



PATIENT

Jake Fendrick

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

9 Years 11 Months

WEIGHT

98.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Shelby Young

INVOICE

15942

DATE

05/08/26

PRESENTING CLINICAL SIGNS

5/2 - lethargic for 1.5w, anorexia x2d. Ate 10+ rawhide chews 4d prior, may have eaten dead squirrel, hotspot right face. No V/D. PE abdominal palpation painful/yelped. O declined diagnostics (BW, xray), treated hot spot. 5/5 - recheck for lethargy, anorexia, PU/PD. xray - hepatomegaly, displaced stomach and "inflamed guts". BW: pancreatitis, diabetes, glucosuria & ketonuria. Rec AUS, declined. Started vetsulin. 5/7 - returned for continued anorexia & lethargy. Hospitalized for DM supportive care, NG tube placed. 5/8 - PE: lethargic, dumpy. Increased RR/mild effort, uncomfortable. MM light pink, CRT <2s. No pain on abdominal palpation, abdomen doughy. No mass or hepatomegaly palpated. HR ~140bpm, no murmurs or arrhythmias. Pt weak and needs assistance to walk. Aspirating lots of gastric fluid q 4hr with NG tube care (~90-200mL), vomited last night 2hr after cerenia given PO. Current Medications: cerenia 80mg PO SID, vetsulin 10U (0.22U/kg) SQ BID

Abnormal PE/Chem/CBC/UA Results: See attached labs: 5/5 - CBC MCV & MCH mildly low, all else wnl. Chem 17 - gluc 466 (H) , crea 1.5 (slightly H), bun 19 (wnl), ALT 261 (mild H), ALKP 836 (mod H), amyl 246 (L), lipa 2189 (H). Lytes - Cl 101 (L), Na & K wnl. Panc Lipase 925 (H). UA - SpGrav 1.024, protein 3+, gluc 4+, ketones 3+, bld 4+. No bacteria, crystals, or casts. See attached rad: Radiograph 5/5 R lat only - (my interpretation) stomach mildly gas distended & displaced dorsally, no gas or fluid dilated loops of bowel, possible mass effect cranial abdomen vs hepatomegaly?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The left kidney measured 7.47 cm in length. The right kidney measured 8.02 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 3.79 cm x 0.77 width at the caudal pole and 0.58 cm width at the cranial pole.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** revealed a focal hypoechoic expansive nodule measuring 1.0 cm at the cranial pole.

Liver



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The **liver** presented diffusely hyperechoic to the falciform fat with generalized enlargement. Attenuating sound beam with micronodular parenchyma changes were present. The gallbladder and common bile duct were unremarkable without over distention.

Gastrointestinal

The **duodenum** and small intestine were empty. A large amount of artifact was noted in the stomach.

Pancreas

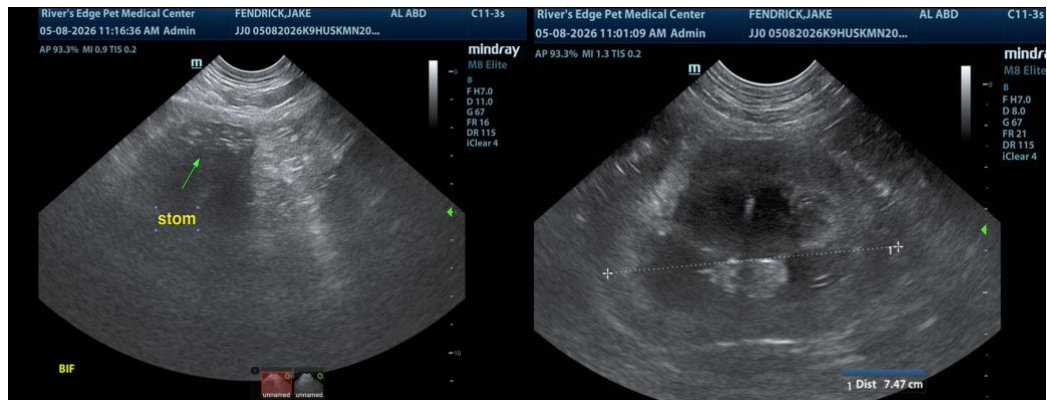
The **pancreas** revealed mixed hypoechoic parenchymal changes with hyperechoic surrounding fat and remodeling consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis presentation.
- Upper GI artifact.
- Diabetic hepatopathy.
- Diabetic nephropathy.
- Focal splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour NPO, IV fluid support, pain management, broad spectrum antibiotics are all warranted. Recheck sonogram in 24-48 hours after NPO status and fluid therapy. No overt evidence of metastatic disease. The primary issue appears to be pancreatitis. No obvious evidence of neoplasia.





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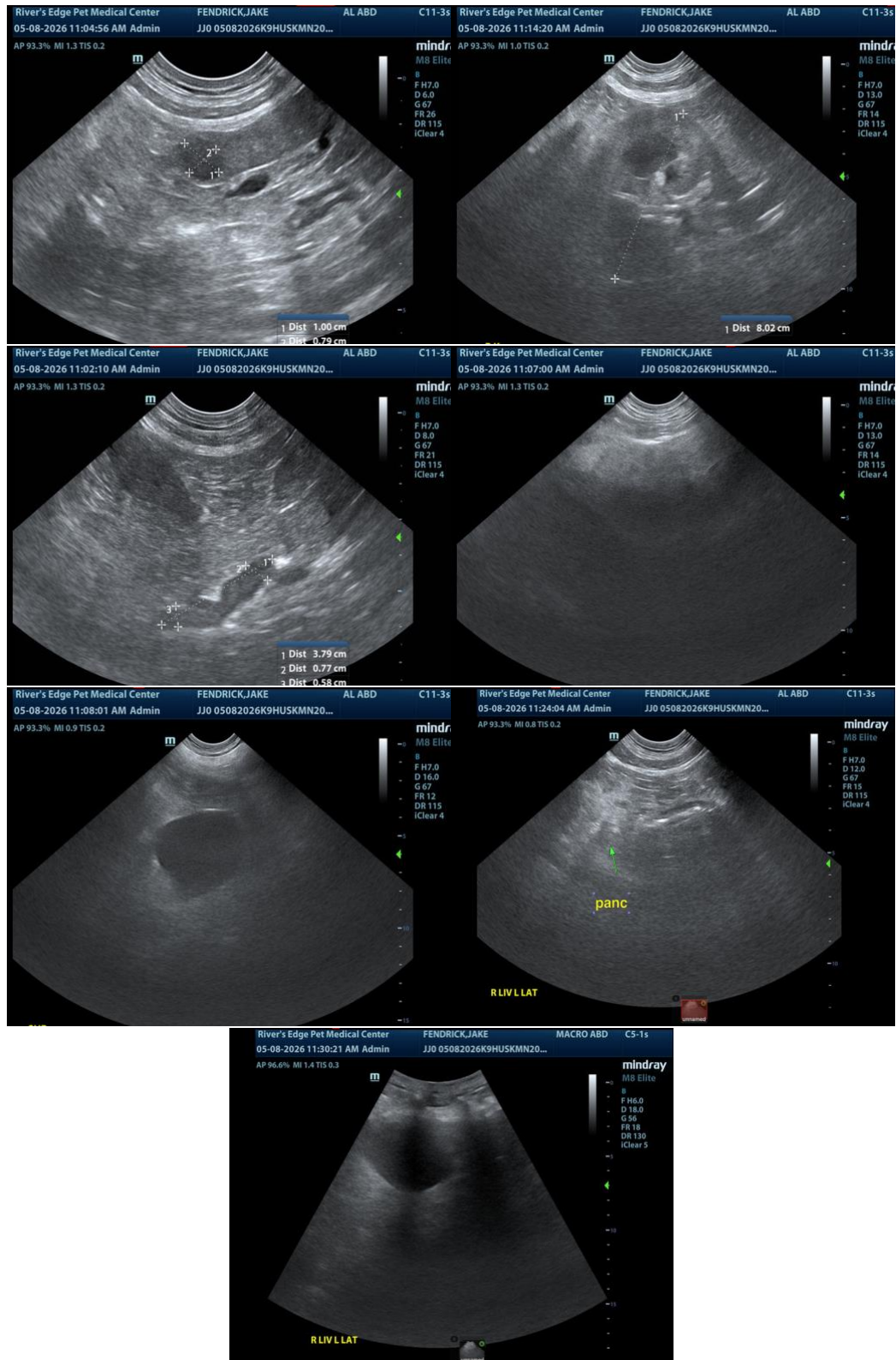
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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