



**PATIENT**

Kodi Darter

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Male

**AGE**

11 years

**WEIGHT**

55 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**INVOICE**

95675

**DATE**

1/31/22

**PRESENTING CLINICAL SIGNS**

Since early December Kodi has been slower moving and having soft stool with recurrent diarrhea. He is weaker and not wanting to move as much when diarrhea is worse.

Abnormal PE/Chem/CBC/UA Results: PE: Mild dental disease. Normal exam for age. CBC: Normal Chem: Lipase 283 U/L, Spec cPL 343 ug/dL Normal BNP, UA, Thyroid, Heartworm 4DX, Fecal screen Diarrhea PCR pending.

**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 right kidney measured 6.01 cm. The left kidney measured 6.91 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 3.52 x 0.51 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.43 x 0.42 cm at the caudal pole and 0.48 cm at the cranial 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** revealed coarse architecture with increased portal markings and irregular contour and remodeling. The gallbladder and common bile duct were unremarkable. This is most consistent with fibrosis and remodeling.



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**Gastrointestinal**

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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**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.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

Hepatic remodeling and cholangiohepatitis pattern.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

55 lbs

Bile acid profile as well as core liver biopsy would be ideal in this patient. Otherwise, unremarkable abdomen. There was no overt evidence of neoplasia. However, emerging hepatic neoplasia cannot be completely ruled out, yet this is not expected.

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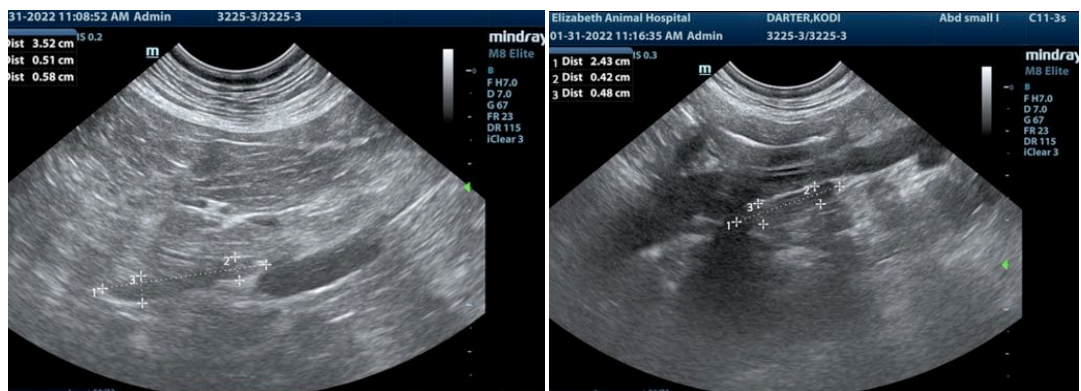
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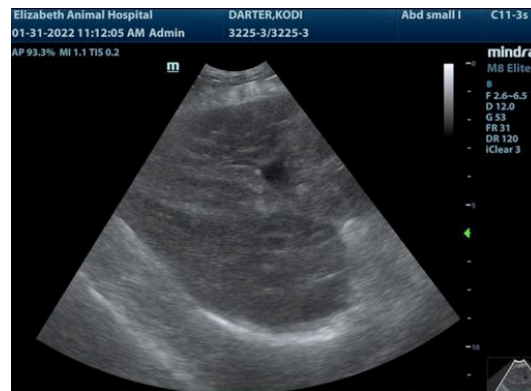
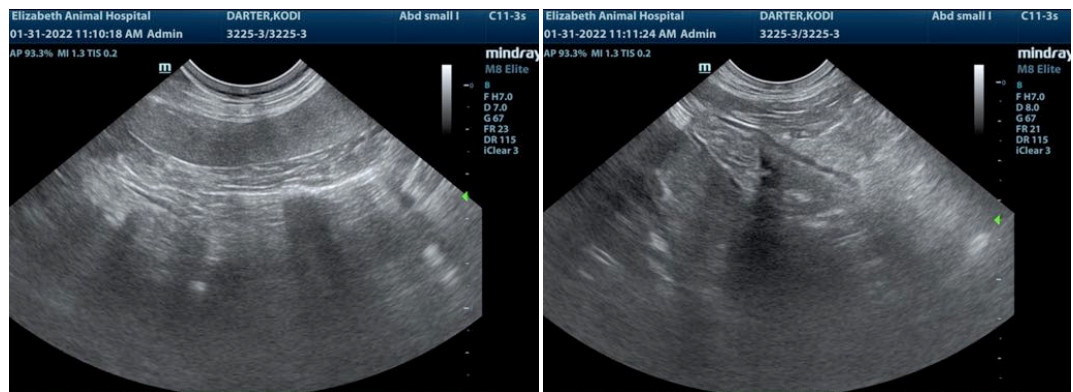
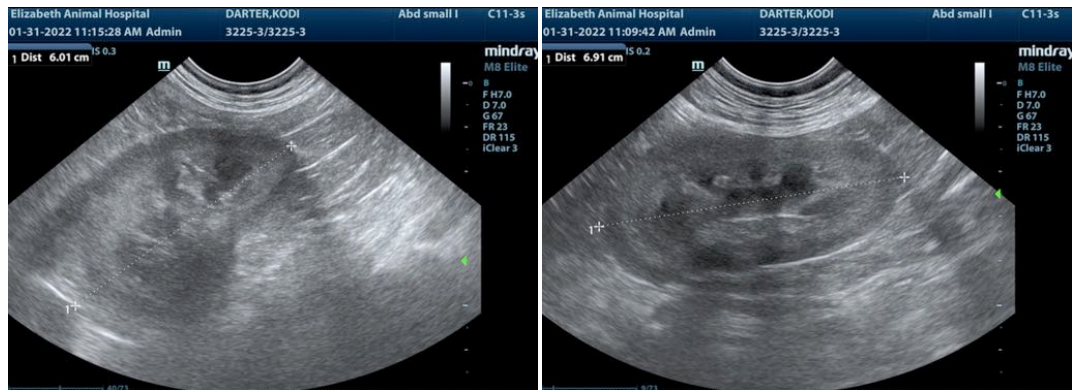
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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