



PATIENT

Aika Tanniru

SPECIES

Canine

BREED

Husky

SEX

Intact Female

AGE

7 Years

WEIGHT

26.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

37516

DATE

5/8/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for wheezing, vomiting, and possible labored breathing. O states P usually has runny nose around this time of year and has a decreased appetite with the runny nose, but returns to normal after 2-3 days. This time along with the runny nose, P has been having heavy breathing the past 2-3 days. Today, P vomited 3 times and stopped eating yesterday evening. P has been drinking a lot of water and keeping some of it down. A little lethargic, but still willing to get up and move around; a bit slower than normal. Previous Health Concerns: Seasonal allergies

Abnormal PE/Chem/CBC/UA Results: Respiratory: mild inc. BV sounds bilaterally Abdominal: Tender on abdominal palpation Radiographs – abnormal ingesta in stomach vs. inflammation; small heart margins Bloodwork 5/7/22 on admit: WBC 19.2; NEU 17.39; EOS 0.01; PLT 617; Cortisol 21.0; CREA 1.6; Phos 7.6; GLU >600; Chol 341; ALT 367; ALP 633; Na: K ratio of 18 Urinalysis: (cysto) blood 250+++; Ketone 50++; Pro 30+; Glu 500; PH 5.0; Ascorbic A 40; occ clumps RBC; Epi 0-1/hpf

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 8.5 cm with slight pyelectasia noted. The left kidney measured 7.8 cm with pyelectasia noted. Pericapsular fluid noted around the left kidney.

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 0.50 cm. The right adrenal gland measured 0.60 cm.

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** was diffusely hyperechoic to falciform fat. Mild enlargement. This is most consistent with diabetic hepatopathy. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Minor shadowing, non-obstructive material noted in the **stomach**, likely ingesta, grass or similar, measuring up to 2.0 cm. The small intestine and colon were unremarkable.



PATIENT

Aika Tanniru

Pancreas

SPECIES

Canine

BREED

Husky

SEX

Intact Female

AGE

7 Years

WEIGHT

26.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

37516

DATE

5/8/22

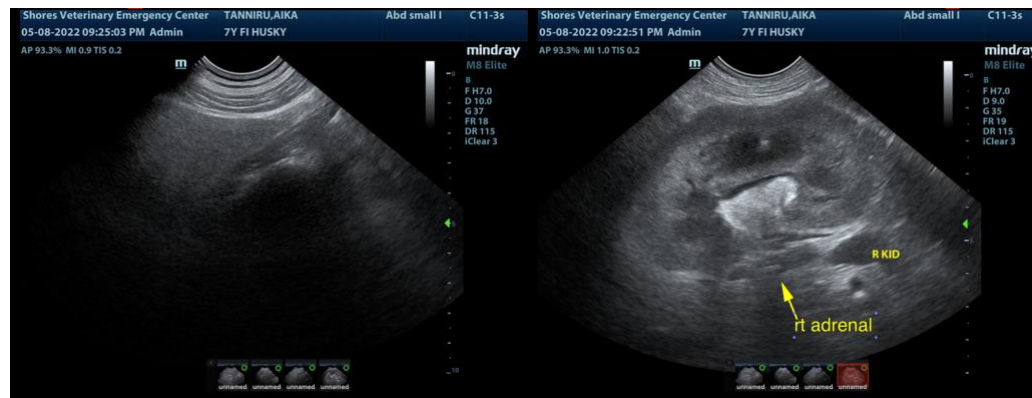
The **pancreas** presented extensive hypoechoic parenchymal changes with enhanced surrounding mesentery, consistent with pancreatitis. The pathology extended throughout the right and left limbs.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis
- Diabetic hepatopathy
- Diabetic nephropathy with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend aggressive therapy for pancreatitis in this patient. Insulin dosing should be utilized with caution, given that some pancreatic function may return if pancreatitis resolves medically. Urine culture and sensitivity warranted. Given the pyelectasia, underlying UTI may also be an issue. Recheck sonogram in 3-5 days.





PATIENT

Aika Tanniru

SPECIES

Canine

BREED

Husky

SEX

Intact Female

AGE

7 Years

WEIGHT

26.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

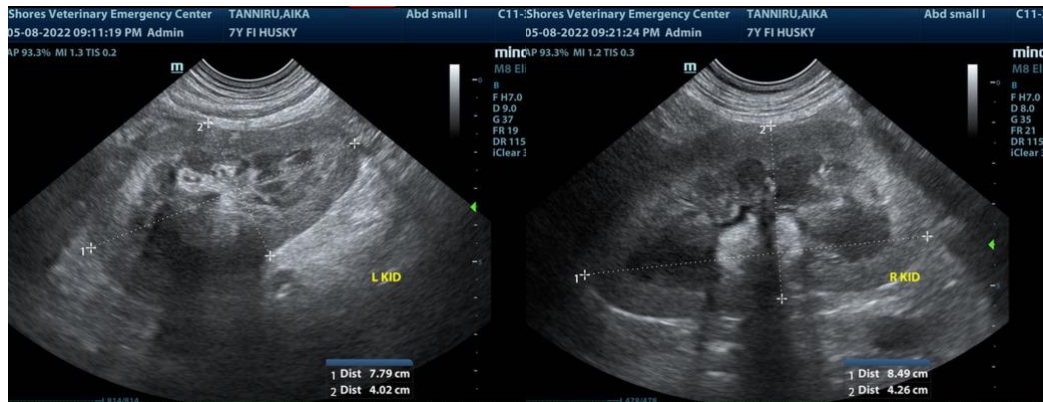
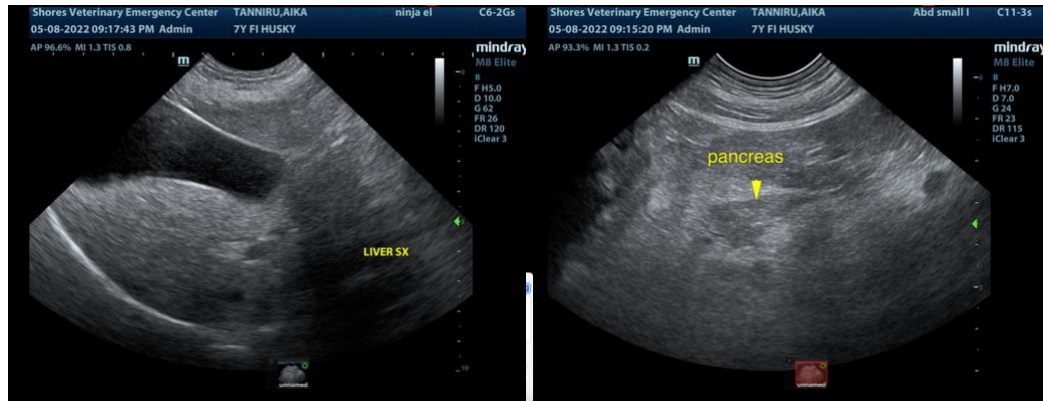
Dr. Lupole

INVOICE

37516

DATE

5/8/22



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

info@SonoPath.com