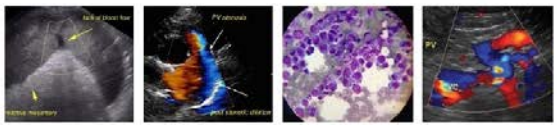
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Star Watson

SPECIES
Canine

BREED
Husky

SEX
Spayed Female

AGE
11 Years

WEIGHT
19 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Snelgrove VS

REFERRING VET
Dr. Gunsinger

INVOICE
40196

DATE
8/5/22

PRESENTING CLINICAL SIGNS

Gradual decline over the past 2 weeks. Liquid diarrhea, inappetence for days in a row gassy belly losing weight steadily meds: ampicillin, metronidazole, cerenia (all IV)

Abnormal PE/Chem/CBC/UA Results: LEPTOSPIROSIS ANTIBODY POSITIVE BUT PCR NEGATIVE (vaccinated in March with Lepto4) WBC 25.76 (5.05-16.76), Neut 21.79 (2.95-11.64), Mono 2.12 (0.16-1.12). BG 8.2 (3.89-7.95), SDMA 34 (0-14), Creat 177 (44-159), BUN 11.8 (2.5-9.6), Phosph 2.32 (0.81-2.2), Amylase 197 (500-1500), K 6 (3.5-5.8), Cl 108 (109-122). Na:K 24 A) Moderate leukocytosis with neutrophilia and monocytosis. Mild hyperglycemia likely secondary to stress. All renal values are mildly elevated, r/o renal disease/injury vs. dehydration. Mild hyperkalemia with low ratio. R/O due to systemic disease vs. HAC.

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 6.3 cm. The right kidney measured 6.7 cm.

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 2.06 cm x 0.43 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 2.5 cm x 1.07 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

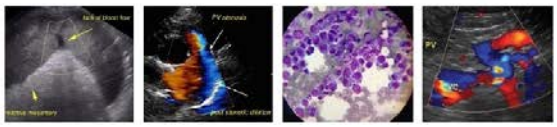
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

An anechoic cyst was noted in the left medial **liver**, measuring approximately 2.0 cm, not likely pathological. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Spastic bowel present with reactive mesentery. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with



PATIENT

Star Watson

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

11 Years

WEIGHT

19 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Gunsinger

INVOICE

40196

DATE

8/5/22

response to irritation. Fluid filled colon noted. No overt evidence of foreign body. Enlarged, rounded, hypoechoic, irregular mesenteric lymph nodes noted, up to 2.0 cm.

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.

Free Abdomen

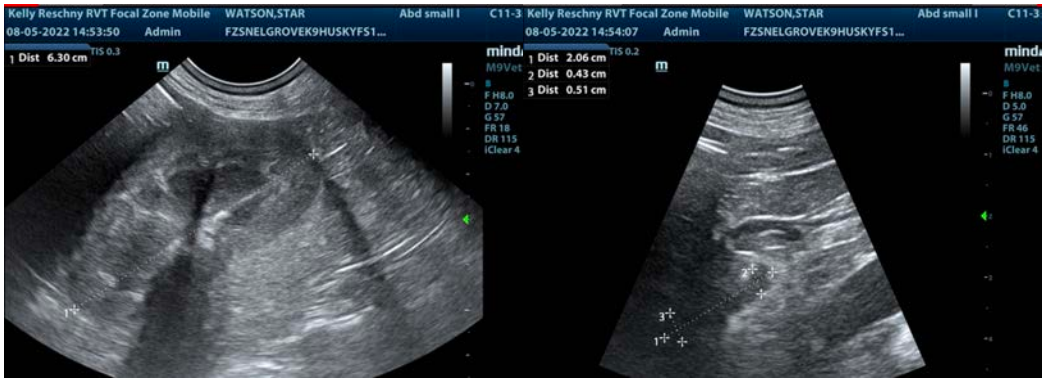
Trace free fluid noted in the abdomen.

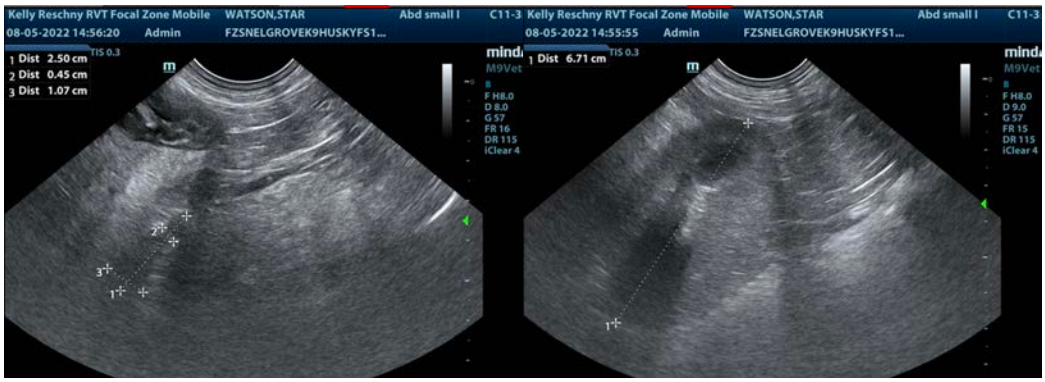
ULTRASONOGRAPHIC FINDINGS

- Enterocolitis pattern with lymphadenitis
- Hepatic cyst
- Trace free fluid
- Structurally normal kidneys

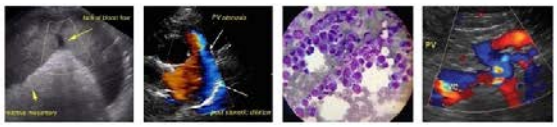
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA, cytology and culture of the mesenteric lymph nodes recommended to ensure underlying round cell neoplasia is not inducing the current presentation. Fecal test and treatment for enterotoxins all indicated. Given the azotemia, Leptospirosis is a strong potential. However, toxin exposure is also possible. 72-hour IV fluid protocol, GI protectants, possibility of plasma transfusion all indicated, especially if albumin drops in this patient. 24-hour NPO and recheck sonogram in 48-72 hours. Guarded prognosis depending upon cytology results.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Star Watson

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

11 Years

WEIGHT

19 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

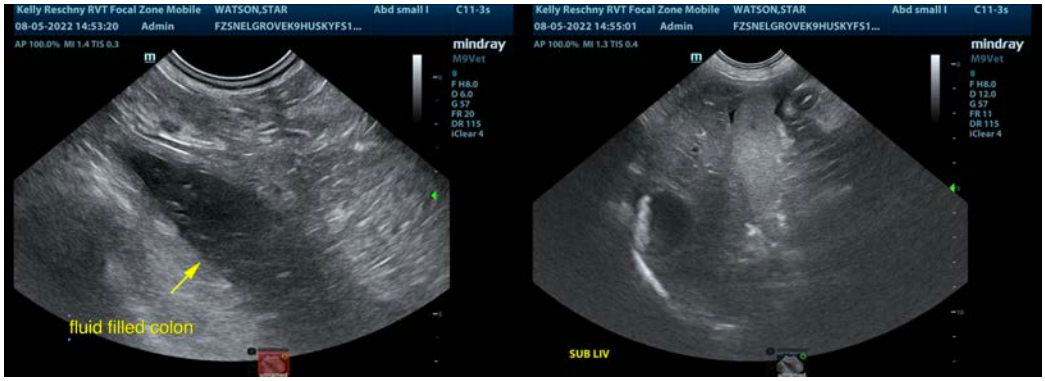
Dr. Gunsinger

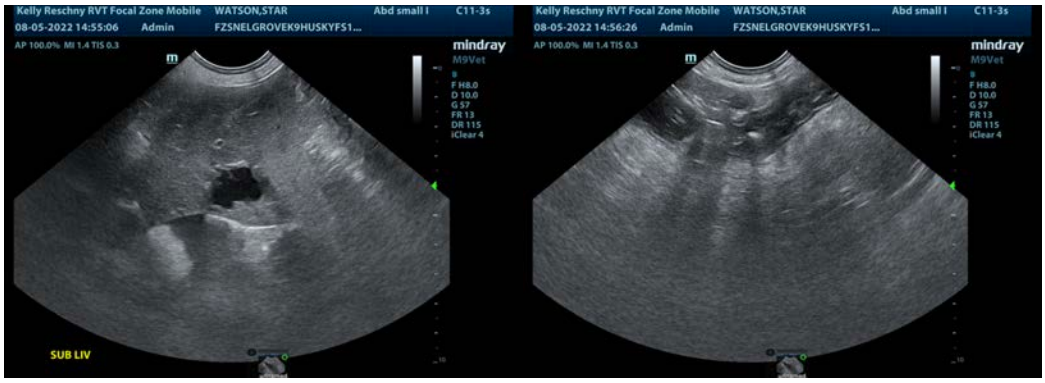
INVOICE

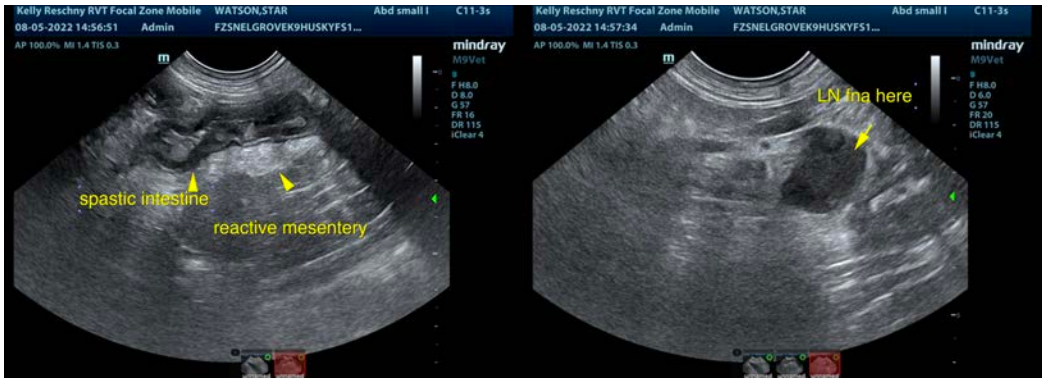
40196

DATE

8/5/22







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