



PATIENT

Saku Myke

SPECIES

Canine

BREED

Husky

SEX

Neutered male

AGE

18 months

WEIGHT

45.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Katie Heisler

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Rowan

INVOICE

75359

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Intermittent episodes of vomiting and diarrhea since 7/2025, with episodes more frequent and persistent since 3/2026. Vomiting seems to be mostly in the morning, but bile episodes also occurring in the evening. With concurrent days of vomiting pt expresses lethargy and food avoidance/reluctance. Pt is known to get into things (sticks/hair/dirt etc.) Pt has been mostly managed with supportive care (Cerenia, fluids, omeprazole, Tylosin powder, sucralfate) during acute flares
Abnormal PE/Chem/CBC/UA Results: X-rays taken 3/2026 showed evidence of gastroenteritis GI Panel - mildly elevated folate (20.4)

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** 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 left kidney measured 6.1 cm. The right kidney measured 6.1 cm.

The **prostate** was uniform and measured 1.6 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 0.48 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.57 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 was noted.



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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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. A large amount of gastric gas was noted. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Increased submucosal echogenicity and thickening was noted. Intestinal wall thickness measured up to 0.31 cm. Cecal stasis was noted with enhanced, surrounding mesentery. This is suggestive for potential Typhlitis. The colon was fluid filled. The mesenteric lymph nodes were uniform and measured up to 0.48 cm and were reactive.

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.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis pattern with mild, chronic intestinal changes. Hyperperistalsis was noted.

Cecal stasis.

Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enterotoxins and parasites should be considered and medically managed. Given the recurrence, full thickness GI biopsies are warranted along with lymph node biopsy and culture for more targeted therapeutic protocol. There was no evidence of foreign bodies.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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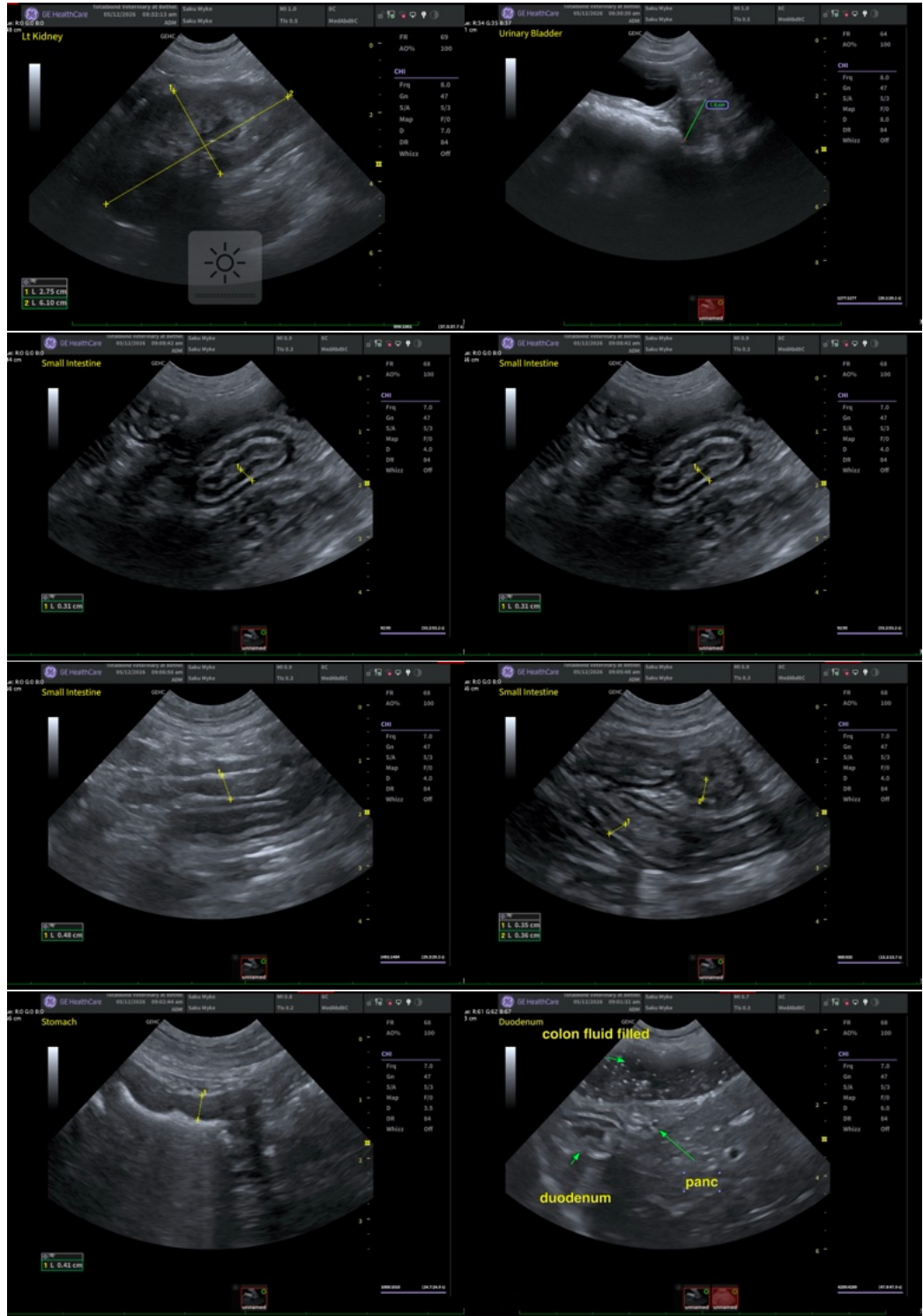
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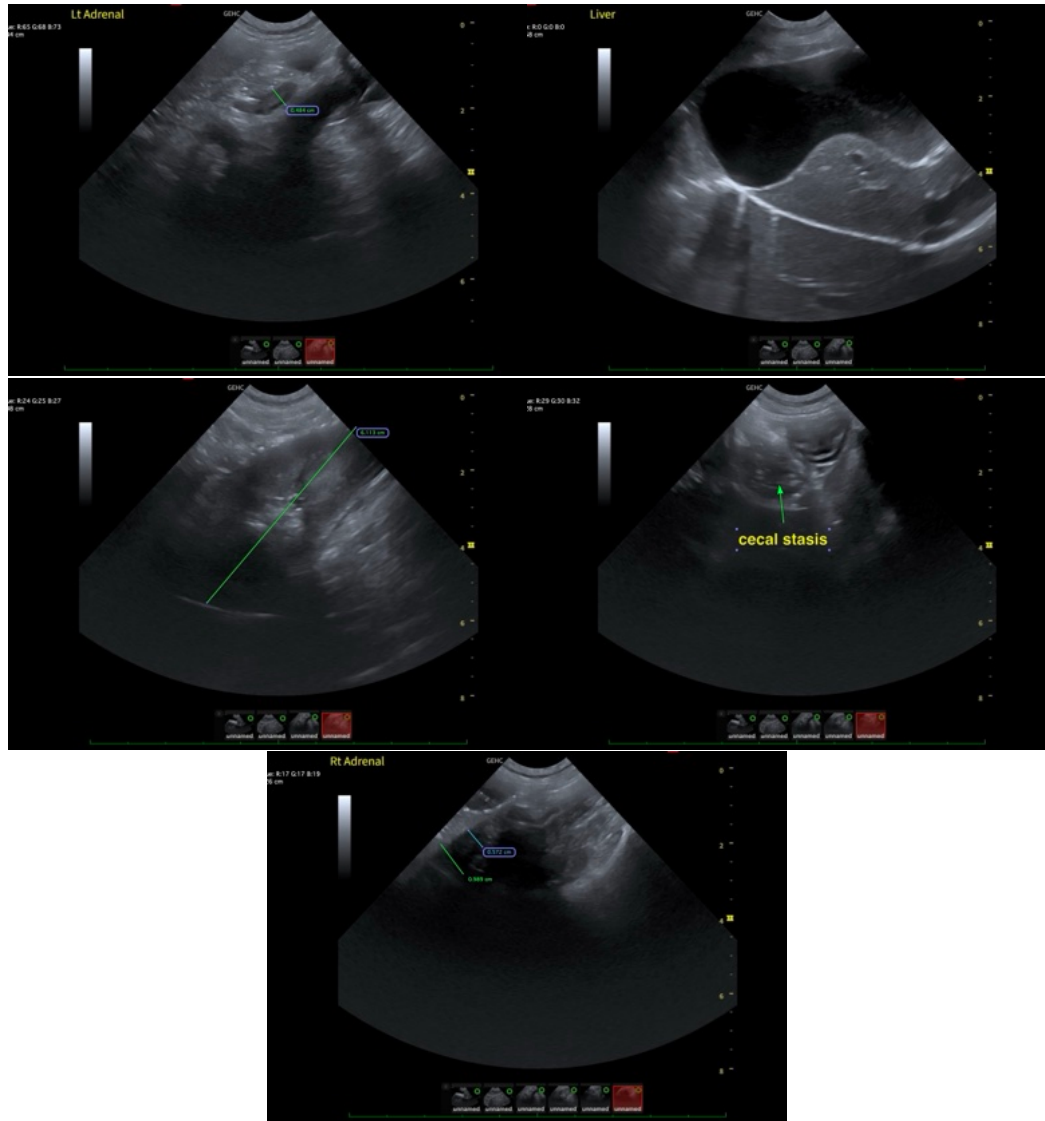
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com