



PATIENT

Nala Standish

SPECIES

Canine

BREED

Husky

SEX

Female

AGE

1 Year 4 Months

WEIGHT

36 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

46692

DATE

4/14/23

PRESENTING CLINICAL SIGNS

Pancreatitis, hematochezia, bilious vomiting Current meds: Metro, cerenia, unasyn, pantoprazole
Abnormal PE/Chem/CBC/UA Results: K+ 3.4, ALT 307, ALP 14, cPL abnormal,

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 **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 5.9 cm. The left kidney measured 5.82 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 1.72 cm x 0.39 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measured 2.77 cm x 0.70 cm at the cranial pole and 0.47 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

The **stomach** was filled with ingesta, consistent with post-prandial presentation. Pylorus was patent. Some upper small intestine was dilated followed by empty small intestine, creating a partial obstructive pattern. The exact cause of obstruction is unclear. No overt foreign body evident yet cannot be completely ruled out owing to artifactual interference.



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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.

SPECIES

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Free Abdomen

BREED

Husky

Trace amounts of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Delayed outflow GI pattern with dilated stomach and upper small intestine followed by empty small intestine. Possible worm burden.

SEX

Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Fecal test, IV fluid support, 24 hour NPO, and recheck sonogram indicated to assess if the partial obstructive pattern is persistent. Worm burden may be causing the partial obstructive pattern.

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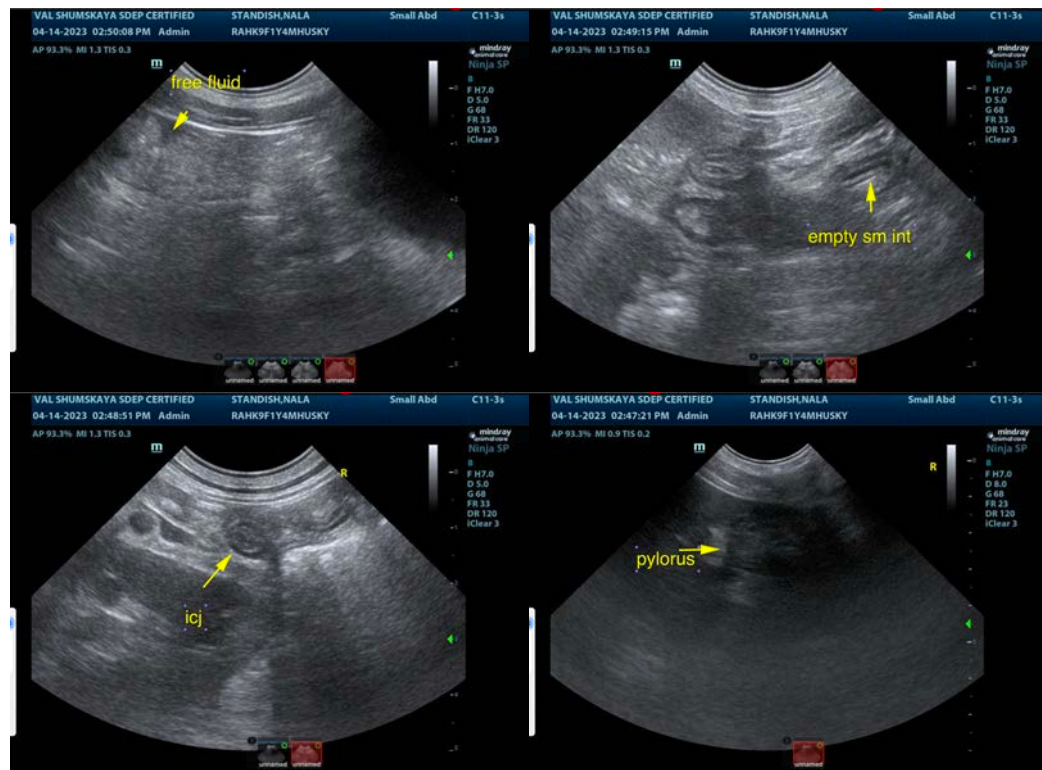
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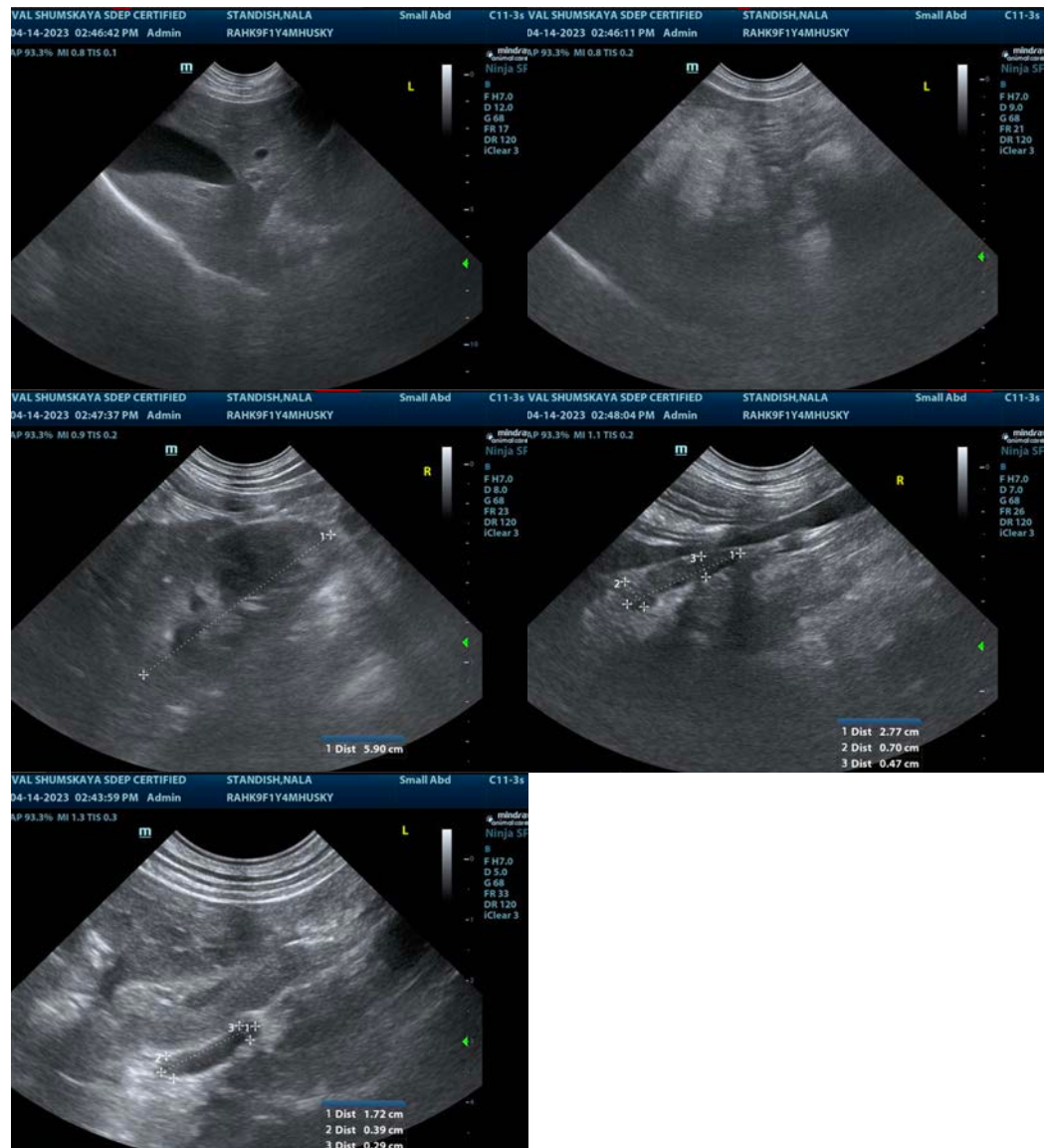
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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