



PATIENT

Akeela Henry

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

13 Years

WEIGHT

18.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jolee Stegemoller,
DVM

HOSPITAL NAME

North Idaho AH (VCA)

REFERRING VET

Talitha Neher, DVM

INVOICE

13454

DATE

10/2/21

PRESENTING CLINICAL SIGNS

History: Presented for vomiting for 3 days; will eat then vomit 2 hours later. Lethargic and keeping to herself. Still eating. Current diet: Purina one small bite

Abnormal PE/Chem/CBC/UA Results: Physical exam unremarkable aside from muscle atrophy with geriatric patient. CBC - WNL Chem - ALT too high to read, ALP 678, GGT 28, Bili 2.9, Lipase 2585 Chem 5/24/21 - ALT 70, ALP 59, GGT 0, Bili 0.2, Lipase 1599

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 5.8 cm. Corticomedullary and pelvic calculi noted, non-obstructive. The left kidney measured 5.7 cm.

Adrenal Glands

Both **adrenal glands** were 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 1.8 cm x 0.32 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 1.5 cm x 0.36 cm at the cranial pole and 0.44 cm at the caudal pole.

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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Siberian Husky

ULTRASONOGRAPHIC FINDINGS

- Minor renal mineralization
- Unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up warranted, if not already performed. Patient may be passing calculi periodically. Given the liver enzyme elevations, leptospirosis or similar acute insult suspected yet structurally the liver appears unremarkable, hence the likelihood of an acute insult on this patient. FNA of the liver warranted. Leptospirosis titers warranted. Ampicillin, metronidazole and nutraceutical fluid support all indicated.

AGE

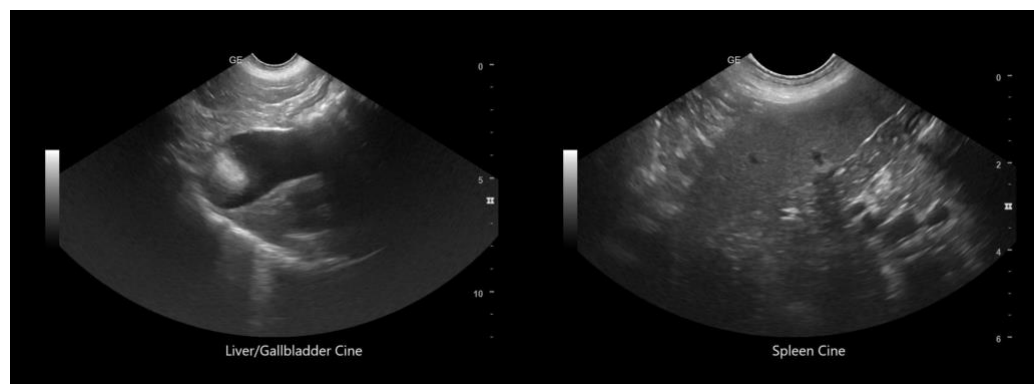
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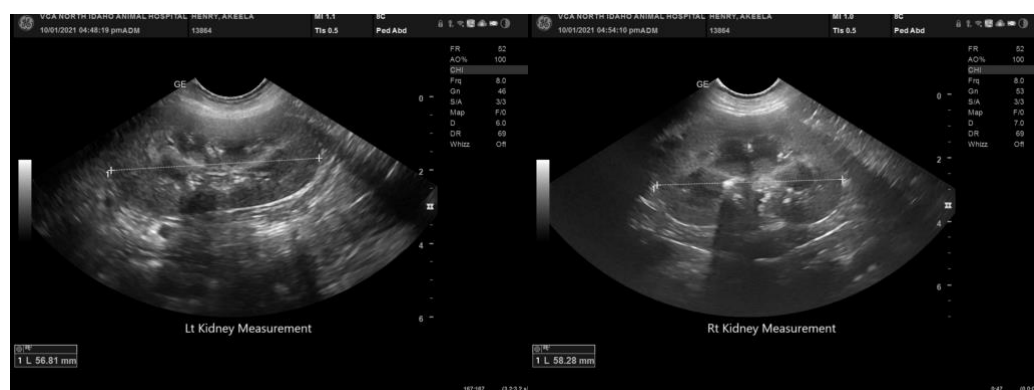


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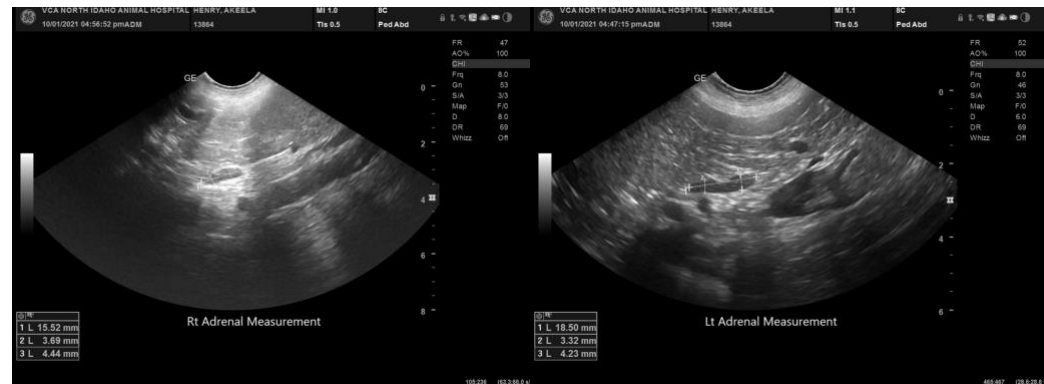
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com