



PATIENT

Kokoro Marie

SPECIES

Canine

BREED

Alaskan Klee Kai

SEX

Neutered Male

AGE

11 Years

WEIGHT

6.1

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

44509

DATE

8/5/23

PRESENTING CLINICAL SIGNS

Kokoro is a 11 YO MN Alaskan Klee Klai who was presented for possible GI bleed and continued care. P was previously diagnosed with lymphoma in 2021, but has been stable since. Starting 2 weeks ago, p started having diarrhea and weakness in the hindlimbs. The oncologist does not believe it was the lymphoma causing these symptoms and said if it is cancer it would be a different type. They prescribed steroids and appetite stimulant, since p also had a decreased appetite. The diarrhea persisted over the last 2 weeks and now p is not wanting to eat or move. PCV 18%, albumin 1.0

Abnormal PE/Chem/CBC/UA Results: Non-ambulatory Open Anemia Open Heart murmur

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 3.9 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 0.50 cm. The right adrenal gland measured 0.60 cm.

Spleen

The **spleen** was hypoechoic with scalloping, mildly irregular contour. FNA indicated to assess splenitis versus round cell neoplasia.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Some areas of small intestinal revealed some linear material, possibly related to parasitic disease, no tethering noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Fluid filled colon noted. Reactive lymph nodes noted.

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Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, suggestive for pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Non-specific gastroenteritis with possible worm burden
- Concurrent pancreatitis
- Hypoechoic, scalloping spleen
- Age related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI blood loss is a strong potential in this patient. Parasitic disease should be ruled out. GI protectant protocol warranted, blood transfusion ideal. Treatment for pancreatitis/gastroenteritis indicated. No structural evidence of neoplasia unless the spleen represents a latent neoplastic process. The low albumin would suggest protein losing enteropathy if no significant proteinuria is present, as the liver appears largely unremarkable. CBC path review warranted +/- eventual bone marrow biopsy.





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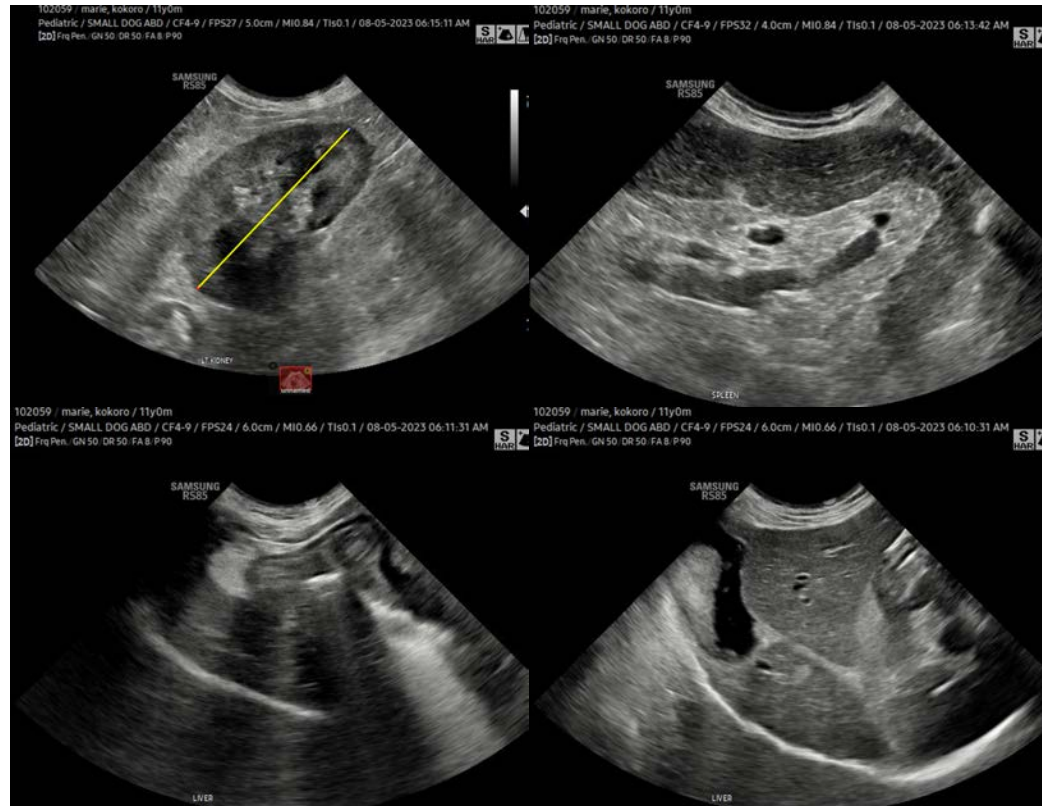
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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