



PATIENT

Kayo Hermanson

SPECIES

Canine

BREED

Alaskan Malamut

SEX

Neutered Male

AGE

7 Years

WEIGHT

92.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

HOSPITAL NAME

State Ave Vet

REFERRING VET

Dr. Raul Casas-Dolz

INVOICE

44249

DATE

1/16/23

PRESENTING CLINICAL SIGNS

V+ all weekend. Sat V food, then normal. Went out but didn't want to come back in, seemed like he was stuck in the snow that evening. Yesterday O gave cerenia and pepcid seemed to help. Did eat but then V about 3 hours later. Has a hx of eating socks/fabric but passes/vomits. No D that O is aware of. Unsure of defecation. Lethargic, and sometimes wobbly this weekend. Unsure of anything new he could have got into. QAR/sl lethargic; p/m mm; CRT 1s; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; eyes, ears, LNs WNL; drooling; skin turg WNL

Abnormal PE/Chem/CBC/UA Results: AMY 167, BUN 32, GLU 143, NA 137, WBC 19.60, LYM 0.83 Neu 17.27, RBC 9.81, HGB 25, HCT 63.38 MCH 25.5, MCHC 39.4

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 were 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. The right kidney measures 7.0 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was overdistended with suspended debris. Striating bile noted. This presentation is consistent with emerging mucocele.

Gastrointestinal

The **stomach** was overdistended. The upper gastrointestinal tract was dilated with chyme. Fabric type foreign body noted, measuring approximately 7.0 cm. A linear attachment to the foreign body noted, connecting a fabric type foreign body in the small intestine with one in the pyloric outflow. Areas of accordion pleating and variable intestinal thickening noted. Reactive lymph nodes present.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

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- Gastrointestinal linear foreign body with obstructive pattern
- Emerging gallbladder mucocele

SEX

Exploratory surgery warranted. GI biopsies warranted at the time of gastroenteropathy. Manual expression of the gallbladder warranted post-surgery as a proactive measure.

Neutered Male

AGE

According to SonoPath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

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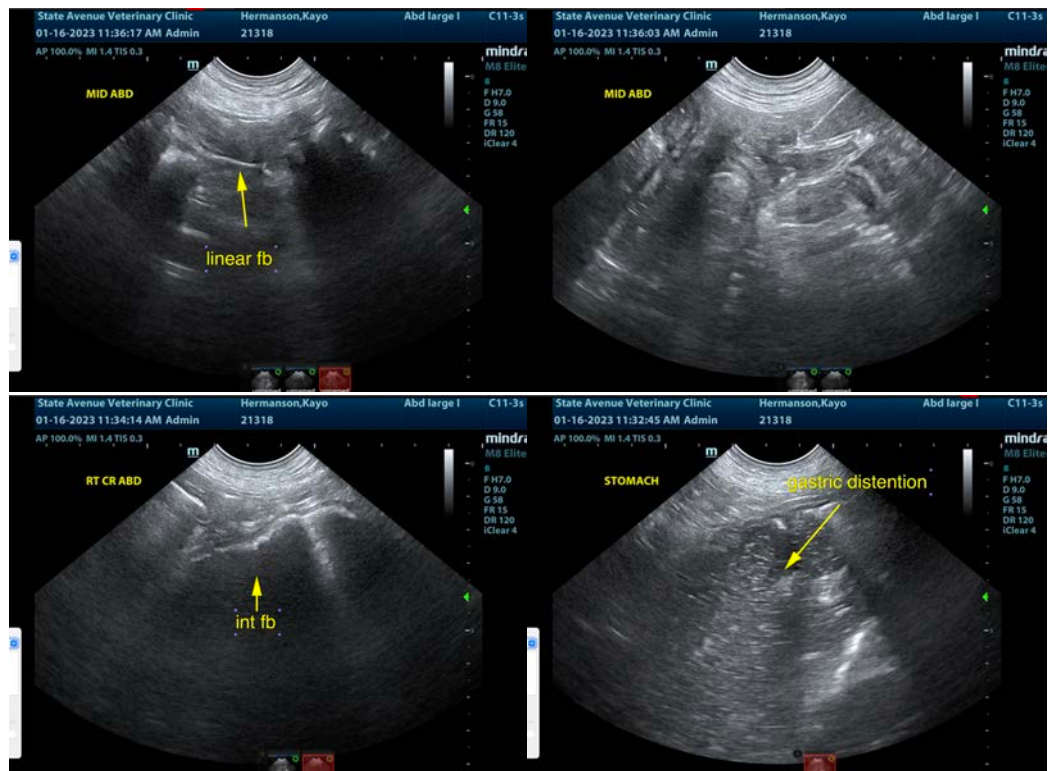
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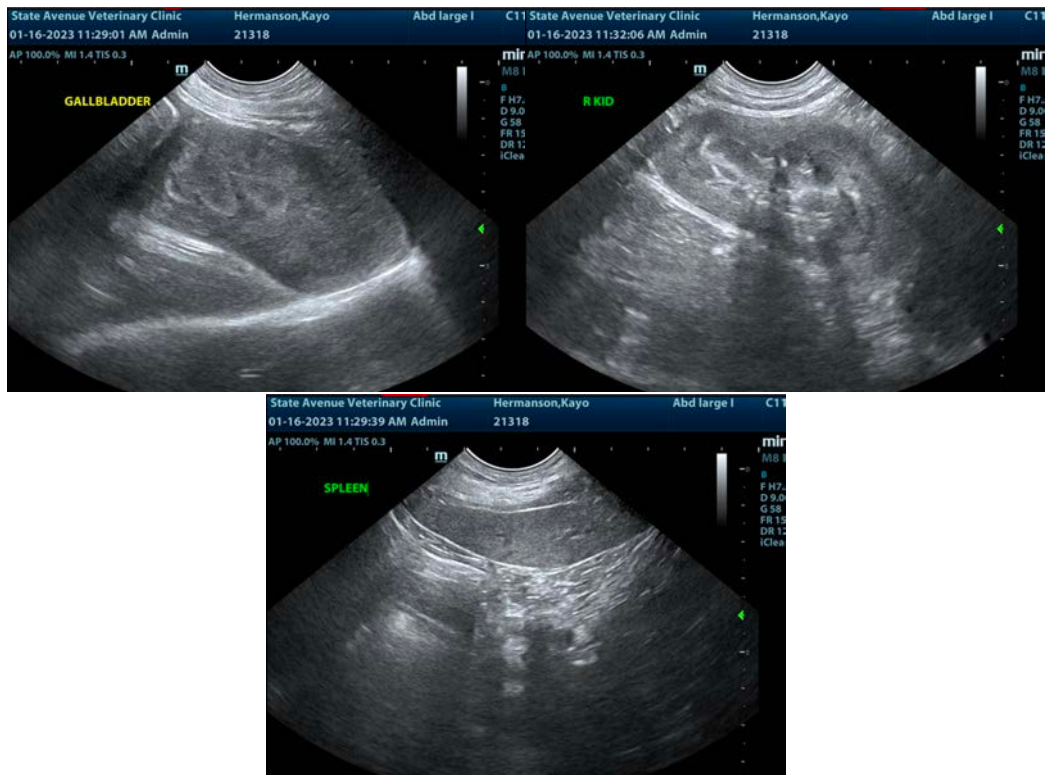
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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