



PATIENT

Blue Vanvalkenburg

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed female

AGE

1 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Bociulis

INVOICE

75988

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: Persistent mild reactivity to abdominal palpation and persistent lethargy. Current Meds: Ampicillin, Cefazolin, Metoclopramide, Cerenia, Doxycycline
ANA and Lyme +, CPL elevation-pancreatitis currently improving, rest nsf.

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 was 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 5.94 cm. The right kidney measured 7.14 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 2.16 x 0.23 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measured 0.57 cm at the cranial pole and 0.3 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. The gallbladder was mildly over distended with gallbladder debris.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Minor hyperperistalsis was noted in the small intestine and soft stool in the colon, yet there was no evidence of significant pathology. There is a potential for low-grade GI upset.

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

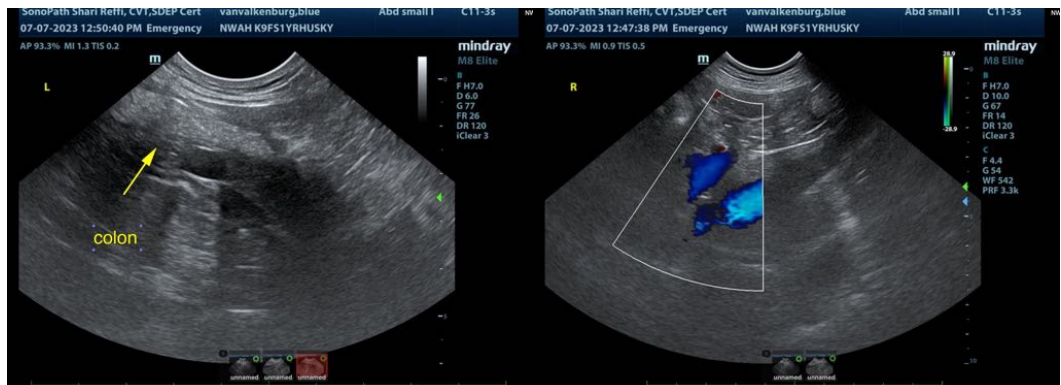
The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology. Screening for Addison's is warranted, orthopedic pain owing to Lyme/infectious disease is possible. There is no structural evidence of pancreatitis in this patient. CPL elevation may be secondary to GI upset and cross reactivity. EKG is warranted to assess for arrhythmogenic disease. Full CNS examination is also indicated.





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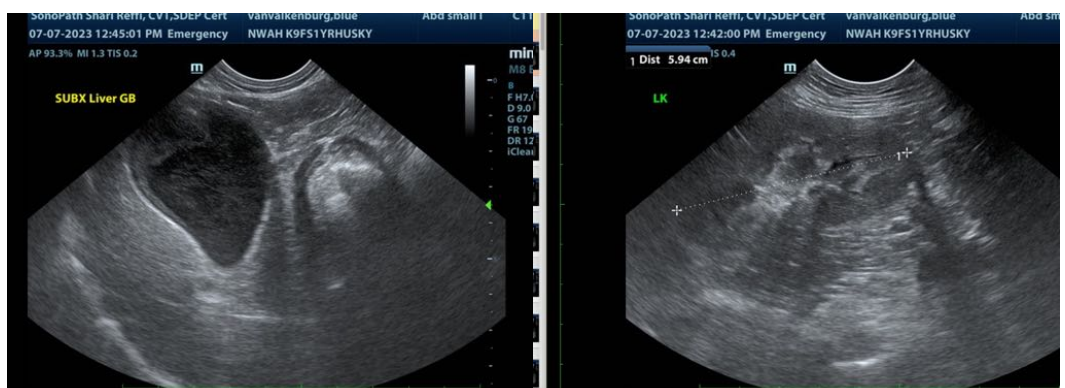
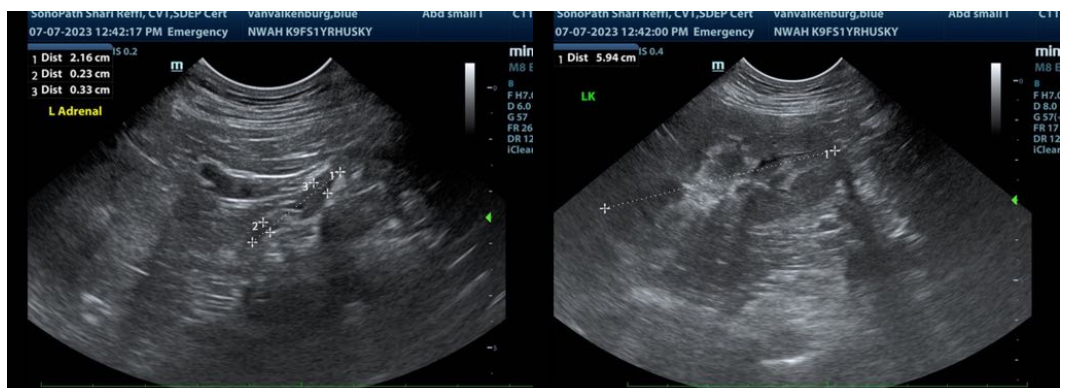
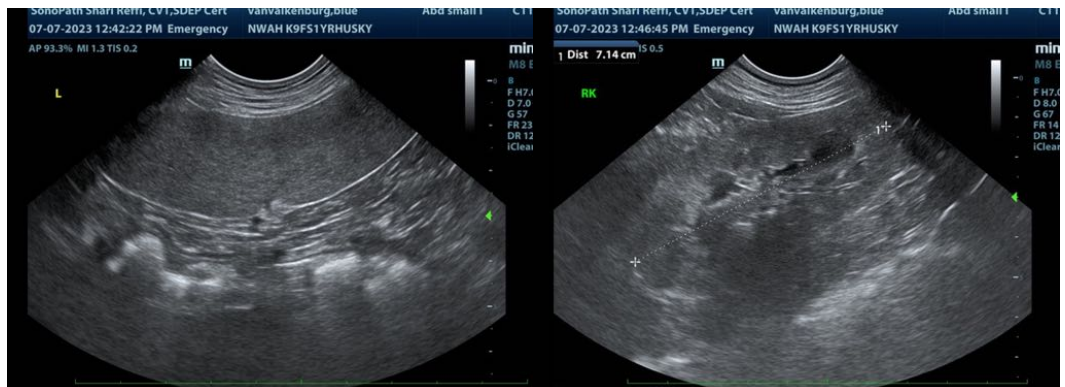
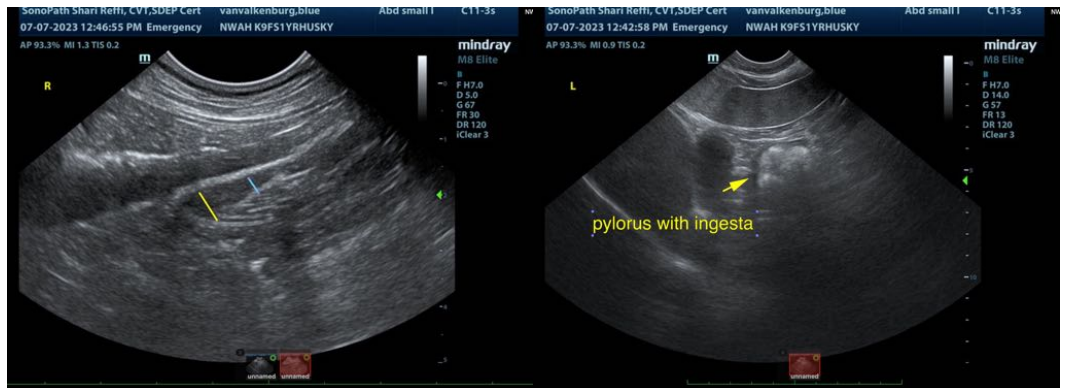
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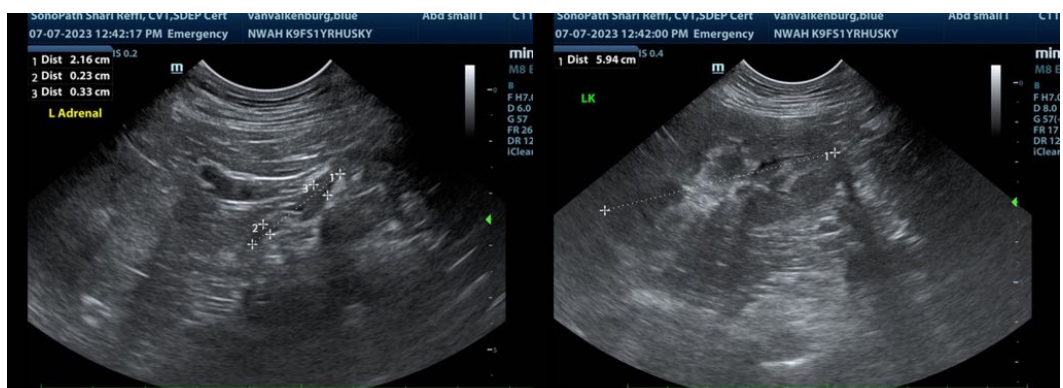
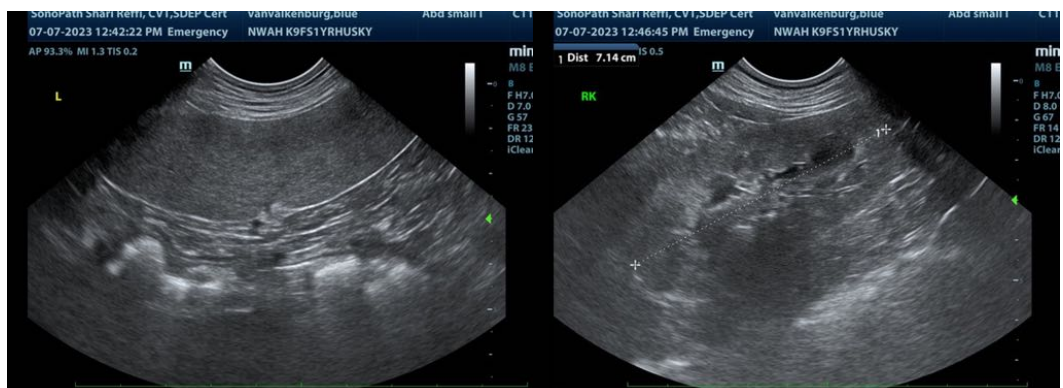
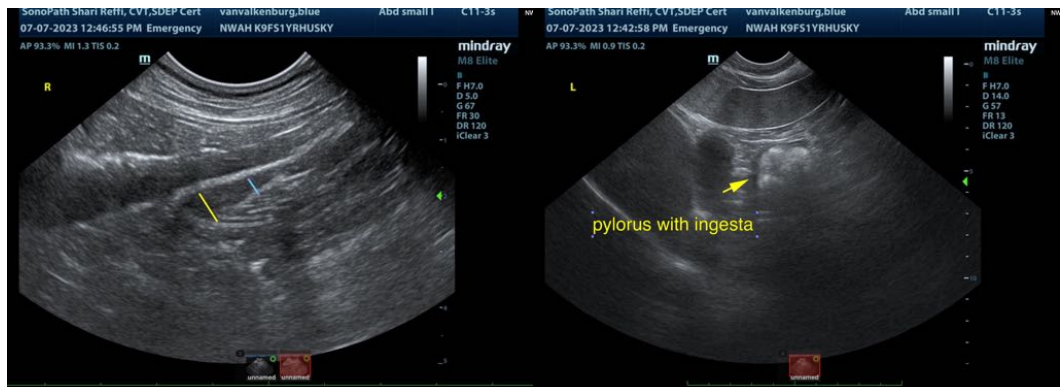
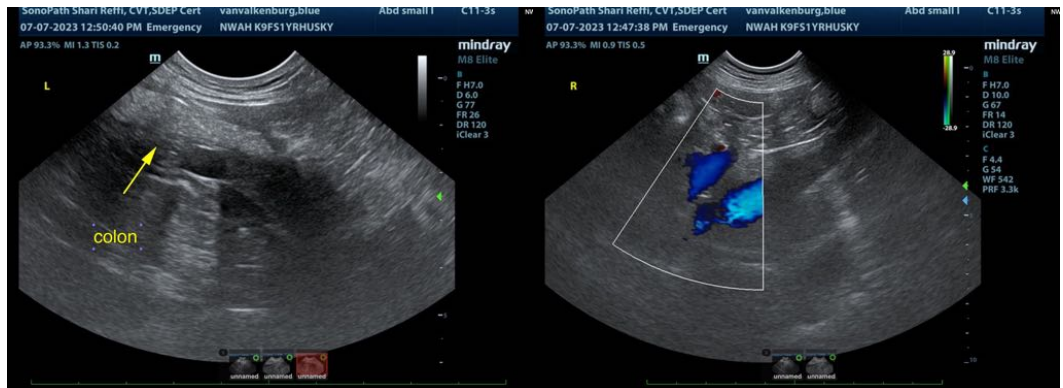
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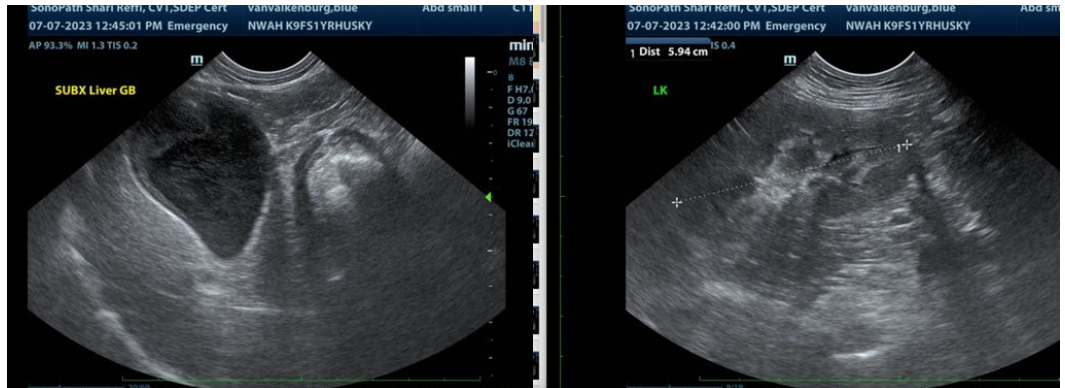
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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