PATIENT

Sky Quindt

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

9 years

WEIGHT

42.36 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Lindsay Sjolin

INVOICE

10902

DATE

12/8/2025

PRESENTING CLINICAL SIGNS

Chronic ALP elevation. Abdominal ultrasound in 3/2024 had no significant findings. ALP has continued to rise on annual labwork. The most recent jump from 1270-2055 in the last 11 months. Also has a chronic total calcium elevation. Ionized calcium is always at the high end of the reference range. No PU/PD. Patient is on chronic Apoquel for DLE Overweight. Continues to gain weight (BCS 8/9). Thyroid panel was not consistent with hypothyroidism. Apoquel 16mg once daily. Advantage Multi

Abnormal PE/Chem/CBC/UA Results: CBC: Normal Chem: ALK PHOS 2055 IU/L (5 - 131) CALCIUM 12.3 mg/dL (8.9 - 11.4) T4: 1.3 mg/dL (0.8 - 3.5) UA: USG 1.026. Trace Protein Ionized Calcium: 1.43 mmol/L (1.24 - 1.43).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses were noted. Small discrete cystoliths within the sand, one which could measure 0.38 cm in diameter, can’t be ruled out. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (7.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Pinpoint non-obstructive neprholiths were noted bilaterally. There is no evidence of pyelectasia or infarcts observed.

The left kidney is normal is size (7.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Pinpoint non-obstructive neprholiths noted were bilaterally. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.8 cm at cranial pole and 0.7 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.6 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Several very discrete, non-capsular disrupting, hypo- to anechoic nodules are noted throughout the parenchyma. The most sizable one measuring 0.4 cm x 1.0 cm in size. Splenic vasculature appears normal.

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The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture, except for a discrete, mildly heterogenous, largely hypoechoic nodule, adjacent to the gallbladder, measuring 1.6 cm x 1.7 cm in size as well as a discrete, homogenous, hyperechoic nodule measuring 1.5 cm in size. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

PRIMARY FINDINGS

- The liver nodules trend in appearance toward benign as is seen with nodular hyperplasia, extramedullary hematopoiesis, steroid and vacuolar hepatopathy or even chronic inflammatory disease with the hyperechoic nodule potentially representing fibrosis of an old hematoma, or infarct, or potentially early calcification, chronic inflammation, myelolipoma, etc. Having said that, infiltrative neoplastic disease including metastatic disease, causing either one or both lesions, can't be definitively ruled out without tissue sampling.

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- Similarly, the subtle splenic nodules trend in appearance toward benign but infiltrative neoplasia including round cell neoplasia, metastatic disease, etc., can't be ruled out without tissue sampling.

- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Pinpoint non-obstructive nephroliths bilaterally, and a moderate amount of echogenic urinary bladder mineral/sand debris and suspect at least one potentially two plus small cystoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

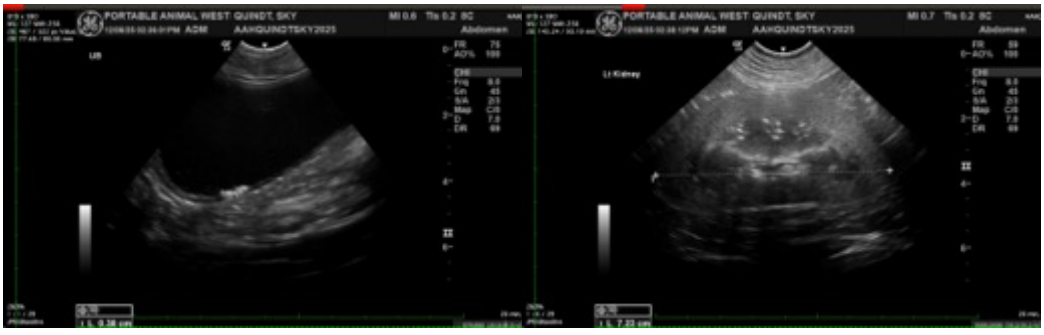
Especially given patient's reported hypercalcemia, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A malignancy panel (PTH, PTHrP, iCa) to Michigan State College of Veterinary Medicine is recommended for further investigation of the reported hypercalcemia.

Additionally, if not recently evaluated, a thorough rectal and perianal exam is recommended, as is thorough palpation of peripheral lymph nodes.

While both the liver and spleen largely trend in appearance toward benign, sampling could be considered beginning with fine needle aspirates of both organs, with special attention paid to the hypoechoic nodule adjacent to the gallbladder, if possible, and if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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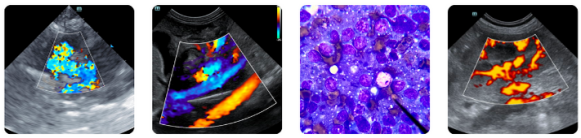

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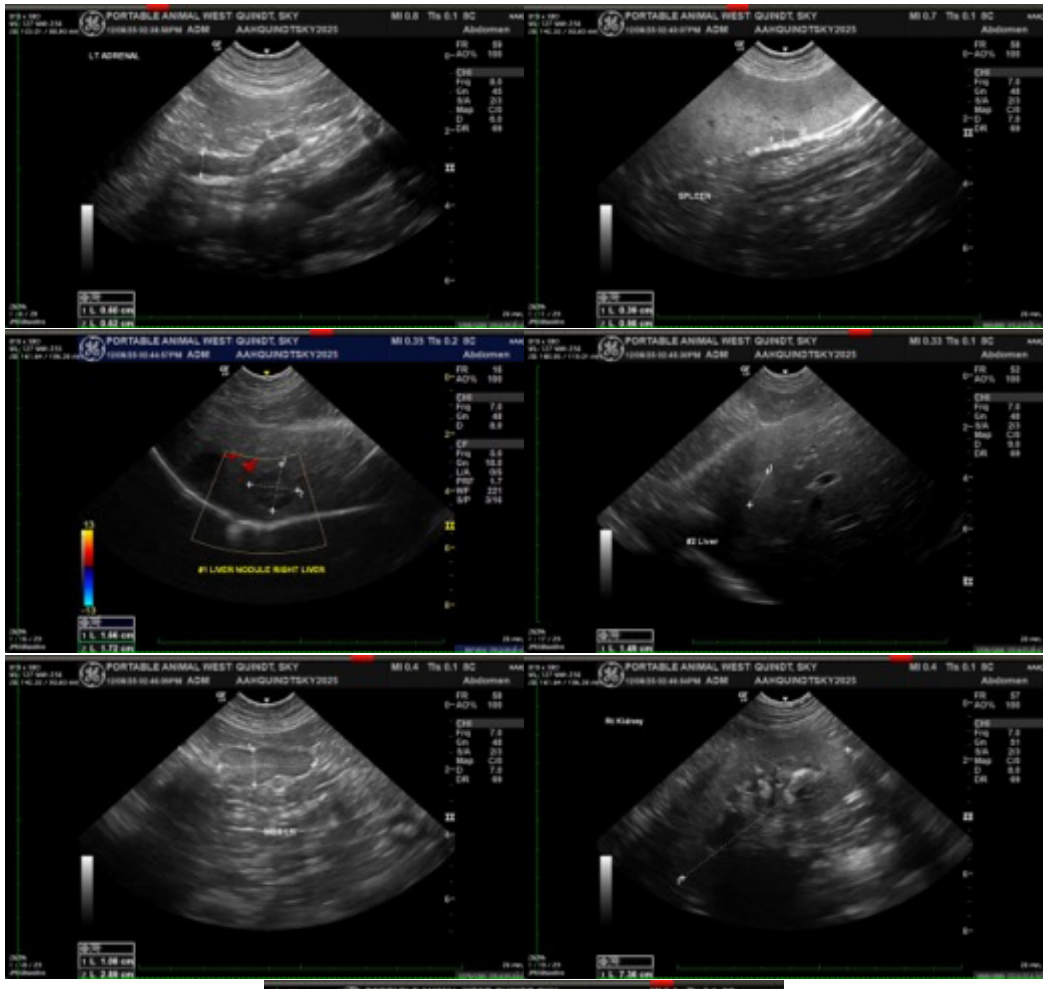

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM info@sonopath.com