



PATIENT

Stryker Langone

SPECIES

Canine

BREED

Siberian Husky mix

SEX

Male

AGE

14 Months

WEIGHT

50.2 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Dr. Dorris

HOSPITAL NAME

County Line VC

REFERRING VET

Dr. Schreiber

INVOICE

14893

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History: O states on Sunday P disappeared for an hour and began vomiting that night. Did eat Sunday night and Monday morning and has not eaten since (even Monday morning it was very little food intake). This AM P had a BM that was PURE blood. Has had large increase in water intake. Yesterday became lethargic which is not normal. P is eating grass and will vomit it up. Hx or getting into trash and it is possible he got into the neighbors trash. Nothing at home that O can think of he got into.

Abnormal PE/Chem/CBC/UA Results: Name Result Measure Low High Range Out Of Bounds Quick Chart Highlight Interpretation 1 Interpretation 2 Interpretation 3 Interpretation 4 Interpretation 5 Sample Messages False 0 False BUN > 140.0 mg/dl 9.0 29.0 9.0-29.0 False 0 True Creatinine 3.8 mg/dl 0.4 1.4 0.4-1.4 True 100 True BUN/Creat Ratio **** False 0 True Phosphorus > 15.0 mg/dl 1.9 5.0 1.9-5.0 False 0 True Calcium 9.8 mg/dl 9.0 12.2 9.0-12.2 False 25 True Corrected Ca 9.1 mg/dl 9.0 12.2 9.0-12.2 False 3 True Total Protein 7.4 g/dl 5.5 7.6 5.5-7.6 False 90 True Albumin 4.2 g/dl 2.5 4.0 2.5-4.0 True 100 True Globulin 3.2 g/dl 2.0 3.6 2.0-3.6 False 75 True Alb/Glob Ratio 1.3 False 0 True Glucose 215 mg/dl 75 125 75-125 True 100 True Cholesterol 270 mg/dl 120 310 120-310 False 79 True ALT (GPT) 906 U/I 0 120 0-120 True 100 True ALP 134 U/I 0 140 0-140 False 96 True GGT 10 U/I 0 14 0-14 False 71 True Total Bilirubin 0.4 mg/dl 0.0 0.5 0.0-0.5 False 80 True

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is mildly irregular. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (8.51 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (8.21 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.70 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.26 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver



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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is mildly fluid distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A 1.09 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent medial iliac lymph node is likely reactive.

*An obvious cause for the patient's clinical signs and elevated liver and kidney values is not definitively identified in this study. Considerations include toxicity, dietary indiscretion, infection (i.e., Leptospirosis), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- A fecal evaluation for ova and Giardia is recommended along with a fecal PCR infectious disease panel.
- Given the azotemia, a urinalysis with culture and sensitivity and baseline blood pressure measurement are recommended.
- Symptomatic care including IV fluid therapy, broad spectrum antibiotics (i.e., amoxicillin clavulanic acid), hepatic antioxidant and other supportive measures is recommended. If the liver and kidney values do not improve with supportive care, tissue sampling may be warranted.



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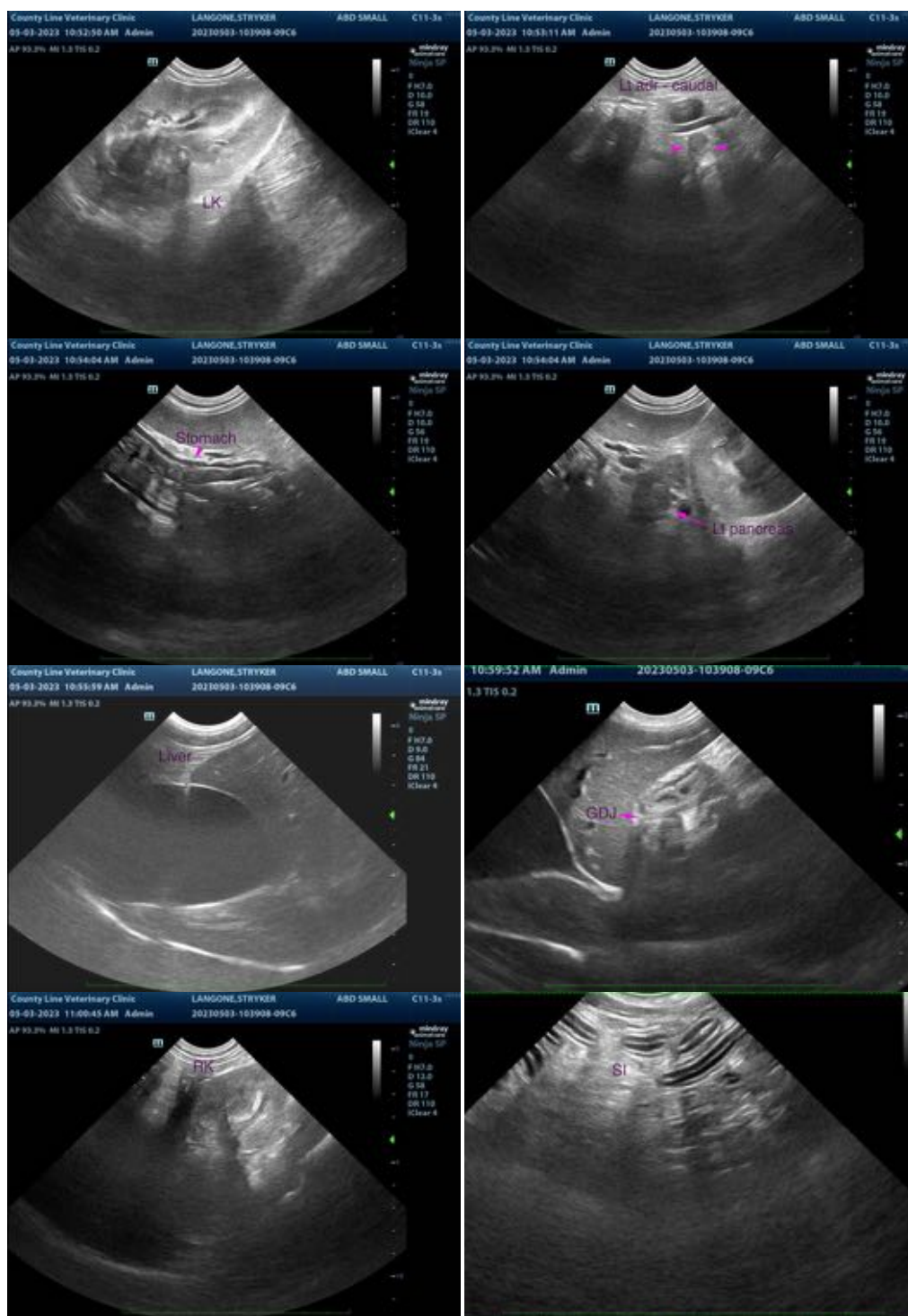
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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