



PATIENT

Merry Ross

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed female

AGE

1 year

WEIGHT

10.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Budd Lake AH

REFERRING VET

Dr. Verhalen

INVOICE

42857

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Prev. single extrahepatic shunt-closed with ameroid constrictor (4/2022). Bile acids still slightly elevated. No current meds, weaned off Keppra, Metro and Lactulose. Pet doing well.
Abnormal PE/Chem/CBC/UA Results: 10/6/22-Pre-bile acids 132; Post meal 129.9

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. Slight pinpoint mineralization was noted in the left kidney. The left kidney measured 3.94 cm. The right kidney measured 3.96 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 1.62 x 0.87 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 1.42 x 0.32 cm at the cranial pole and 0.39 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 with uniform parenchyma. The aorta measured 0.5 cm. The portal vein measured 0.45 cm. The vena cava appeared to be somewhat volume contracted and measured 0.47 cm. The hydration status should be evaluated. Hepatic veins appear subjectively adequate regarding volume. The gallbladder was unremarkable.



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Gastrointestinal

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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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Spayed female

ULTRASONOGRAPHIC FINDINGS

Microhepatica.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Subjectively the portal vein appeared to be small, yet appears to have adequate profusion in the liver. Microhepatica is an issue, underlying portal hypoplasia in addition to the primary corrected shunt may be an issue. Assessment of liver biopsies are recommended with internal medicine consult. Strict diet such as Royal Canin hepatic support and high quality adjunctive proteins may be appropriate in this patient. The patient must be managed to ensure no acute phased disease occurs such as pancreatitis or GI upsets as the liver is likely 50% at its required capacity from a subjective standpoint. Second CT evaluation with contrast may be appropriate to further evaluate hepatic profusion and shunt correction.

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ABOUT SONOPATH CT SERVICES:

IMAGING PERFORMED BY

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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>

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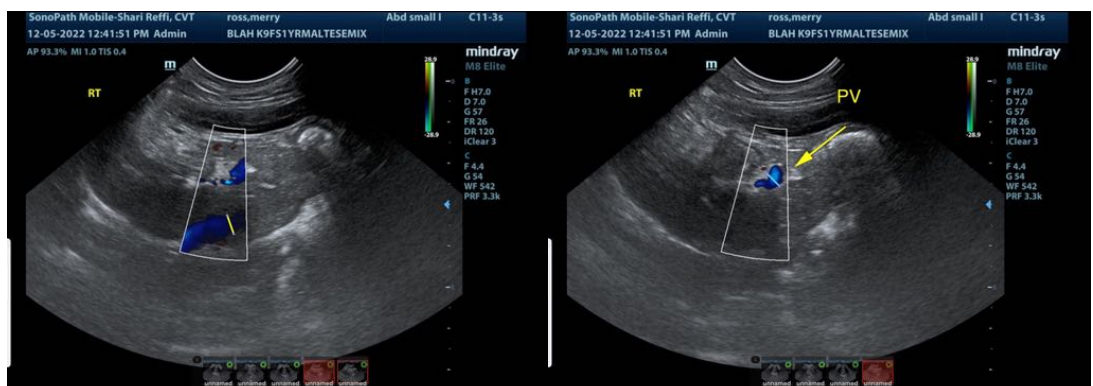
Dr. Verhalen

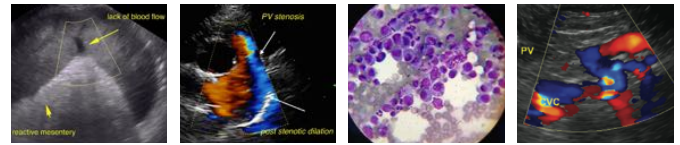
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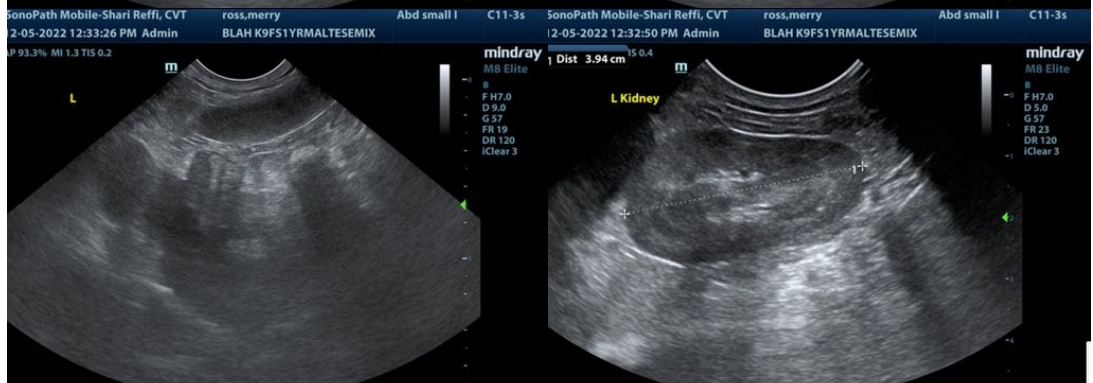
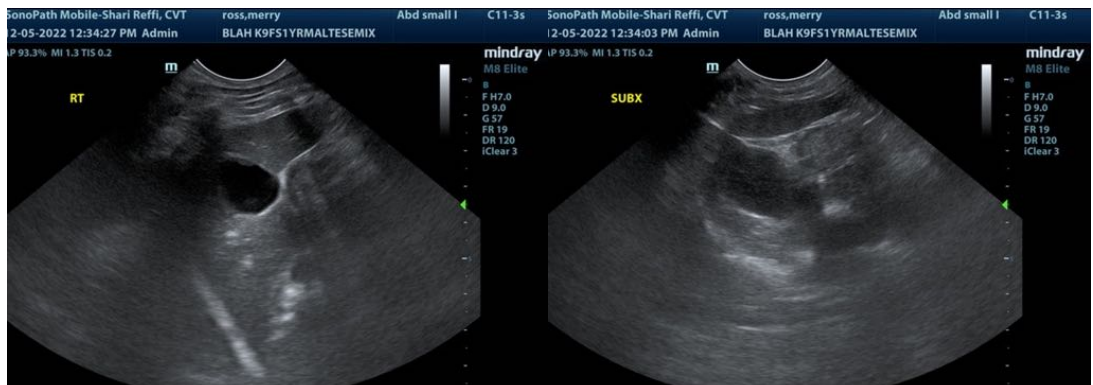
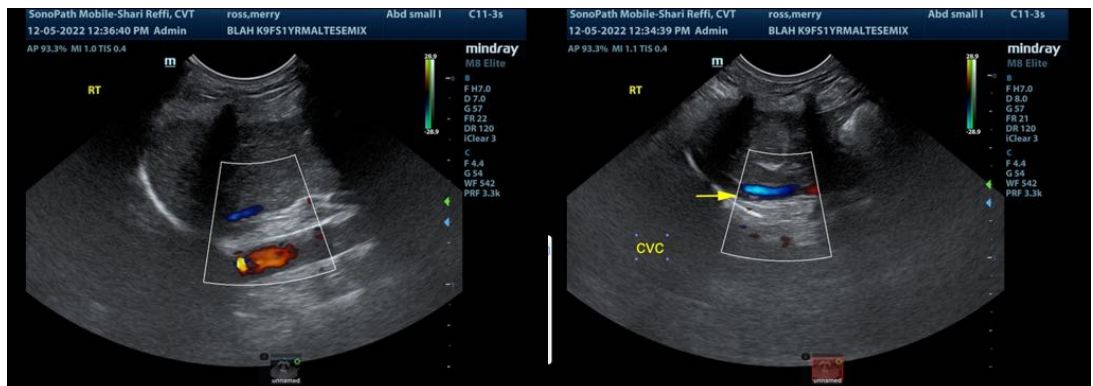
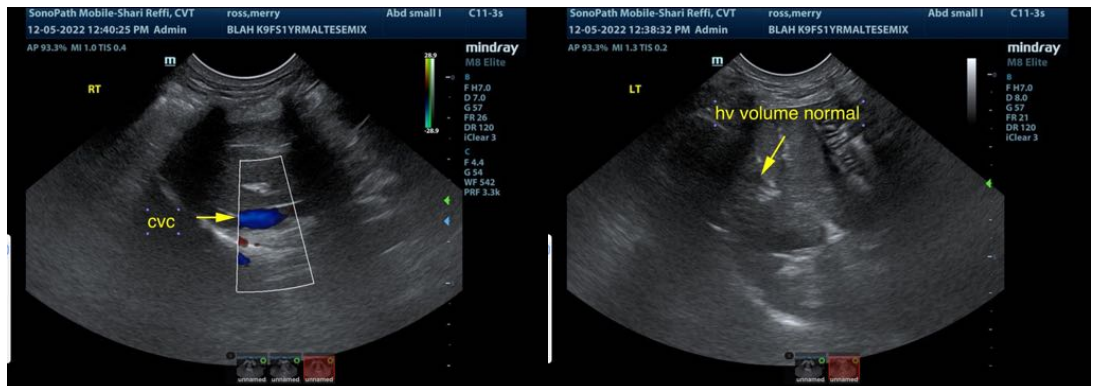
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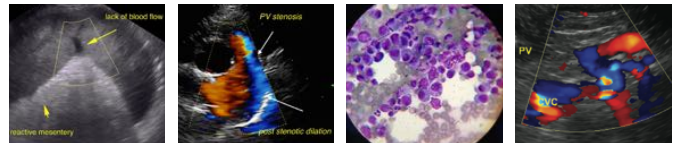
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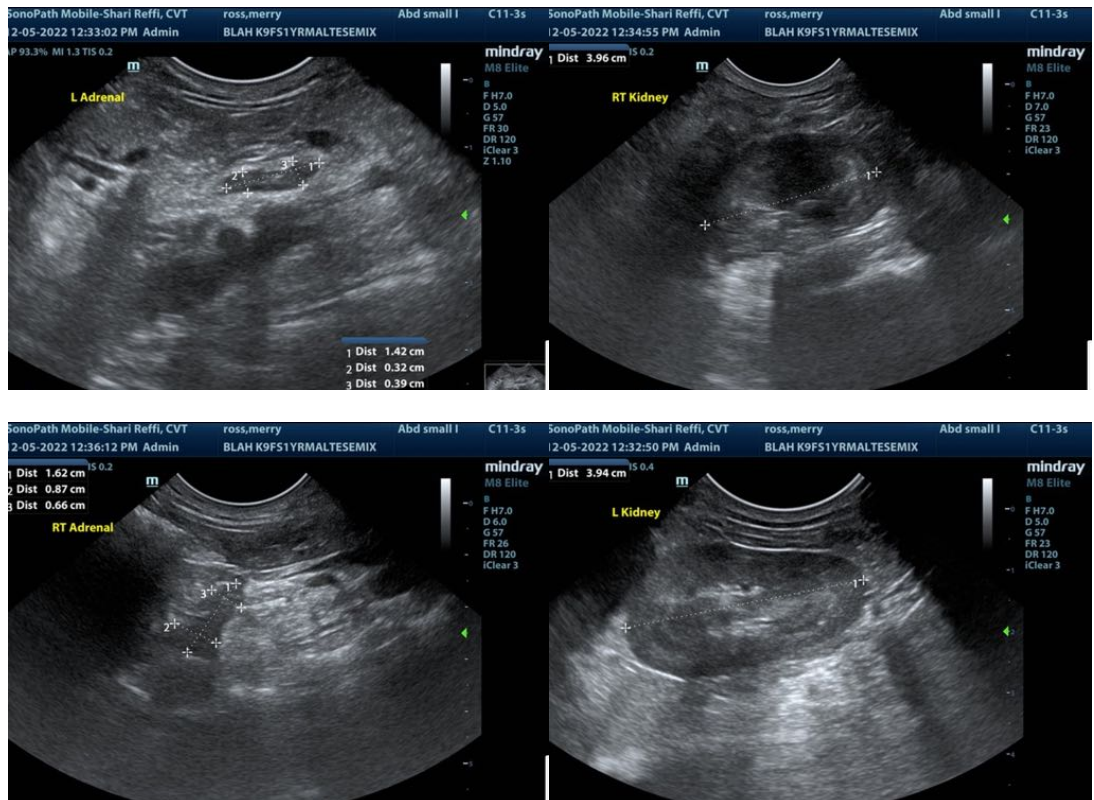
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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