

**PATIENT**

Sky Chueva

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

M/N

**AGE**

14 years

**WEIGHT**

23.1 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Emergency  
Veterinary Hospital

**REFERRING VET**

Patti Mayfield DVM

**INVOICE**

14825

**DATE**

9/8/22

**PRESENTING CLINICAL SIGNS**

Sky presented to EVH for evaluation of progressive difficulties rising, weakness, and possible pain for ~ 4 days. Sky appears most painful when at rest, at night. He is restless and shifts positions. He will circle many times prior to lying down, and then collapses down, rather than gently laying down. He appears dropped in the hocks more recently. Sky continues to go for walks and doesn't demonstrate any lameness when walking. No CV. He had watery loose stools 4 days ago, then no bowel movement for ~3 days. Today he had soft stools. He retains a normal appetite. Approx. 1 month ago, Sky had significant crusting/dry R nostril. He has had patchy alopecia for ~ 1 year and occasionally the hair does not grow back well when clipped. He is not pruritic. He occasionally sneezes. MEDS:

Levothyroxine Vetprofen-- 1/2 tab PO in the am, 1 tab PO in the pm x 4 days CLIENT

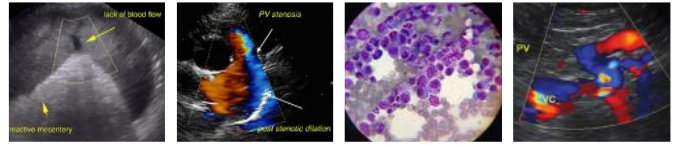
COMMUNICATION AND TREATMENTS: Discussed findings with client and advised that pain may indeed be orthopedic/musculoskeletal in nature, however could also be associated with another source. Discussed that 4 days of Carprofen should lead to improved pain relief, by this time, but we can consider switching to Metacam, in the event the patient is not receptive to Carprofen. Discussed the use of Cerenia in the event of visceral/abdominal discomfort and probiotics, along with Gabapentin in the event of nerve impingement. Recommended consult with OVRA surgeon, for orthopedic/neuro evaluation and can pursue IM, should that be deemed necessary. Advised to D/C Carprofen indefinitely. Rx: Meloxicam 1.5 mg/mL: 1.5 mL PO q 24 hours (10 mL bottle) Gabapentin 300 mg: 1 cap PO TID-BID, prn (#30) Provable: 1 cap PO q 24 hours x 10 day (#10) Cerenia 60 mg: 1 tab PO q 24 hours x 4 days (#4)

Abnormal PE/Chem/CBC/UA Results: PE: Generalized, profound stiff gait, with reduced ROM of the hips and moderate paraspinal pain along the TL vertebral regions. MM's are pink, worn dentition. Lenticular sclerosis OU. Harsh BVS on all fields, but no dyspnea. Abdomen is tense. Profound patchy alopecia with possible endocrine alopecic pattern and intermittent erythema and crusting integument. Severe matted fur. CBC: - NSF - Lymphopenia, 800/uL (1050-5100) - All else WNL CHEM: - NSF - AMYL: 275 U/L (500-1500) - All else WNL T4: - 4.9 ug/dL (1-4); For dogs on thyroid supplement, acceptable 4-6 hour post pill total T4 concentrations generally fall within the higher end or slightly above the reference range. Blood pressure: 150 mmHg (systolic) 3-VIEW THORACIC RADS: - Cardiac silhouette is unremarkable, normal diameter of the vena cava. No obvious patchy infiltrates or consolidation that would indicate pneumonia and no nodular changes that would indicate metastatic or primary neoplasia. Mild-moderate bronchiolar pattern that is most suggestive of bronchitis. No pleural effusion or obvious pulmonary edema. - Spondylosis of T4-6, T11-12, T13-L1 LAT/VD ABDOMINAL RADS: - Gastric axis is normal with mild amount of ingesta, which does not appear obstructive. There is a mild-moderate amount of feces and gas within the SI, however no obvious FB or obstruction. Slightly prominent margin of the spleen, but no obvious mass. No indication of ascites. No obvious masses or neoplasia. - Spondylosis of L2-L4 VD PELVIS/DISTAL LIMBS: - No profound osteoarthritis appreciated.

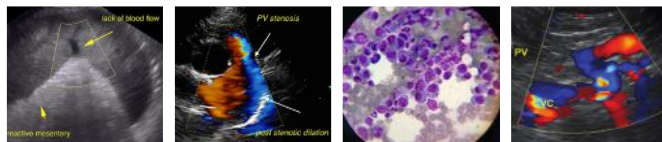
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.



|  |   |
|--|---|
| <b>PATIENT</b>   | The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 2.0 cm in diameter.  |
| Sky Chueva   |   |
| <b>SPECIES</b>   | No evidence of medial Iliac or sublumbar lymphadenopathy was noted in the area of the iliac trifurcation or sublumbar space.  |
| Canine   |   |
| <b>BREED</b>   | Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 6.5 cm in length.  |
| Siberian Husky   |   |
| <b>SEX</b>   | <b><i>Adrenal Glands</i></b>  |
| M/N  | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.2 cm length x 0.73 cm width at the caudal pole.  |
| <b>AGE</b>   |   |
| 14 years   | The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.9 cm length x 0.69 cm width at the caudal pole. No evidence of adrenal neoplastic criteria was noted.  |
| <b>WEIGHT</b>  | <b><i>Spleen</i></b>  |
| 23.1 kg  | The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary, nondisruptive, hyperechoic nodule was noted in the cranial spleen measuring 0.54 cm in diameter.  |
| <b>INTERPRETED BY</b>                                    | <b><i>Liver/ Gallbladder</i></b>  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | The liver exhibited subjective borderline to mild enlargement with uniform to mildly remodeled parenchyma. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate, non-dependent, mildly congealed yet nonorganized and subjectively mobile gallbladder debris. The gallbladder walls were sonographically normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal. |
| <b>IMAGING PERFORMED BY</b>                              | <b><i>Gastrointestinal</i></b>  |
| Patti Mayfield DVM                                       | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal. No evidence of mechanical pyloric outflow obstruction was noted.  |
| <b>HOSPITAL NAME</b>                                     |   |
| Emergency<br>Veterinary Hospital                         |   |
| <b>REFERRING VET</b>                                     |   |
| Patti Mayfield DVM                                       |   |
| <b>INVOICE</b>   |   |
| 14825  | The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.   |
| <b>DATE</b>  |   |
| 9/8/22   | Normal visible colon wall layers were present with apparent formed feces in lumen.  |



**PATIENT**

**Pancreas**

Sky Chueva

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

**BREED**

Siberian Husky

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Mild age-related renal changes
- Benign splenic nodule - consistent with myelolipoma
- Minor pancreatic remodeling - no evidence of active pancreatitis
- Subjective borderline to mild hepatomegaly - benign
- Moderate gallbladder debris
- Gastric ingesta - probable post prandial presentation

M/N

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Overall, largely geriatric abdomen without evidence of significant visceral pathology as a definitive cause of the patient's clinical signs.

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

Mild vacuolar hepatic changes are suspected. The clinical significance of the gallbladder debris is unclear, given the lack of reported hepatic enzyme elevations or cholestasis. Continued monitoring for evidence of cholestasis with possible Ursodiol therapy is suggested.

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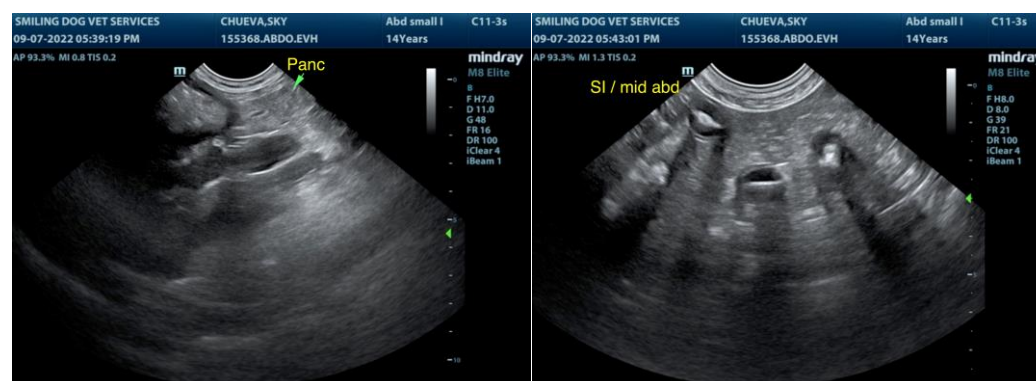
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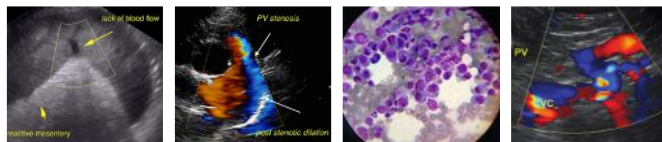
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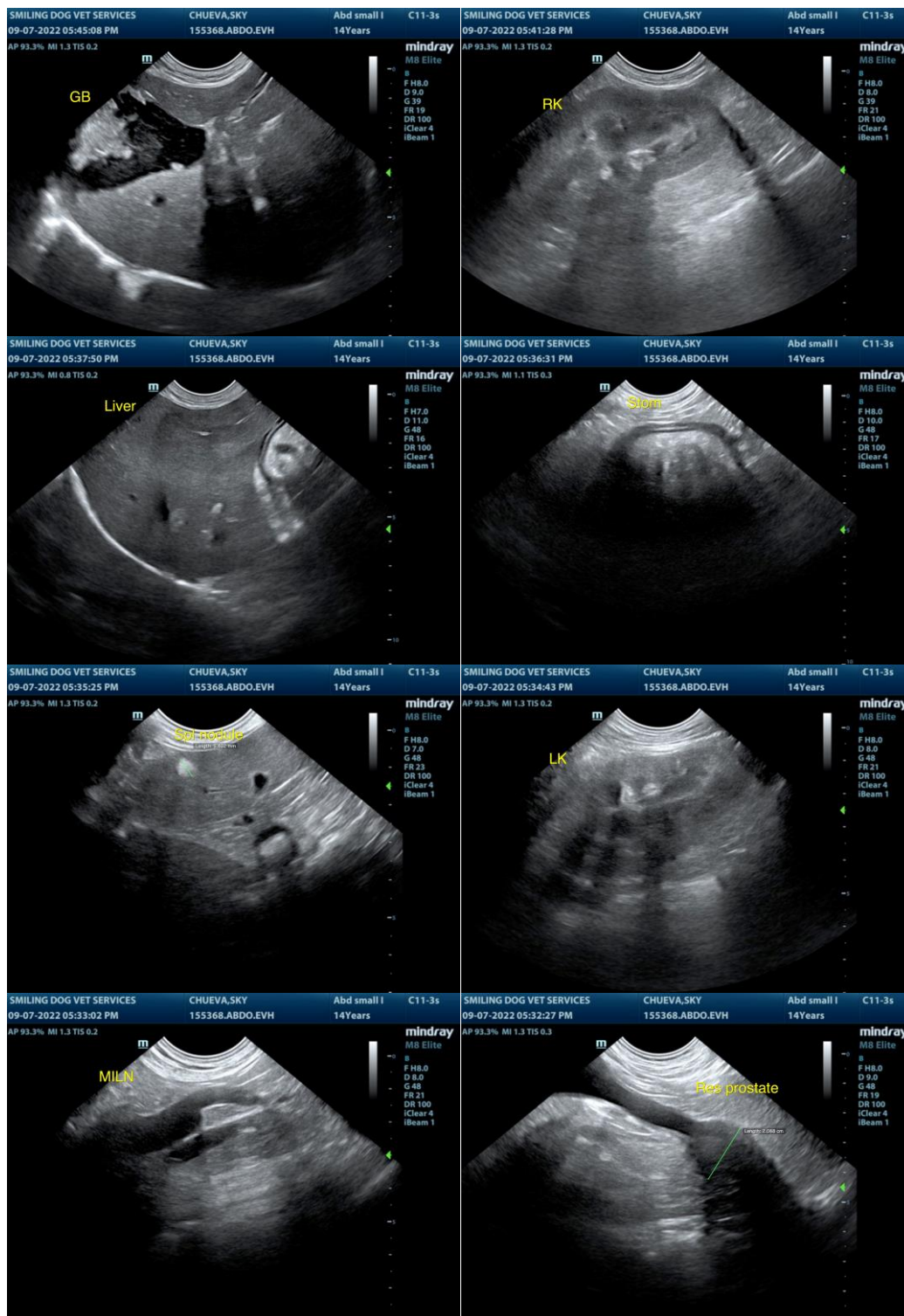
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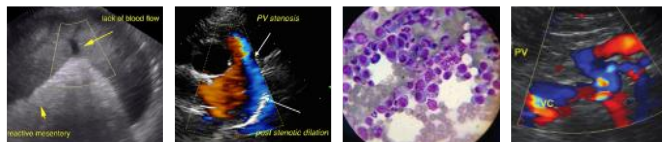
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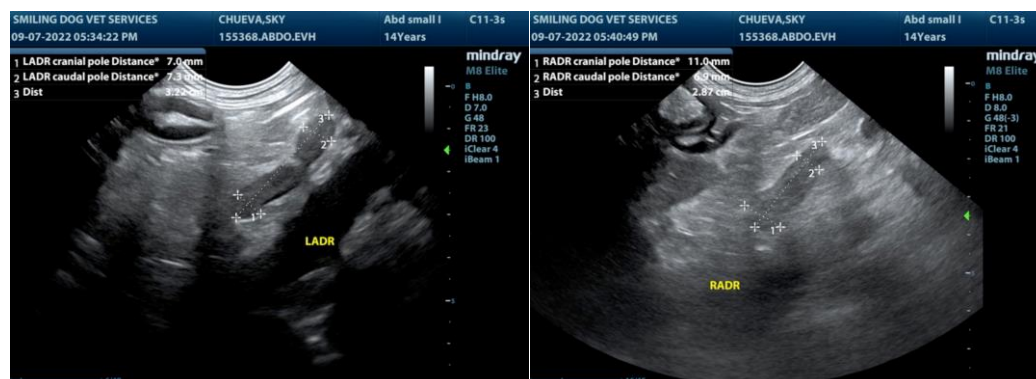
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com