



**PATIENT**

Nikki Al Subaey

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

19.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Doctor Valentina

**HOSPITAL NAME**

The Veterinary Surgery

**REFERRING VET**

Valentina Fresta

**INVOICE**

22437

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

Presented for limping on the rear legs since 3 days. While waiting for the consultation the patient vomited twice and had watery fetid diarrhea. At the clinical presentation the patient is alert and responsive. No patella displacement is obvious the tibial test is negative. No swelling or oedema is obvious. Lymph nodes, polpitemum are not increased. Heart and lung sound clear. HR 130 RR 35. The rest of the examination is unremarkable. The Xray of the rear legs performed in two projection reveal no finding

Abnormal PE/Chem/CBC/UA Results: The CBC reveal low platelets count only. The Comprehensive reveals parameters in the normal average

**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 5.8 cm. The left kidney measured 5.5 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

Subtle heterogenous **splenic** nodules were noted at the caudal pole in a region of approximately 2.0 cm with mild disruption of architecture. 25-gauge FNA is indicated. Caudal folding of the spleen was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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.

**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.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Minor splenic nodular changes- 25-gauge FNA is indicated.
- Age-related hepatic changes
- Partially full stomach
- Unremarkable abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

9 Years

Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed.

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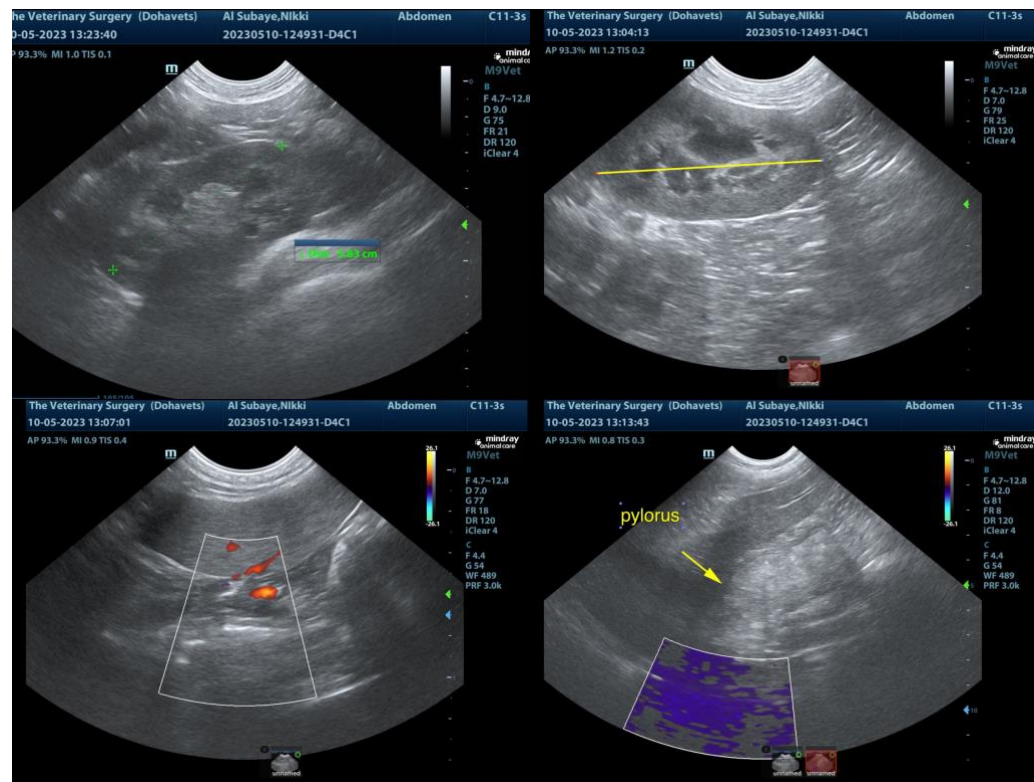
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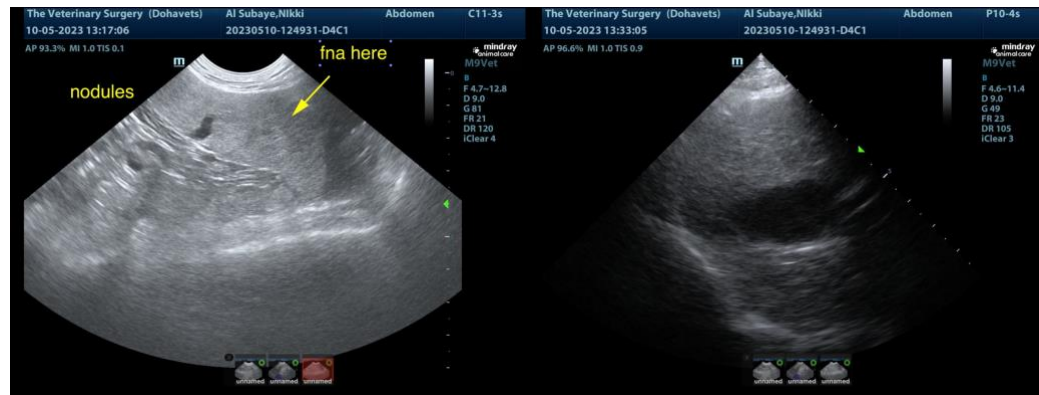
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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