



PATIENT PRESENTING CLINICAL SIGNS

Tikaani Scott

History: Tikaani is a 9 year old spayed female who had senior bloodwork completed in April 2023, after her canine housemate passed. Her clinical signs at that time were trouble getting up at times and intermittent vomiting and diarrhea. Her ALP at that time at 479. The rest of her values were unremarkable. Her owner said that she is still having intermittent vomiting and trouble defecating. Today, her physical exam is rather unremarkable. Attached are her images from her abdominal ultrasound.

SPECIES

Canine

BREED

Siberian Husky

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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.

AGE

9 years

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. Slight pinpoint mineralization was noted in the left kidney. The left kidney measured 5.9 cm. The right kidney measured 6.8 cm.

WEIGHT

52.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** 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 0.77 cm at the cranial pole and 0.84 cm at the caudal pole. The region of the right adrenal gland was imaged with no evidence of pathology.

IMAGING PERFORMED BY

Dr. Dorris

Spleen

HOSPITAL NAME

County Line VC

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

Dr. Dorris

Liver

The **liver** revealed slightly increased portal markings. The changes are largely age related. The liver was normal in size and contour. The vascularity was normal. The gallbladder was unremarkable.

INVOICE

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Gastrointestinal

DATE

6/21/23

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.



PATIENT

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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and 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.

SPECIES

Canine

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.

BREED

Siberian Husky

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed female

Unremarkable abdomen.
Minor hepatic remodeling.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are expected for this age and breed. Given the vague clinical history screening for Addison's is warranted as the right adrenal gland was not overtly visible even though the left adrenal gland appeared measurably normal. Baseline cortisol is indicated.

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HOSPITAL NAME

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REFERRING VET

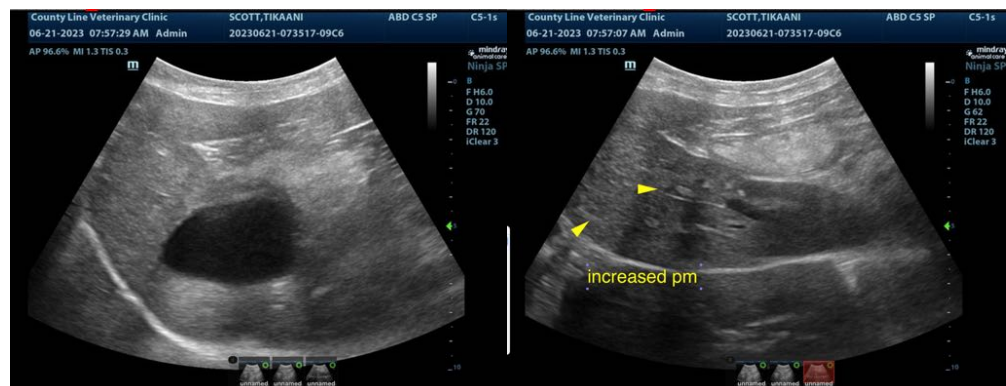
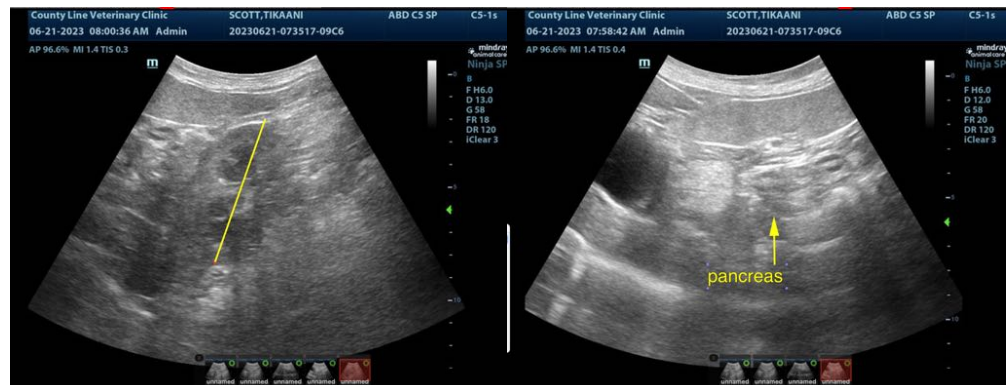
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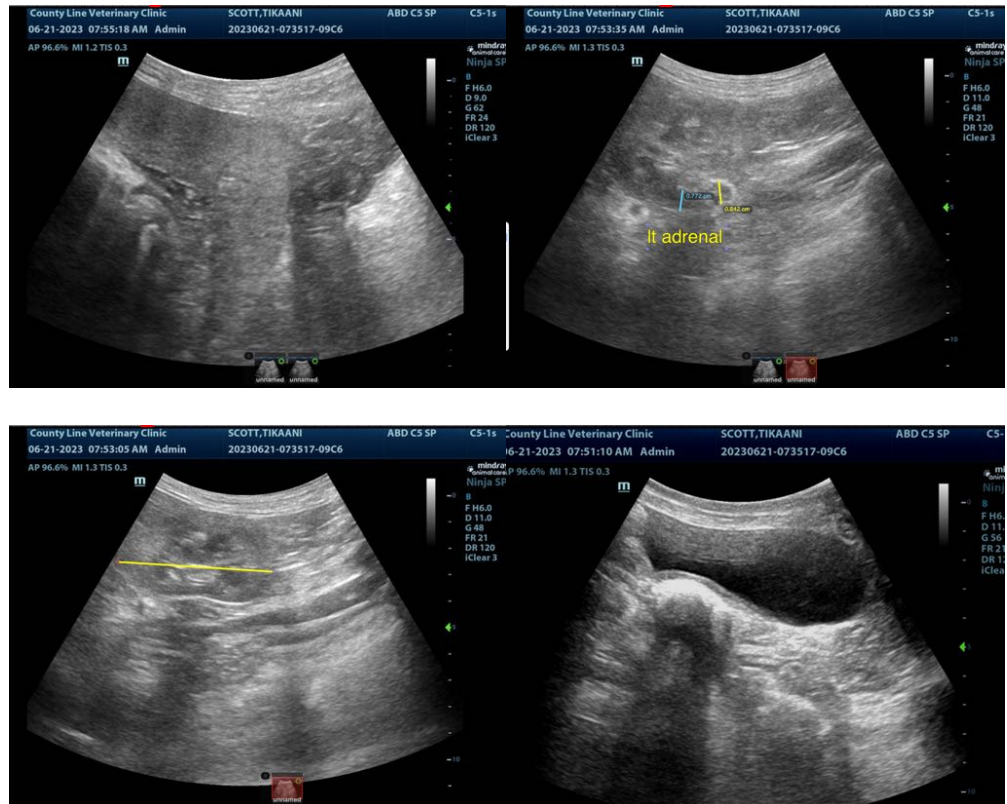
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com