



PATIENT

Hushy Oliver

PRESENTING CLINICAL SIGNS

PU/PD, dull patchy hair coat

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chem: ALT (SGPT) 127 (HIGH) 12-118 IU/L Alk Phosphatase 145 (HIGH) 5-131 IU/L Glucose 67 (LOW) 70-138 mg/dL CALCIUM 11.7 (HIGH) 8.9-11.4 mg/dL POTASSIUM 6.0 (HIGH) 3.6-5.5 mEq/L NA/K RATIO 24 (LOW) 27-38 PrecisionPSL 212 (HIGH) 24-140 U/L CBC: WBC 19.2 (HIGH) 4.0-15.5 $10^3/uL$ UA: Specific Gravity 1.014 (LOW) 1.015-1.050 pH 9.0 (HIGH) 5.5-7.0 Protein 3+ (HIGH) NEGATIVE Occult Blood 3+ (HIGH) NEGATIVE WBC 21-50 (HIGH) 0-3 HPF RBC >50 (HIGH) 0-3 HPF Bacteria Rods >100 (HIGH) None Seen HPF (culture pending)

BREED

Husky mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

AGE

14 years

WEIGHT

66 lbs

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted. The left kidney measured 5.0 cm. The right kidney revealed a subcapsular cyst with mild pyelectasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was enlarged and irregular measuring 1.14 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland was uniform and measured 1.3 cm at the cranial pole and 0.9 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Mychajlonka

HOSPITAL NAME

Craig Road AH

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.

REFERRING VET

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Liver

The **liver** revealed coarse architecture with increased portal markings. Slight irregular hepatic contour was noted. The gallbladder was sludgy as well as dependent sand and gallbladder debris.

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Gastrointestinal

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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

AGE

14 years

Bilateral adrenal hypertrophy with irregular left adrenal contour, possible PDH. Structurally unremarkable.

Lower urinary tract moderate, chronic renal changes with pyelectasia.

Mild hepatic remodeling.

WEIGHT

66 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Urine culture and sensitivity is recommended. If the urine specific gravity is persistently less than 1.020 then multiple samples and work-up for PDH is indicated. Treatment of underlying UTI is warranted followed by reassessment of the urine specific gravity. Enrofloxacin, Cefotiofur or similar urinary antibiotic is recommended.

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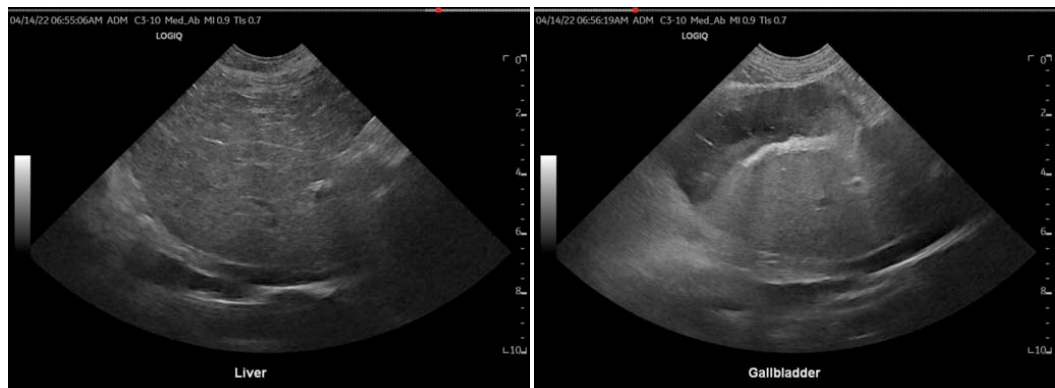
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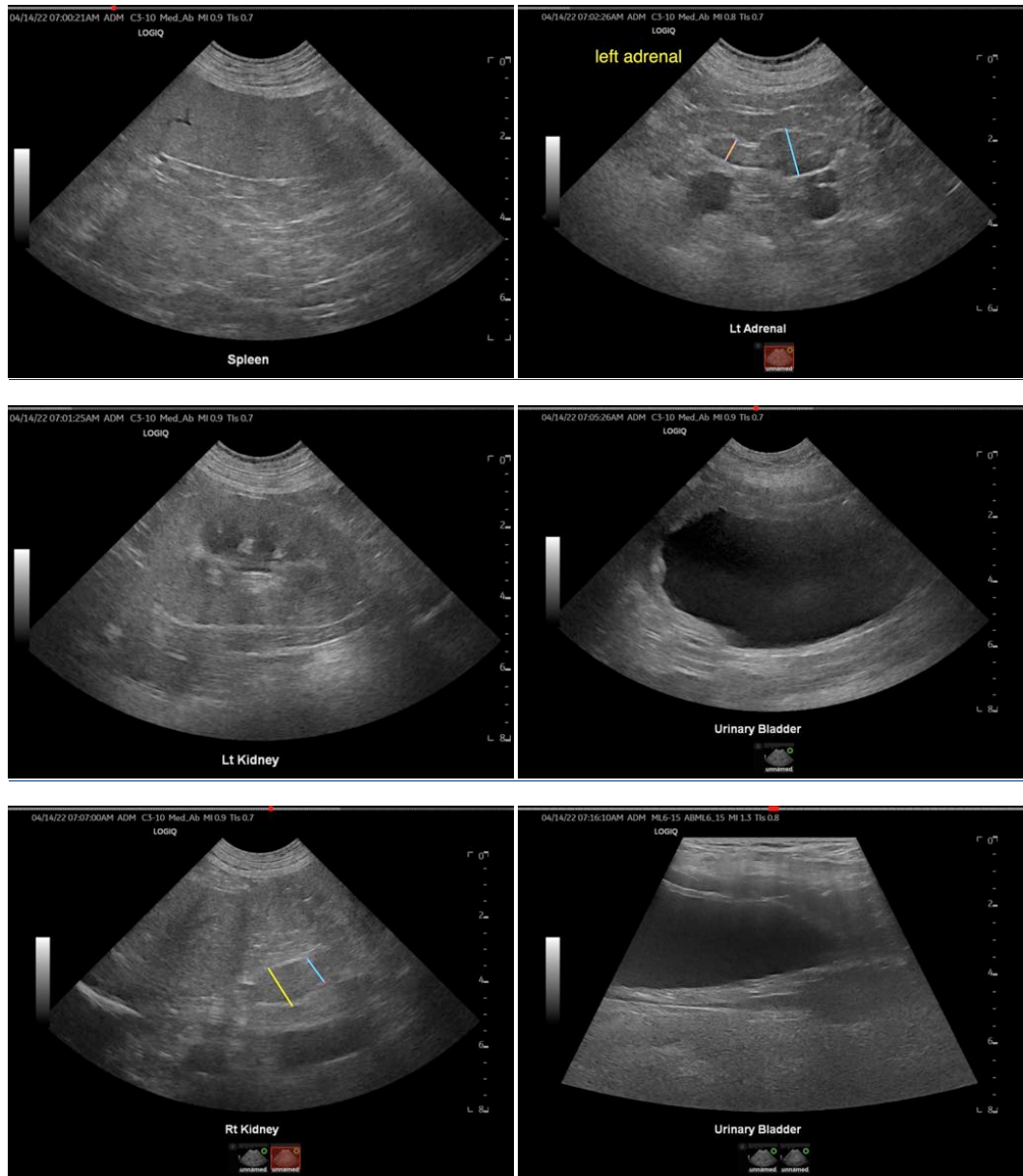
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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