



PATIENT PRESENTING CLINICAL SIGNS

Rockie Beaulieu
SPECIES
 Canine
BREED
 Husky
SEX
 Spayed Female
AGE
 10 Months
WEIGHT
 18.4 kg

History: P presented on 4/28 7pm for no e/d , diarrhea with frank blood that started 4/27 pm. P started vomiting clear liquid around 4:30 a.m. P started new chicken diet last Sunday, played with tangerine peel a few days ago and may have eaten a dose of housemate's anti-inflammatory. PE BCS 4/9, mm-pink slightly tacky, abd- SNP. Treated with fluids, cerenia, ondansetron, metronidazole.

Abnormal PE/Chem/CBC/UA Results: CBC wnl Chem Phos 6.9 TP 4.9 Lipase 2336 Fecal- nps Rads 3 view- few dilated loops of bowel recheck rads 8 hours- gas has moved minimally, suspicious contents of stomach

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 5.18 cm. The left kidney measured 5.13 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 right adrenal gland measured 0.37 cm at the caudal pole and 0.35 cm at the cranial pole. The left adrenal gland measured 0.43 cm at the cranial pole and 0.38 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. Cranial folding of the spleen 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes, DVM

HOSPITAL NAME

Byrnes VRS, PC

REFERRING VET

Animal Emergency
Clinic of High Country

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Gastrointestinal



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The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The small intestine was empty. Minor hyperperistaltic distal small intestinal was noted. Minor fluid dilation of the small intestine continued into the ileocecal and colon, consistent with enterocolitis.

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.

Free Abdomen

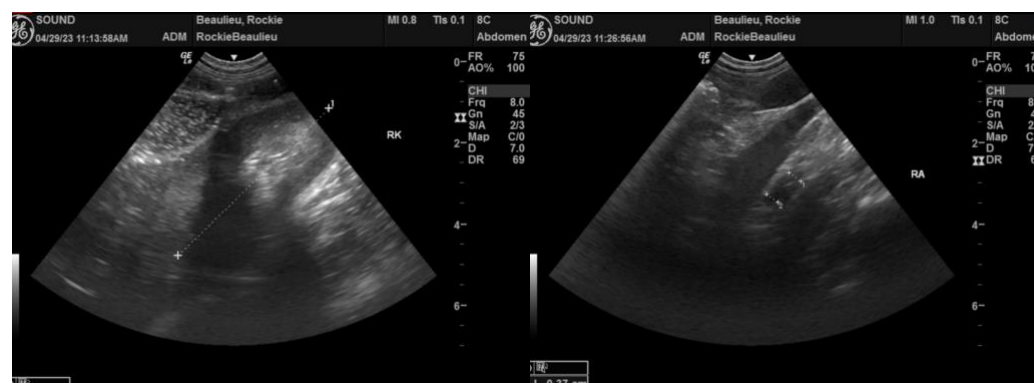
The **mesenteric lymph node** (up to 2.0 cm x 0.5 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Enterocolitis pattern with no obvious obstruction
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. If clinical signs persist, recheck sonogram in 48 hours. No evidence of obstruction. Structurally, the pancreas appears normal, however, I cannot rule out an emerging pancreatitis, however, intestinal lipase may be the cause of elevation.





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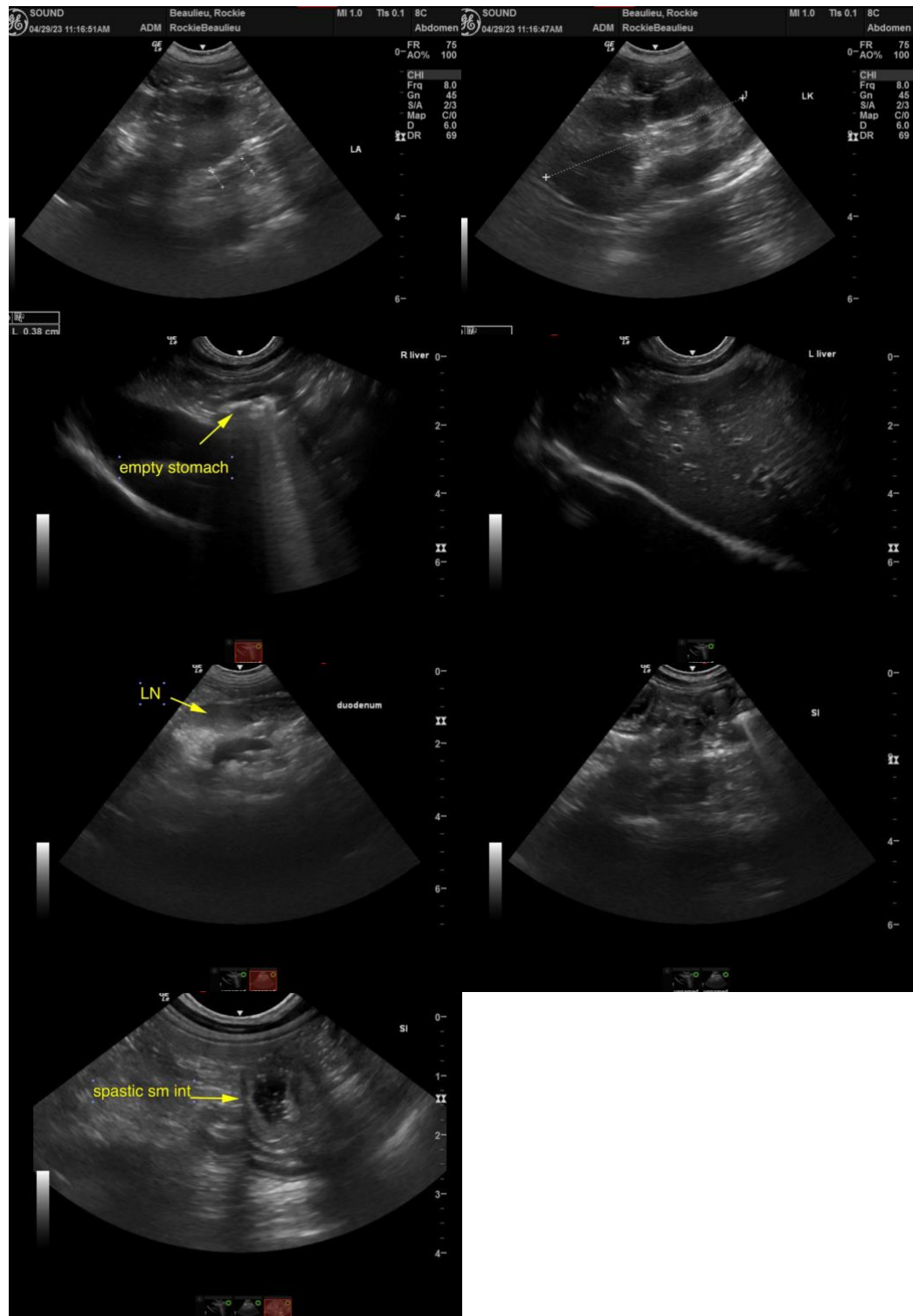
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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