



**PATIENT PRESENTING CLINICAL SIGNS**

Honeyboy Eubanks

**VOMITING** - Ongoing for about 3-4 weeks. Does not vomit everything, but also not wanting to eat very much. Has been on low protein diet, but was eating it well previously. **DIARRHEA** - now resolved, likely from eating flour tortilla. No neurological issues noted. Hx of seizures, but has not had any since changing diet to low protein. Is on gabapentin periodically.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALT Elevated Cholesterol Elevated

**BREED**

Maltipoo

Current Medications Gabapentin 100mg - 1 BID; Cerenia 24mg - 1 SID; Denamerin - 1/2 SID  
Radiographic Findings N/A

**SEX**

MN

**AGE**

4yr

**WEIGHT**

18.1lb

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

Normal size and margination were 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 4.1 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.58 cm width at the cranial pole.

**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/Gallbladder**

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. Subjectively normal portal vein and normal portal vein branching was present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild congealed yet non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Cascade Animal Clinic

**REFERRING VET**

Dr. Husby

**INVOICE**

13730ag

**DATE**

05/05/2023



**PATIENT** *Gastrointestinal*

Honeyboy Eubanks 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.

**SPECIES**  
Canine 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.

**BREED**  
Maltipoo 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.

**SEX**

MN

**Free Abdomen**

**AGE**

4yr

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- WEIGHT**  
18.1lb
- Sonographically unremarkable liver with normal/adequate vascular volume.
  - Mild congealed gallbladder debris.
  - Sonographically unremarkable GI tract.

**INTERPRETED BY** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) No overt evidence of intrahepatic or extrahepatic macroscopic shunt was visualized. Subjectively normal portal vein volume and branching was present. Non-specific inflammatory hepatopathy is suspected while the possibility of portal hypoplasia/microvascular dysplasia or other cannot be definitely excluded.

**IMAGING PERFORMED BY**

Sara Hansen

Assuming normal clotting status, a hepatic FNA for screening cytology could be considered to identify inflammatory cell type. A hepatic core surgical biopsy is likely required for a definitive diagnosis. Bila acid testing to assess hepatic function given the history of seizures is recommended. No evidence of renal or cystic mineral or calculi commonly seen with portosystemic shunt.

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Continued hepatosupportive medications such as Denamarin +/- Ursodiol if tolerated may prove beneficial with as needed GI support.

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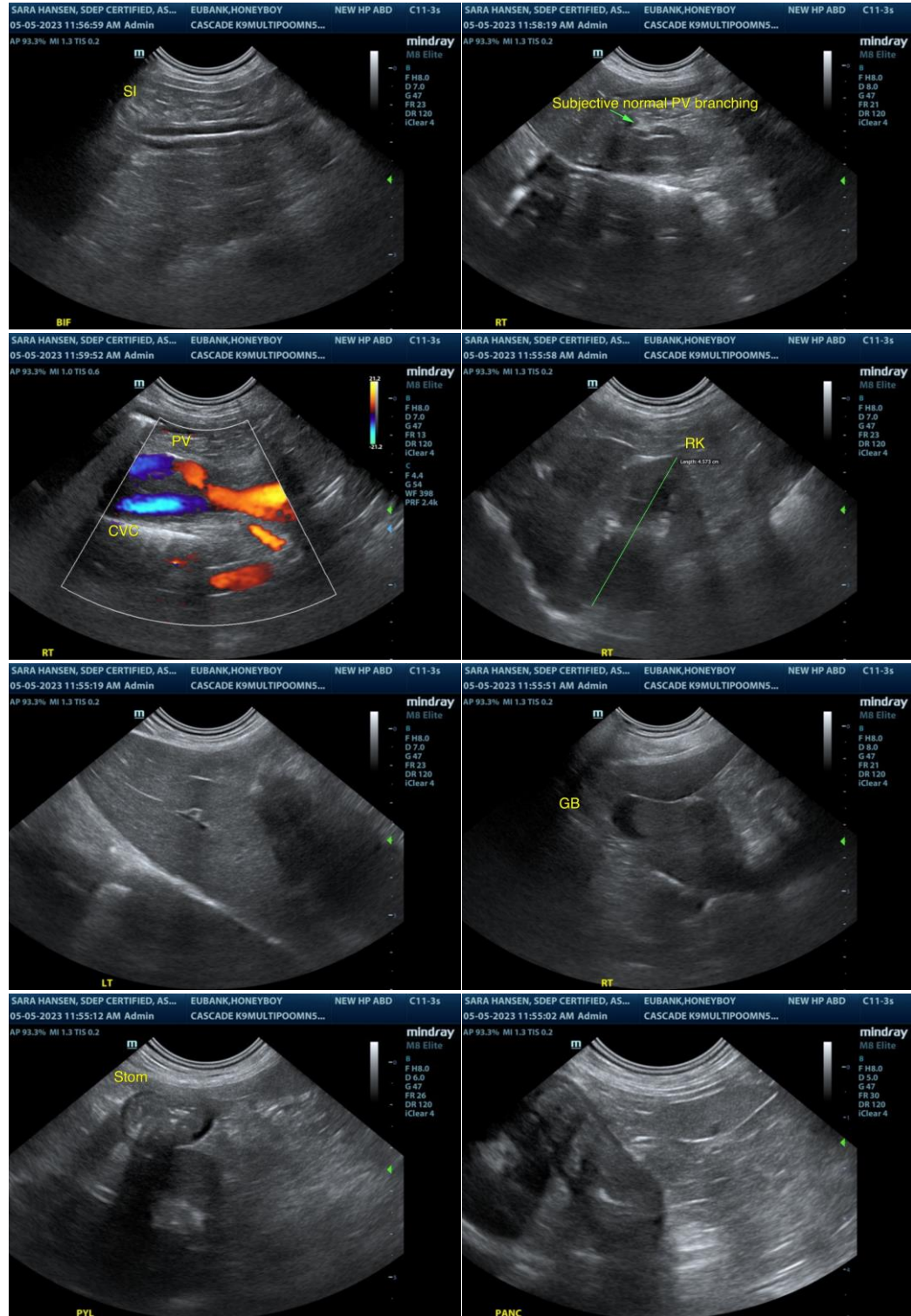
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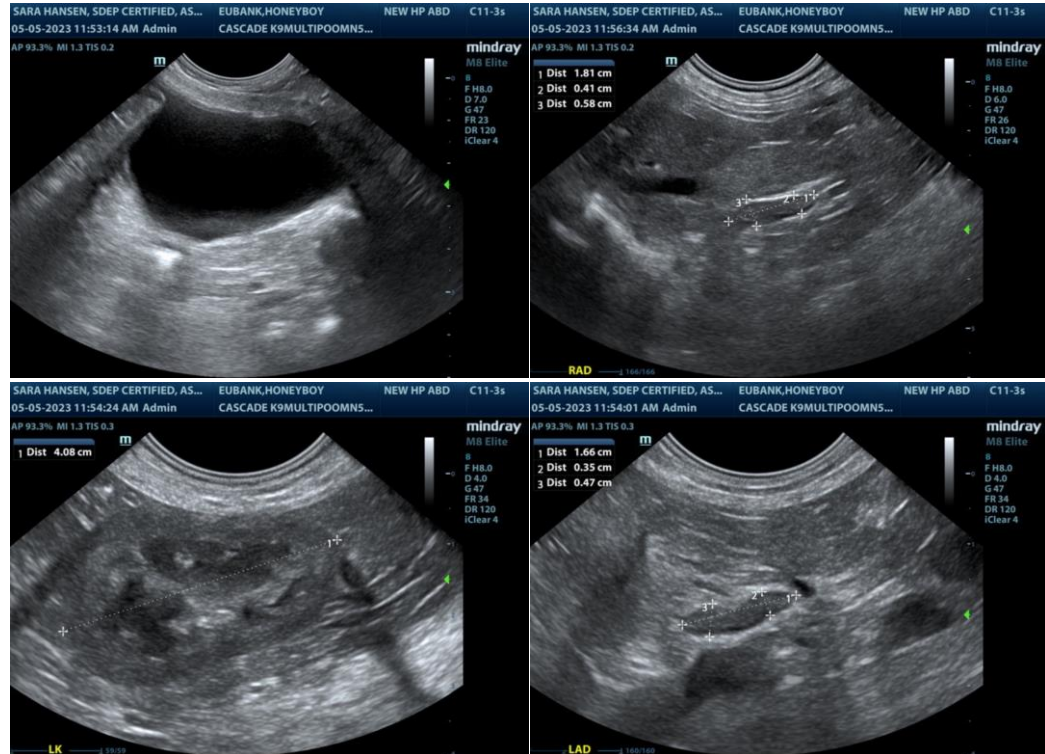
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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