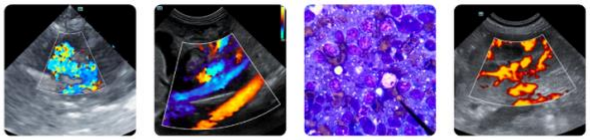

PATIENT

Pet Shoppe Hos The Pet Shoppe

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Female

AGE

10 weeks

WEIGHT

1.7 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Central Jersey Animal Hospital

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

12835

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Multiple episodes of epilepsy anorexia lethargic.

Abnormal PE/Chem/CBC/UA Results: leukocytosis, mild anemia RBC 5.54 Hematocrit 35.8 Hemoglobin 11.9 MCV 64.7 MCH 21.4 MCHC 33.2 RDW 18.4 % Reticulocytes 2.8 % Reticulocytes 152.6 10.0 - 110.0 K/µL WBC 24.64 % Neutrophils 65.4 % % Lymphocytes 22.6 % % Monocytes 11.5 % % Eosinophils 0.5 % % Basophils 0.0 % Neutrophils 16.12 Lymphocytes 5.56 Monocytes 2.83 high GGT (9) fasting bile acid (6.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of pathology in the area of the uterus. The bilateral ovaries were not definitively visualized.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 2.7 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective adequate vascular volume was noted. The visualized portal vein exhibited subjective similar volume compared to the caudal vena cava and visible aorta. Subjective cranial pole branching with laminar portal vein and caudal vena cava flow on doppler.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

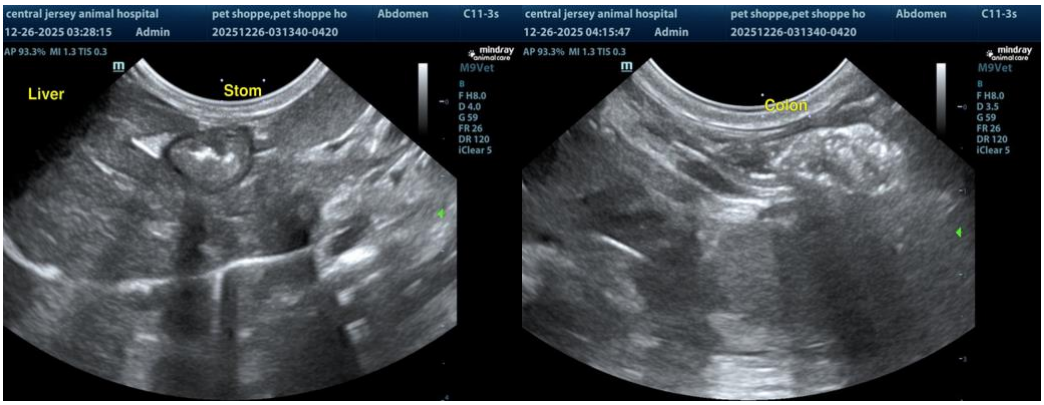
Intermittent scant pockets of peritoneal free fluid was present, likely incidental given the patient's age. Intermittent minor mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable subjective normal volume liver.
- Normal gallbladder and area of common bile duct.
- Empty gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive intrahepatic or extrahepatic macroscopic shunt was not visualized. No overt renomegaly or renal/urinary bladder mineral or calculi was present, often associated with portosystemic shunts. Correlation with full bile acid profile is recommended. If evidence of hepatic dysfunction or significant elevated postprandial bile acids, gold standard abdominal +/- intracranial CT with contrast would be indicated. Pending additional diagnostics, supportive care is recommended.



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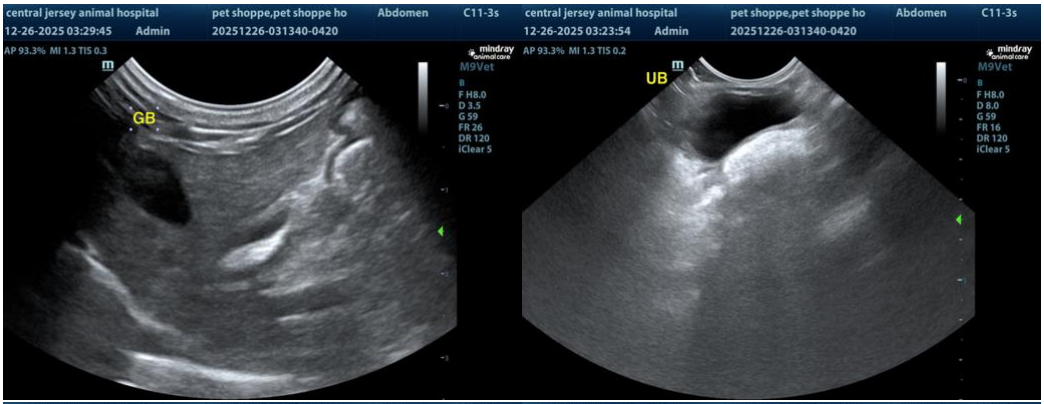

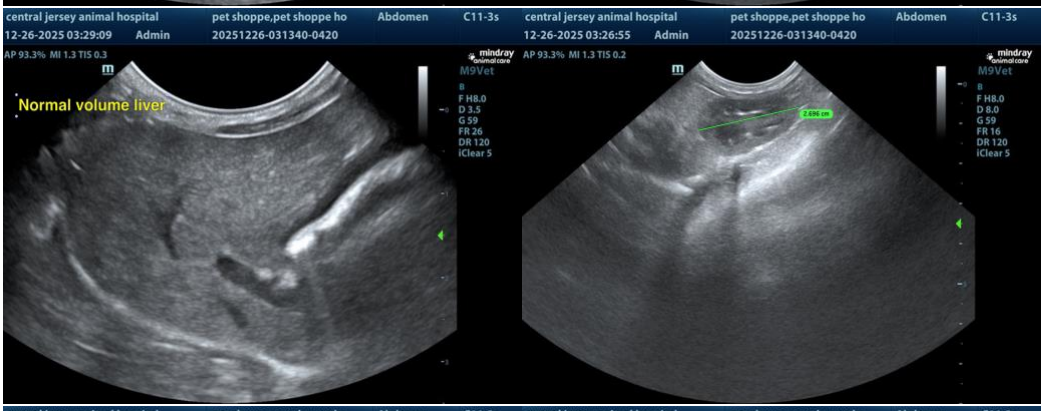

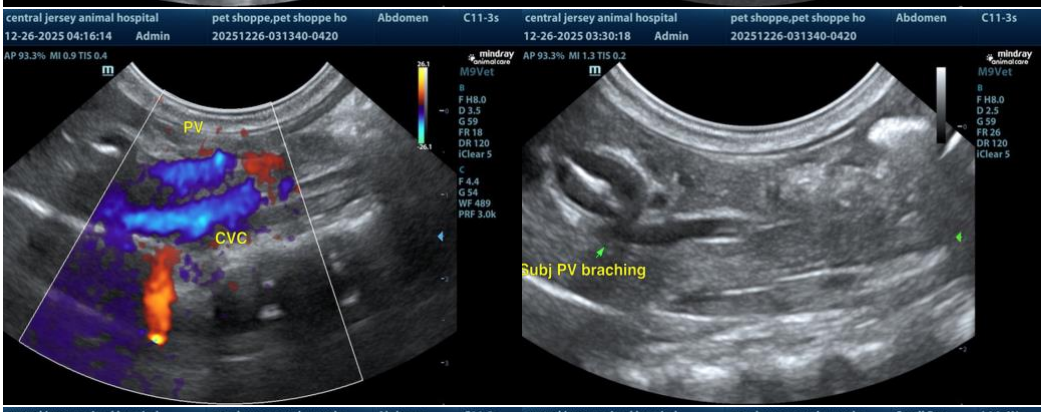

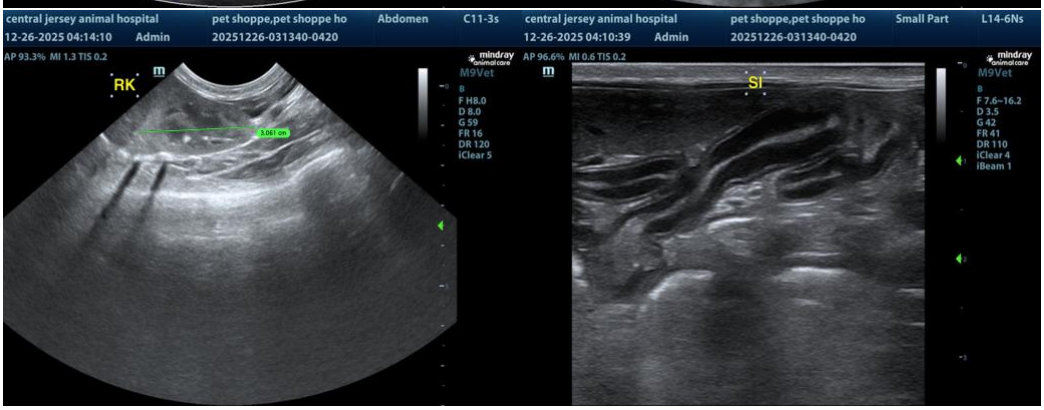

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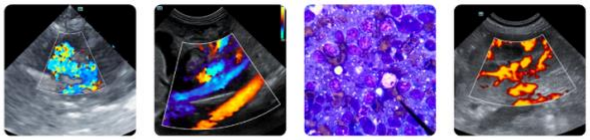

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com