



**PATIENT**

Marlo Alphenaar

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

75.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

**INVOICE**

**DATE**

3/3/22

**PRESENTING CLINICAL SIGNS**

Patient presented today for vomiting, lethargy and extremely pain. Intermittent episodes vomiting +/- diarrhea for 2 years

Abnormal PE/Chem/CBC/UA Results: Murphy sign when scanning left and right kidneys under heavy sedation Abnormal CPL snap test Cortisol Level was 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** were normal in size and contour with slight pericapsular free fluid and enhanced mesentery. This is suggestive for acute insult. The kidneys measured 5.0 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were imaged with no evidence of pathology.

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



**PATIENT**

Marlo Alphenaar

**Pancreas**

**SPECIES**

Canine

The right limb of the **pancreas** was hypoechoic and irregular. This is suggestive for pancreatitis. A region of approximately 5.0 x 3.0 cm was noted.

**BREED**

Husky Mix

**ULTRASONOGRAPHIC FINDINGS**

Pancreatitis presentation.

**SEX**

Spayed Female

Acute renal insult with pericapsular fluid.

**AGE**

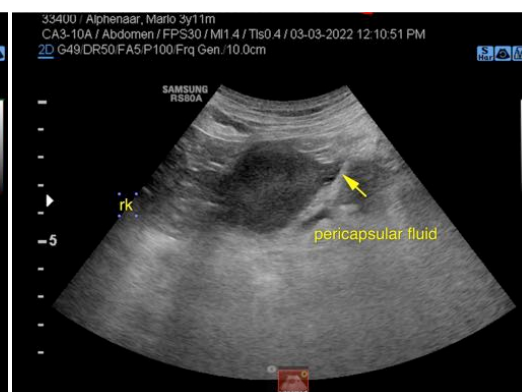
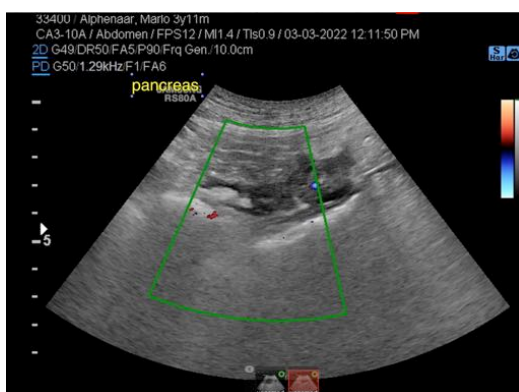
3 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted. Full urinary work-up is warranted. IV fluid support, plasma expanders, IV Ampicillin and GI protectants are all indicated. A recheck sonogram is recommended in 3-5 days regarding the pancreatic and renal presentation.

**WEIGHT**

75.9 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC



**REFERRING VET**

Dr. Mack

**INVOICE**

**DATE**

3/3/22



**PATIENT**

Marlo Alphenaar

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

75.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

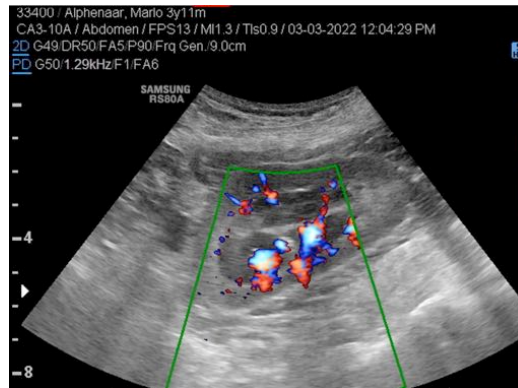
**REFERRING VET**

Dr. Mack

**INVOICE**

**DATE**

3/3/22



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  
info@SonoPath.com