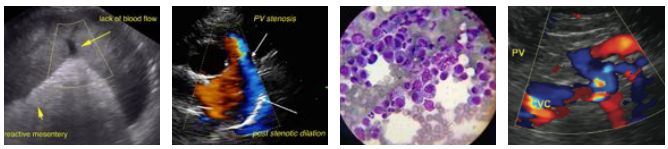

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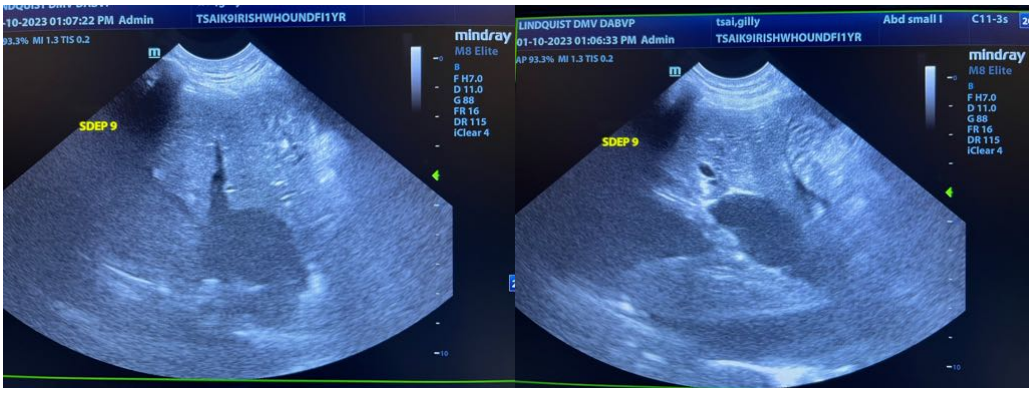

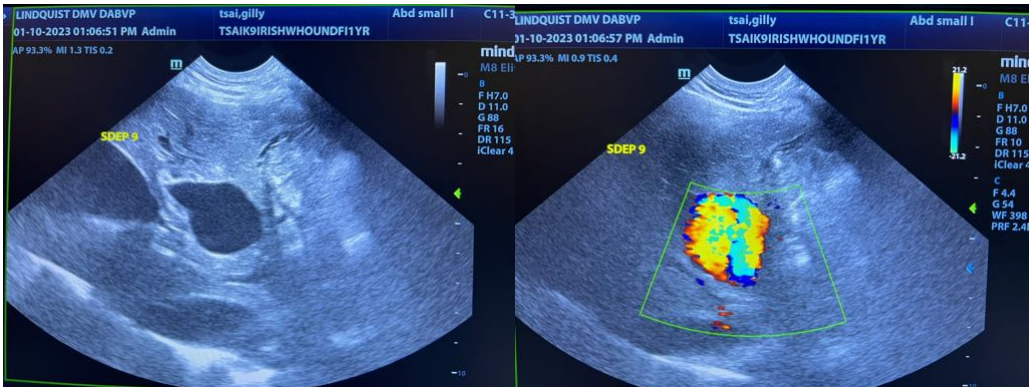

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com