



**PATIENT**

Oreo Orris

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

8 years 10 months

**WEIGHT**

47.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Dr. Myers

**INVOICE**

95409

**DATE**

1/19/22

**PRESENTING CLINICAL SIGNS**

Pet was seen for mild hind leg lameness/stiffness 2 weeks ago. Radiographs showed medullary sclerosis diffusely both hind legs. Left popliteal lymph node was sampled because slightly enlarged. Read as reactive, no neoplasia seen. Started pet on galliprant for discomfort but on a search for neoplasia/inflammation/something that is causing the medullary sclerosis  
Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4 all normal 4dx plus: negative fungal titers: negative Left popliteal LN aspirate: reactive chest and abdominal radiographs reviewed by radiologist- no significant findings

**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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 4.0 cm.

**Adrenal Glands**

The region of the **adrenal gland** was visualized with no overt pathology. The right adrenal gland was visualized and appeared flattened. The right adrenal gland measured approximately 0.4 cm.

**Spleen**

The **spleen** was mildly enlarged with slight scalloping contour. Minor, heterogenous, non-disruptive changes were noted.

**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.



**PATIENT**

**Gastrointestinal**

Oreo Orris

The **pylorus** revealed minor mucosal thickening. The small intestine and colon were unremarkable.

**SPECIES**

**Pancreas**

Canine

The **pancreas** revealed a minor amount of heterogenous parenchymal changes. This is consistent with remodeling from prior insult. There was no evidence of active inflammation.

**BREED**

Border Collie

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Minor bladder thickening.

Spayed Female

Slight, pancreatic remodeling.

Heterogenous spleen, likely hyperplasia.

**AGE**

8 years 10 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

47.8 lbs

Urinalysis is warranted if not already performed. Screening for Addison's is recommended given the flattened and poorly visible adrenal glands even though the region was adequately imaged. If cortisone has been utilized in this patient's protocol then this would suppress adrenal presentation. Low-grade gastritis may be an issue; otherwise, the abdomen was unremarkable.

**INTERPRETED BY**

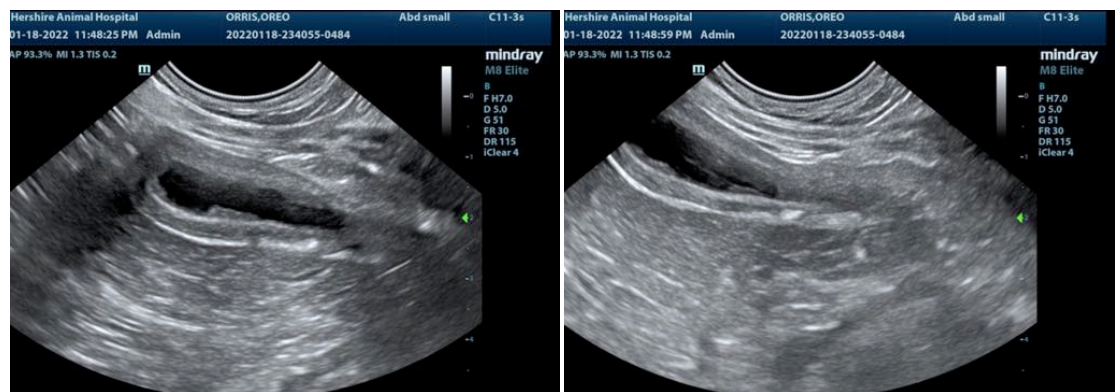
Eric Lindquist, DMV  
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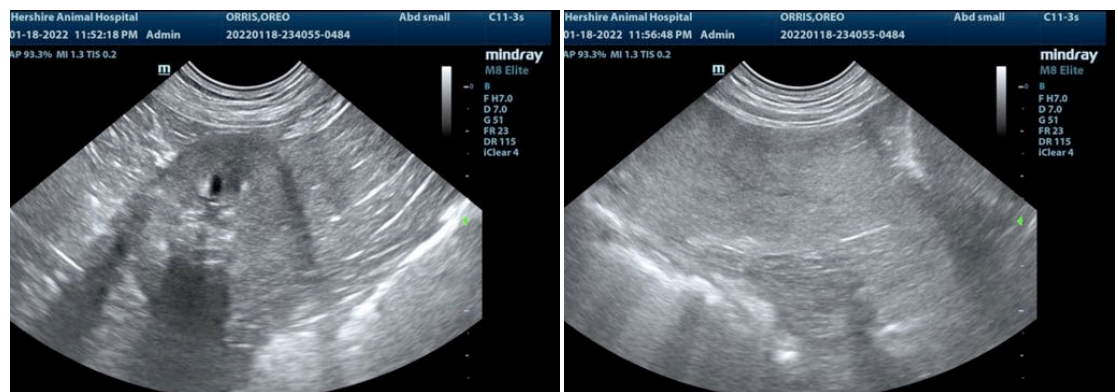
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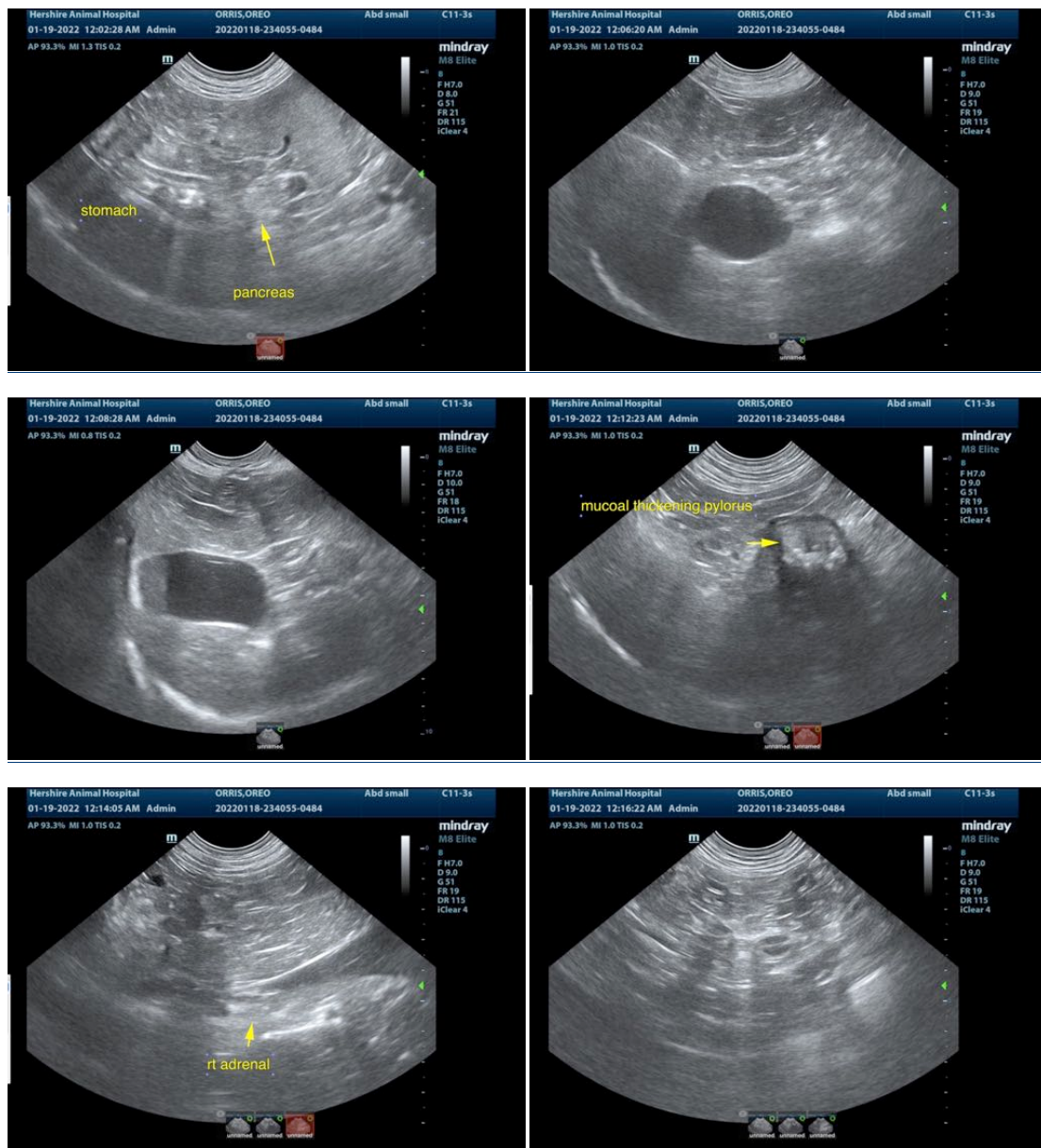
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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