



PATIENT

Loki Mowery

SPECIES

Canine

BREED

Malamute

SEX

Neutered Male

AGE

4 Years

WEIGHT

42 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

12888

DATE

8/30/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital originally on 8/11/21 for vomiting and diarrhea for approximately 1-2 months. Has been seen by rDVM, has had several fecal samples tested. O reports "little red worms" in his stool. Stool is more formed now than when this all started, but still very soft. He vomits brown foam or liquid sometimes a small amount, sometimes a very large amount. today he vomited green water. O reports that he will get better for a little while and then go back to square one. O reports that he lives on a farm and can get into things sometimes (Cow poop, dead rabbits, hay) Over all his condition will wax and wane. Current Medications/Supplements/OTC: rDVM treated twice with metro and Provable. Presented at our hospital for recheck last week for lethargy, bloody diarrhea and vomiting. Patient vomited a few times, diarrhea progressively getting worse. Then presented today for hospitalization. Patient continued to vomit after leaving.

Abnormal PE/Chem/CBC/UA Results: Radiographs – increased gas through intestinal tract, no foreign material or signs of obstruction; Blood work – Chol 105, TP 5, Creat 1.5, WBC 23.94, Neu 16.13, Eos 5.53, lact 3.25, Ph 7.313

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 **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 6.33 cm.

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 0.4 cm.

The region of the **right adrenal gland** was unremarkable.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary



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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.

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Gastrointestinal

The **stomach** was fluid filled. The pylorus was patent. Diffuse intestinal thickening noted with hypertrophied muscularis. Increased submucosal echogenicity consistent with inflammatory bowel. No neoplastic criteria present. No evidence of foreign bodies.

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Pancreas

The **pancreas** revealed minor heterogeneous changes. Slight ill-defined fat, suggestive for low-grade inflammation.

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ULTRASONOGRAPHIC FINDINGS

- Acute on chronic inflammatory bowel presentation, underlying food intolerance, parasitism, idiopathic inflammatory bowel disease all possible
- Minor pancreatitis likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Minor potential for emerging intestinal lymphoma yet no neoplastic criteria met from a sonographic perspective. IV fluid support, broad spectrum antibiotics such as enrofloxacin/metronidazole combination and broad spectrum antiparasitic protocol all indicated. Hydrolyzed diet likely in this patient's best interest. Otherwise, full thickness GI biopsies would be necessary for further definition.

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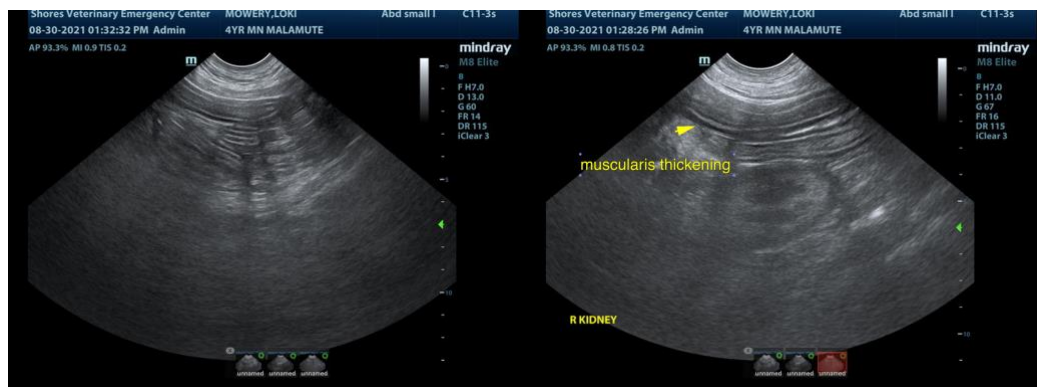
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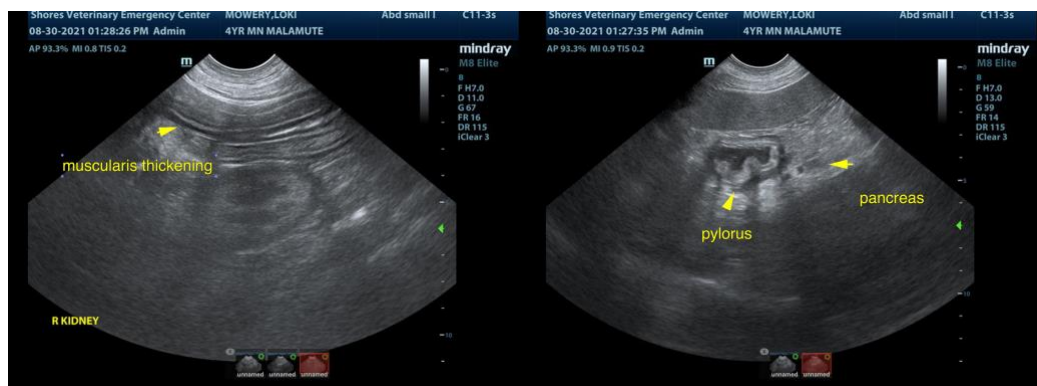
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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