



PATIENT

Binks Brokus

SPECIES

Canine

BREED

Alaskan Malamute

SEX

Male

AGE

9 years

WEIGHT

119 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Brady

INVOICE

42695

DATE

11/25/22

PRESENTING CLINICAL SIGNS

History: Several month history (starting in June) of daily vomiting/regurgitation of small amounts of bile/phlegm. Vomiting occurs randomly, not always directly after eating Mild weight loss (originally 126 lbs, decrease of 7 lbs in 6 months) Bloodwork largely unremarkable (Low T4, mild elevation of ALP) Radiographs of chest and abdomen also unremarkable Trial of I/D and omeprazole resulted in no improvement GI panel and Thyroid panel pending
Abnormal PE/Chem/CBC/UA Results: 10/20/22 ALP 391 T4 0.6 Amylase 254 (mildly low) CBC/Chem/PSL/UA otherwise WNL

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 was 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 left kidney measured 7.6 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.



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Gastrointestinal

Binks Brokus

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. No associated abnormal lymphatic activity was noted.

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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.

SEX

Male

Free Abdomen

The iliac trifurcation was unremarkable.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

119 lbs

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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There was no evidence of significant disease. Screening for Addison's with baseline cortisol or ACTH stimulation is indicated. Dietary indiscretion or intolerance, occult parasitism and Helicobacter are all potentials in this patient. There was no evidence of abdominal neoplasia.

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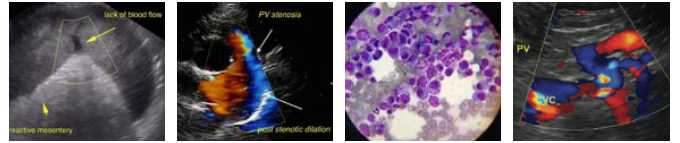


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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