



PATIENT

Smokey Cotton

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

8 Years

WEIGHT

29 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

35195

DATE

1/30/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating for 3 days, drinking large amounts of water then vomiting, diarrhea for about 10 days (O seeing tan bark), eating grass, weight loss Previous Health Concerns: sensitive stomach Current Medications/Supplements/OTC: dewormer, probiotic Abnormal PE/Chem/CBC/UA Results: Temp 104.0 Abdominal: very painful abdominal palpation Radiographs: severe loss of detail thorough out entire abdomen, no obvious mass noted Chemistry: BUN 7.9 H, Glucose 135 H, ALP 154 H CBC: WBC 27.19 H, PMN 23.32 H, stress leukogram EPOC: Lactate 3.88 H, pH 7.353 L, HCT 51%

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 measured 7.74 cm. The left kidney measured 7.52 cm.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.96 cm x 0.62 cm at the cranial pole and 0.61 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** was enlarged with scalloping contour, surrounding enhanced mesentery, and localized free fluid.

Liver

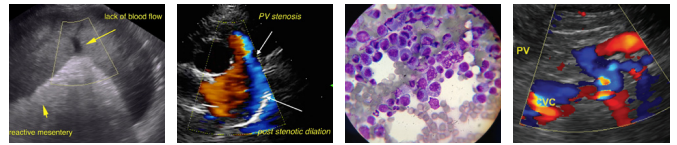
The **liver** was mildly swollen with mildly heterogeneous parenchyma and increased portal markings. The gallbladder was edematous.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

Pancreas

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.



PATIENT

Free Abdomen

Smokey Cotton

Reactive mesentery noted throughout the mid abdomen. Cranial abdominal lymph node slightly enlarged at 1.0 cm. Mesenteric lymph nodes were enlarged, irregular and hypoechoic, the largest of which measured 3.0 cm, rounded. Regional inflammation noted.

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ULTRASONOGRAPHIC FINDINGS

- Strong concern for infiltrative Splenohepatic disease with regional lymphadenopathy - lymphoma type pattern.

BREED

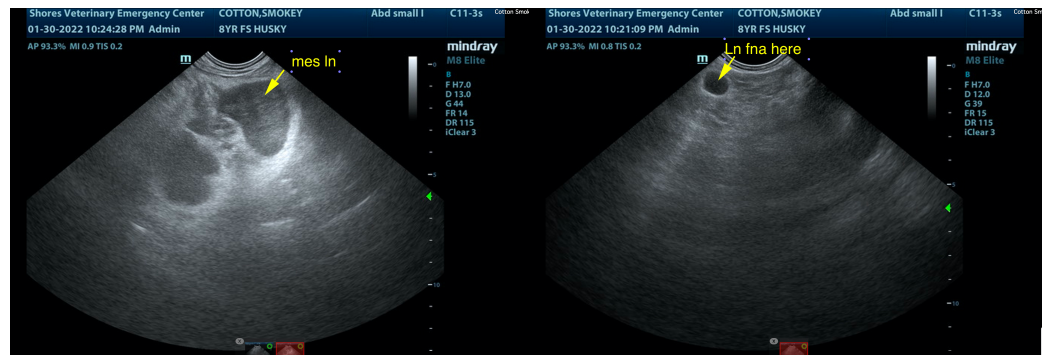
Husky

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen, lymph nodes and liver recommended.

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Spayed Female



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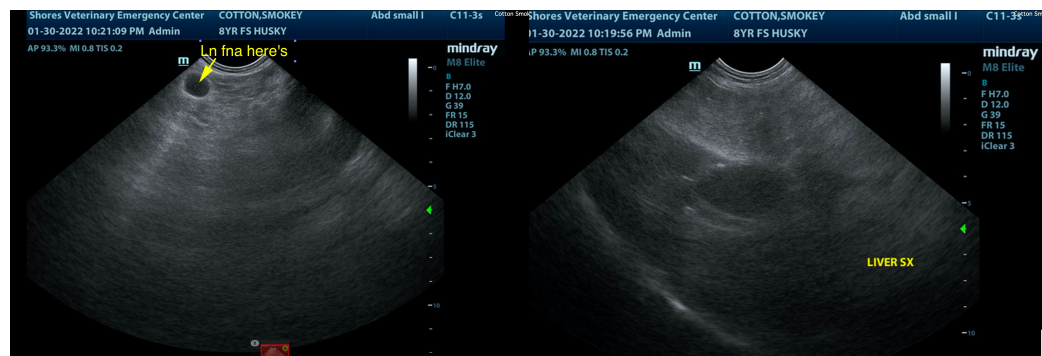
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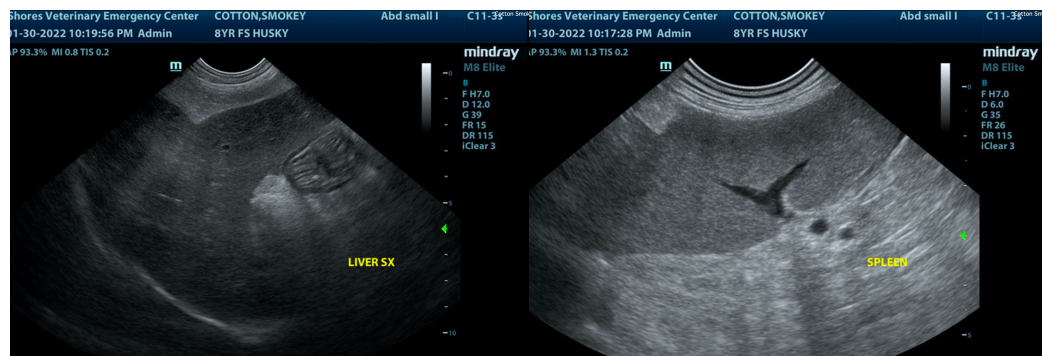


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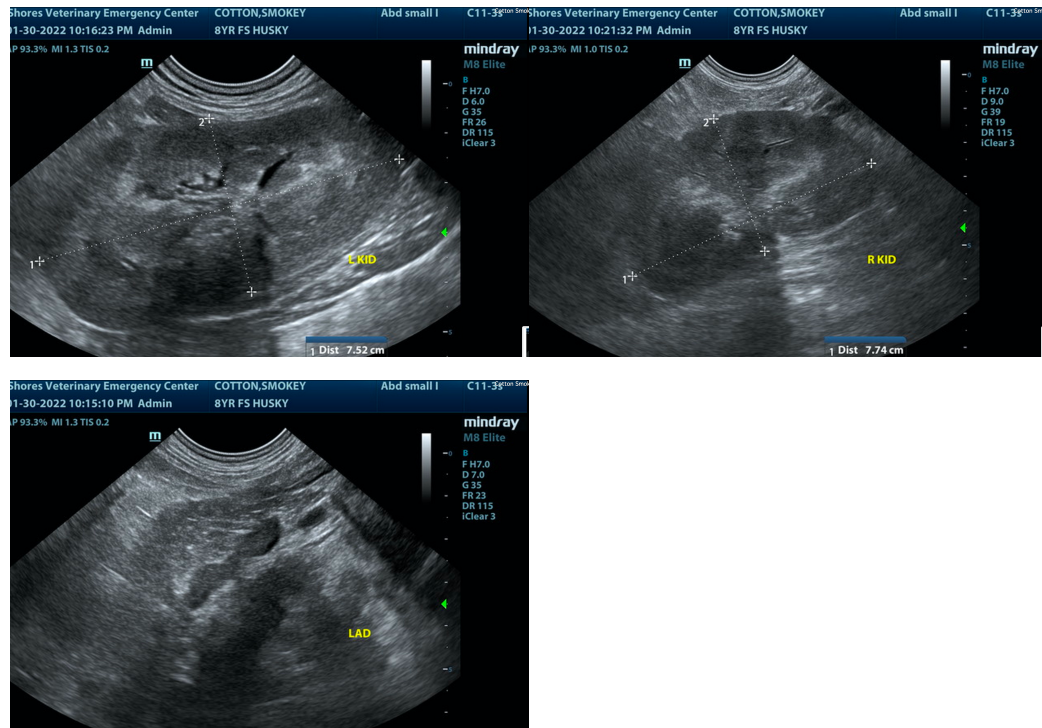
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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