



PATIENT PRESENTING CLINICAL SIGNS

Ethel Cadell

P had MCT removed from L posterior thigh on 1/28, since surgery P has not eaten much, O gave meds that were prescribed for first 2 days post op, O didn't give meds on Sunday due to P not eating and being lethargic - Meds supposed to be given with food and couldn't get P to eat so meds weren't given, P V+ yesterday morning and had V+ & D+ today, V+ is mostly bile and grass.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: rDVM 1/28: went to pDVM and Xrays showed diffusely dilated bowl BW: Azotemia (Creat 2.3 BUN 21 (N)), ALT 439 ALP 1418 GGT 46 Tbili 1.7 CI 105 Wilvet EPOC 2/1: EPOC: Na 134 K 3.1 CI 104 BUN 30 Creat 2.25 2/2: Chem 17: Crea 2.5 (H), ALT 212 (H), ALP 643 (H), GGT 22 (H), Chol 431 (H), Amyl 362 (L), Lipase 2,105 (H)

BREED

Malamute

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

5.9 years

WEIGHT

51 kg

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 6.0 cm. The right kidney measured 6.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.5 cm. The right adrenal gland was not visualized.

IMAGING PERFORMED BY

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

Spleen

The **spleen** revealed subtle micronodular changes.

REFERRING VET

Dr. Gardner

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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DATE

2/3/22



PATIENT

Gastrointestinal

Ethel Cadell

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable, minor micronodular splenic changes.

AGE

5.9 years

Unremarkable liver.

WEIGHT

51 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history Leptospirosis should be considered as a primary potential in this patient. FNA of the spleen and liver is recommended for further definition. There was no obvious evidence of neoplasia or mast cell.

INTERPRETED BY

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REFERRING VET

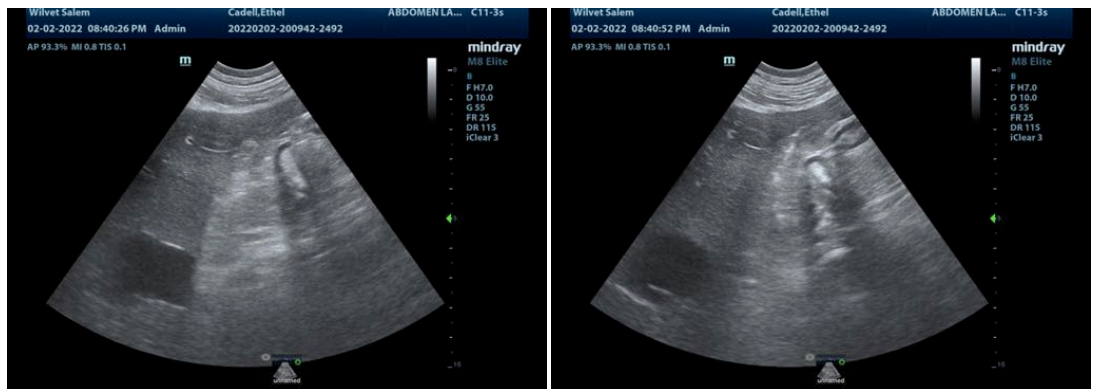
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PATIENT

Ethel Cadell

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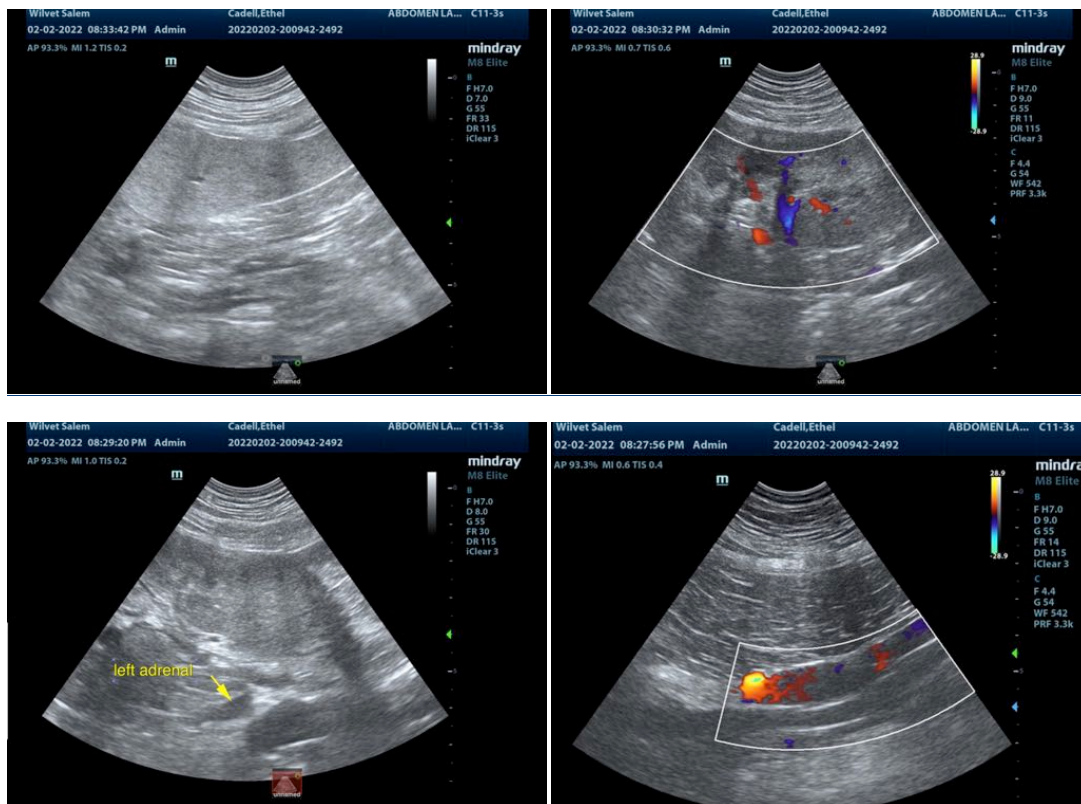
Spayed Female

AGE

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WEIGHT

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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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