



PATIENT

Wolverine Laroche
Freddie

SPECIES

Canine

BREED

Malamute Alaskan

SEX

Spayed Female

AGE

9 Years

WEIGHT

45 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Chris Belan VS

REFERRING VET

Dr Andrew Toma

INVOICE

25324

DATE

9/10/21

PRESENTING CLINICAL SIGNS

History of pancreatitis in July of 2021, currently decreased appetite.
Abnormal PE/Chem/CBC/UA Results: Current BW, elevation of ALT and LIP (mild to moderate).
Currently on Gabapentin and Zentonyl

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 6.61 cm. The right kidney measured 6.85 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 0.48 cm in width.

The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** presented minor heterogeneous micronodular changes with slight irregular contour. The spleen was folded upon itself.

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.

Gastrointestinal

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. Minor excessive GI gas noted. No obstructive or overt infiltrative disease was noted. A jejunal lymph node was mildly enlarged, measuring 2.31 cm x 1.36 cm. The lymph node was echogenic, irregular, nodular, and mildly expansive, yet the pattern was reactive.



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Pancreas

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The **pancreas** revealed minor heterogeneous parenchymal changes with slight irregular contour and patchy, mixed hyperechoic inflammatory pattern, consistent with chronic active pancreatitis.

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ULTRASONOGRAPHIC FINDINGS

- Minor micronodular splenic changes
- Reactive lymphadenopathy
- Chronic active pancreatic inflammation likely

BREED

Malamute Alaskan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for chronic active pancreatitis and inflammatory bowel warranted. If any weight loss is present, FNA of the spleen and mesenteric lymph node indicated. Hydrolyzed diet, broad-spectrum antiparasitic protocol, Amoxicillin/Metronidazole over a 10 day period, and deep subxiphoid palpation recommend to assess for any discomfort associated with the pancreas. IV fluid support and 24-hour NPO could also be considered as initial treatment.

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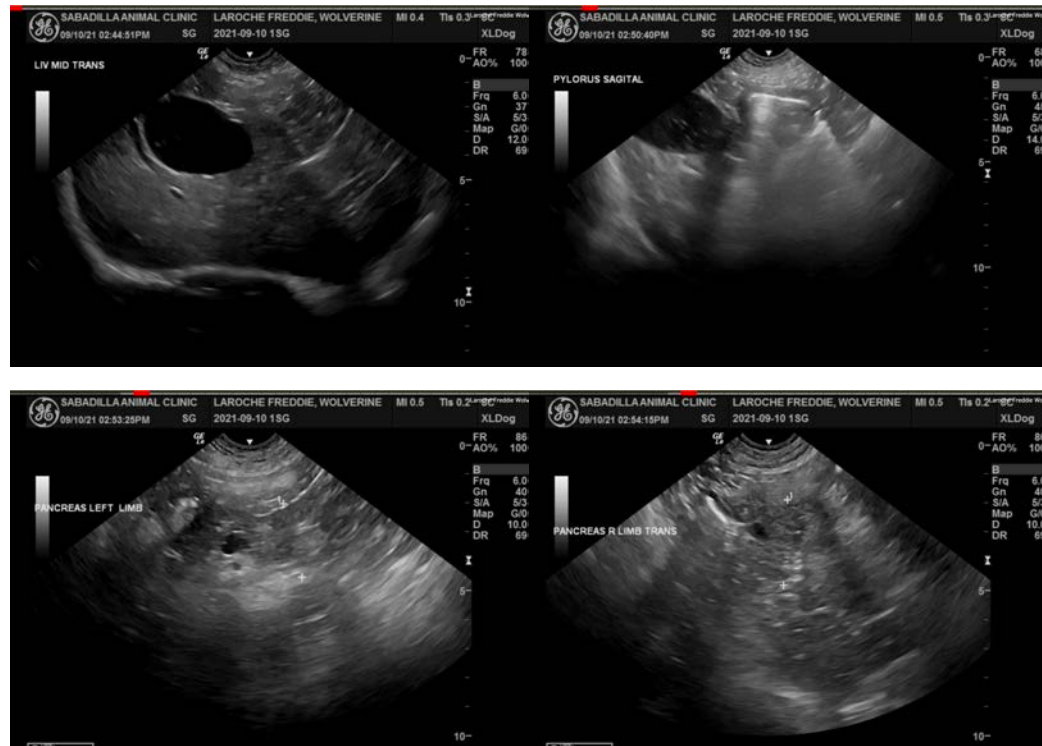
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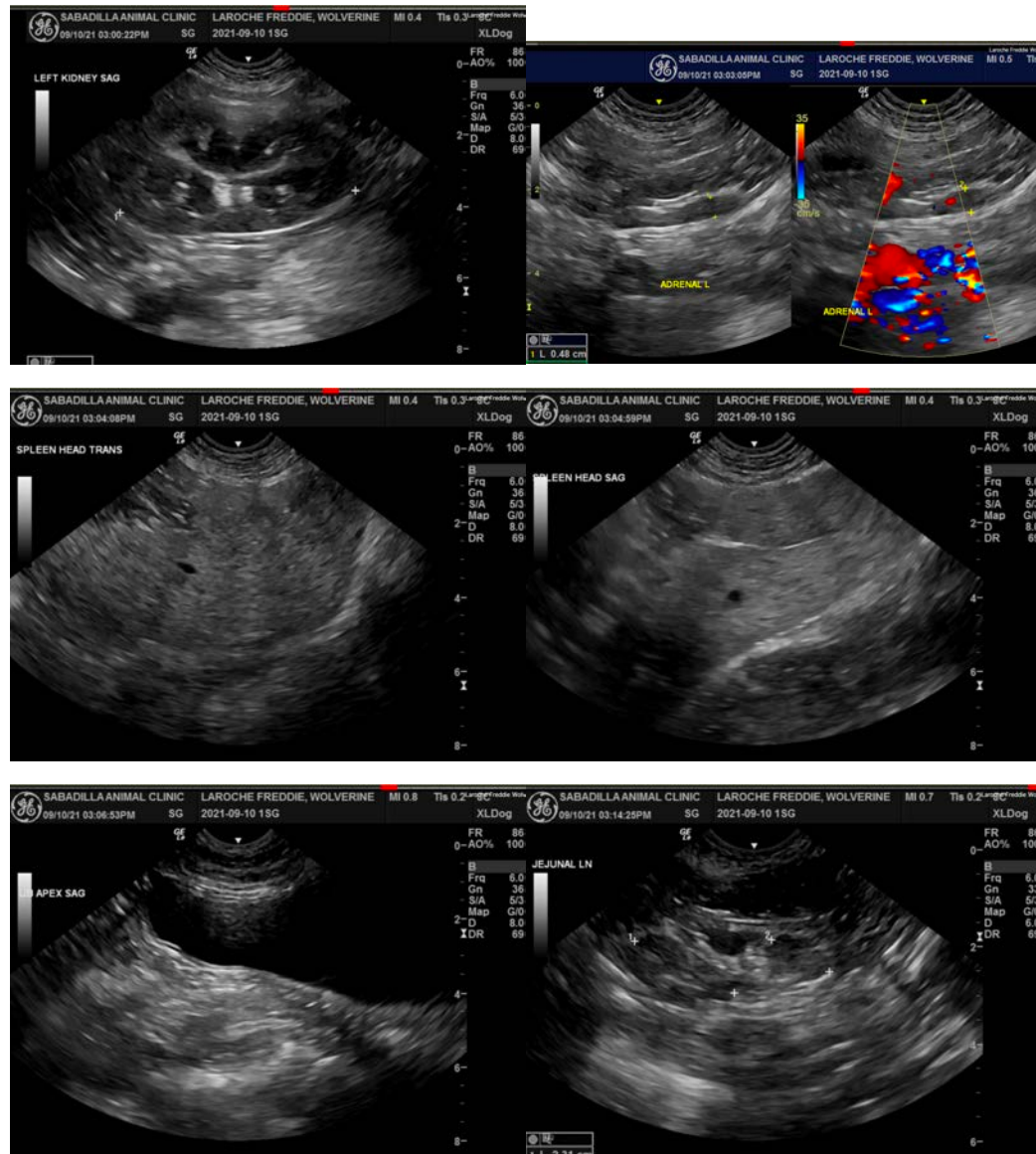
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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