



**PATIENT**

Sandon BC Lane

**SPECIES**

Canine

**BREED**

Malamute

**SEX**

Intact male

**AGE**

7 years

**WEIGHT**

114.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

Dr. Hixson

**DATE**

4/19/22

**Invoice**

99358

**PRESENTING CLINICAL SIGNS**

QAR, Patient is blood vomiting. Radiographic Findings Possible mass in anterior abdomen  
Abnormal PE/Chem/CBC/UA Results: Glu- 257 ALT 161 LIPA >6000 Urine Showed Diabetic Ketoacidosis

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was over distended at the time of the sonogram. The pelvic urethra was imaged 2.0 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 10.2 cm. The right kidney measured 10.0 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 right adrenal gland measured 2.47 x 0.87 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 3.63 x 0.49 cm at the cranial pole and 0.58 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 was noted.

**Liver**

The **liver** was diffusely hyperechoic to the falciform fat. Hypoechoic nodular changes were noted. The gallbladder and common bile duct were unremarkable with attenuating sound beam. This is consistent with vacuolar hepatopathy, hepatic lipidosis or metabolic hepatopathy.



**PATIENT**

**Gastrointestinal**

Sandon BC Lane

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach was slightly deviated. Some gastric stasis was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

**SPECIES**

Canine

**BREED**

Malamute

**SEX**

Intact male

**AGE**

7 years

**WEIGHT**

114.2 lbs

**Pancreas**

The left **pancreatic limb** revealed extensive, mixed, hypoechoic parenchymal changes with regional inflammation. The pathology extended for 7.0 x 4.0 cm in the left limb. The pancreatic pathology extended throughout much of the left limb and base of the pancreas. The right limb was fairly unremarkable.

**Free Abdomen**

Minor areas of free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

Extensive left limb pancreatitis/pancreatic necrosis pattern, metabolic hepatopathy/lipidosis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Left pancreatectomy may be necessary in this patient. However, I recommend FNA of the pancreas and liver is indicated.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

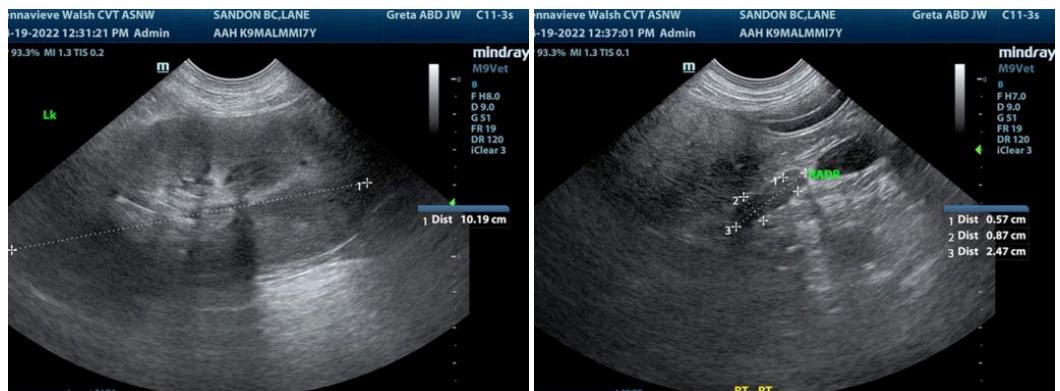
Dr. Hixson

**DATE**

4/19/22

**Invoice**

99358





**PATIENT**

Sandon BC Lane

**SPECIES**

Canine

**BREED**

Malamute

**SEX**

Intact male

**AGE**

7 years

**WEIGHT**

114.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

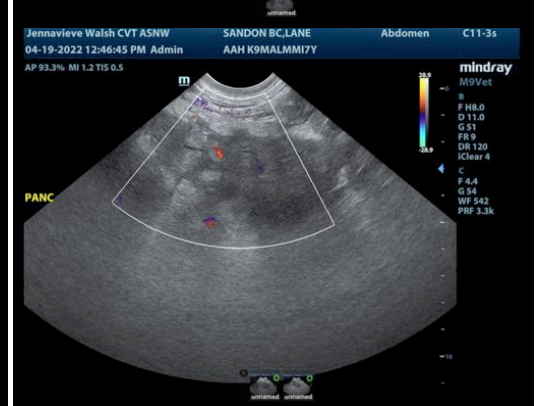
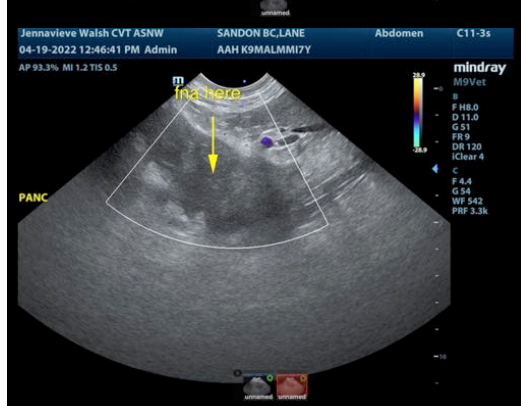
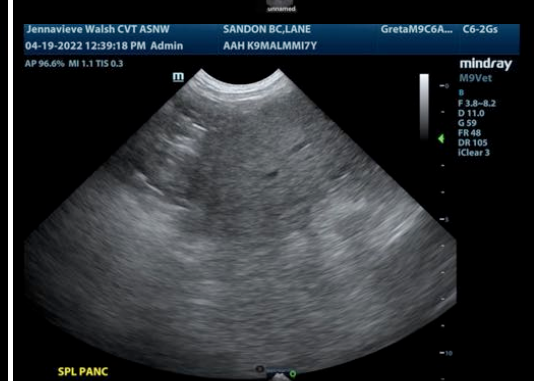
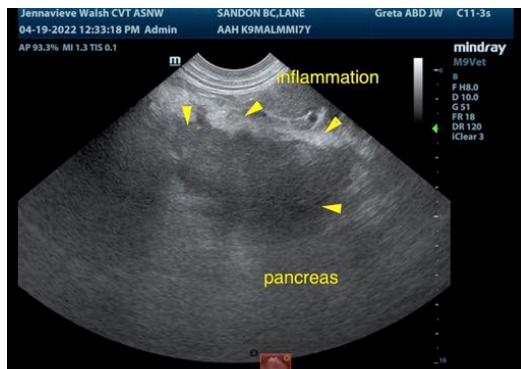
Dr. Hixson

**DATE**

4/19/22

**Invoice**

99358





**PATIENT**

Sandon BC Lane

**SPECIES**

Canine

**BREED**

Malamute

**SEX**

Intact male

**AGE**

7 years

**WEIGHT**

114.2 lbs

**Potential Causes of Diabetic Dysregulation**

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

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

**HOSPITAL NAME**

Alpine AH

CEO of Sonopath.com

Eric.Lindquist@SonoPath.com

**REFERRING VET**

Dr. Hixson

**DATE**

4/19/22

**Invoice**

99358