



PATIENT	PRESENTING CLINICAL SIGNS
Jack London Wakulik	Episode of trouble walking on Monday. Hypoglycemic - BG=27. Hx MCT found in 2022- did not pursue removal. Benadryl and Gabapentin as needed.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Glu 27 during episode, Glu 113 next day mid-morning, urine quiet. Today- Glu 40- no clinical signs, Glu 51 after karo syrup.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Husky	Urinary System
SEX	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.
Neutered Male	
AGE	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 6.5 cm. The right kidney measured 6.5 cm.
10	
WEIGHT	Adrenal Glands
83.2	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 0.50 cm.
INTERPRETED BY	The region of the right adrenal gland was imaged, no evident pathology.
Eric Lindquist, DMV	Spleen
DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY	Liver
Melissa Pascucci	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.
HOSPITAL NAME	Gastrointestinal
American AH	Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.
REFERRING VET	
Dr. Vogel	
INVOICE	
43625	
DATE	
6/30/23	



PATIENT

Pancreas

Jack London Wakulik

The pancreas was visible with adequate resolution. No evidence of neoplasia or obvious insulinoma. However, these can be extremely small. CT with contrast is considered the best diagnostic test for insulinoma, if suspected based on insulin profile.

SPECIES

Canine

Other

BREED

Husky

A mesenteric lymph node was slightly enlarged, reactive, measuring 1.0 cm wide x 2.0 cm in length.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Minor reactive mesenteric lymph node, very minor potential for metastatic disease from insulinoma
- Unremarkable abdomen otherwise

AGE

10

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious insulinoma. Screening for Addison's warranted. History of xylitol toxicity should also be considered. Ultrasound guided FNA of the enlarged mesenteric lymph node could be considered to assess for potential metastatic disease, however this is likely incidental and most consistent with reactive lymph node. CT with contrast of the abdomen warranted if insulinoma is suspected.

WEIGHT

83.2

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

INTERPRETED BY

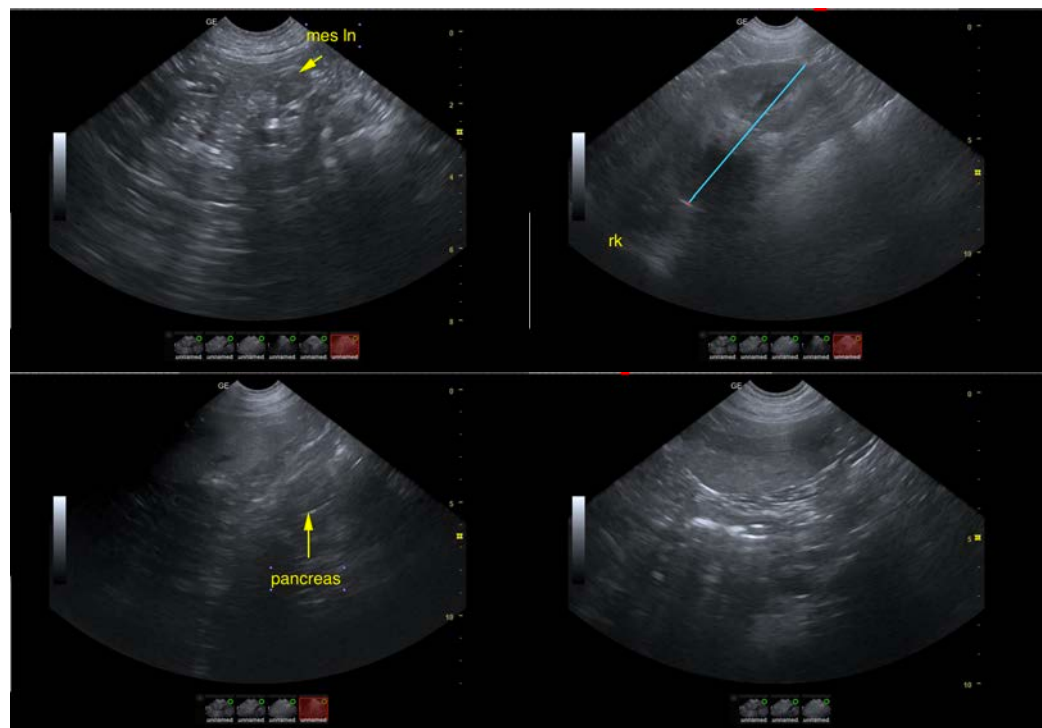
Eric Lindquist, DMV

<https://sonopath.com/services/vetimaging/>

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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PATIENT

Jack London Wakulik

SPECIES

Canine

BREED

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Neutered Male

AGE

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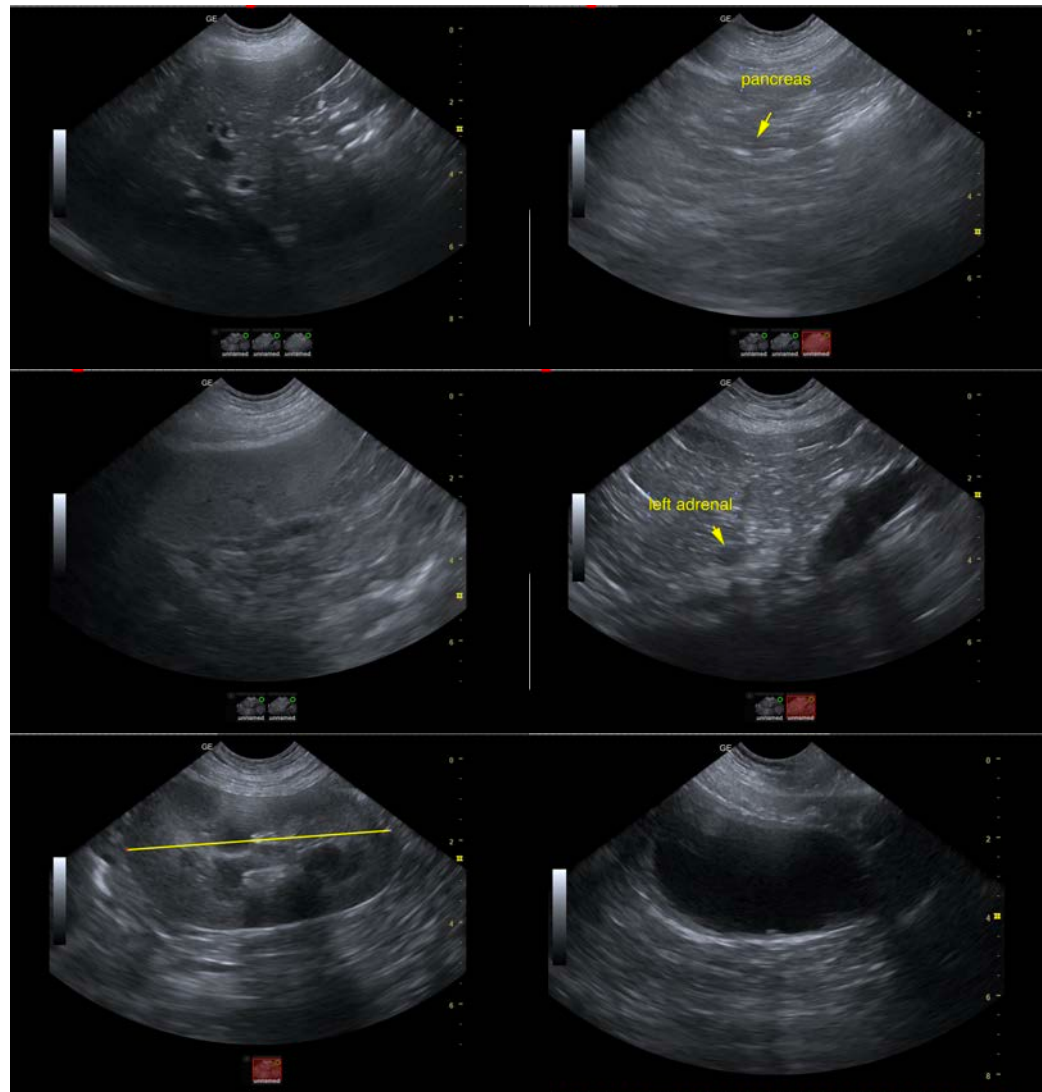
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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