



**PATIENT PRESENTING CLINICAL SIGNS**

Pippa Blain

History: Ultrasound for neighboring clinic Lost 3kg since July. Decreased appetite past few months but recently is improving. Vomiting daily bile PU/PD last 1.5 weeks, getting owners up at night 2-4x Is on apoquel, stilbestrol for incontinence

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC-mild leukopenia (mildly low lymphs and monos) , mild hemoconcentration (Hct 55%), mildly low plt 86 (165-500) with elevated PDWc (39.3%) Chem-glc 6.5, otherwise normal UA- UTI- Concentrated USG. Hematuria, pyuria. Occasional squamous epithelial. Has been treated with clavaseptin and urinary symptoms are improving.

**BREED**

Border Collie

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed Female

**Urinary System**

Apical **urinary bladder** wall thickening was noted and measured approximately 0.5 cm. The urine was anechoic and unremarkable. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**AGE**

8 years

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 kidney measured 5.0 cm. The right kidney measured 6.0 cm.

**WEIGHT**

23.5 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Biederbeck

**Spleen**

**HOSPITAL NAME**

Lomsnes VH

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.

**REFERRING VET**

Dr. Biederbeck

**Liver**

**INVOICE**

92367

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 gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**DATE**

10/12/21



**PATIENT**

Pippa Blain

**Gastrointestinal**

**SPECIES**

Canine

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.

**BREED**

Border Collie

**Pancreas**

**SEX**

Spayed Female

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.

**AGE**

8 years

**ULTRASONOGRAPHIC FINDINGS**

Apical bladder thickening.

Otherwise, unremarkable abdomen.

**WEIGHT**

23.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for urinary tract infection is warranted and further investigation as to the cause of weight loss. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Biederbeck

**HOSPITAL NAME**

Lomsnes VH

**REFERRING VET**

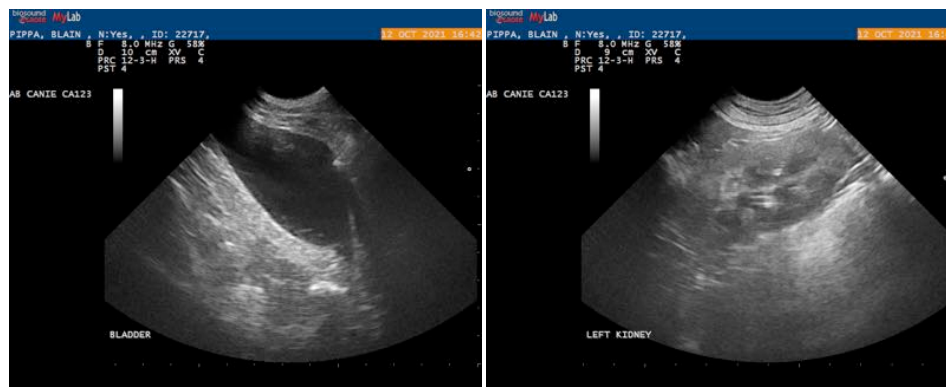
Dr. Biederbeck

**INVOICE**

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**PATIENT**

Pippa Blain

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

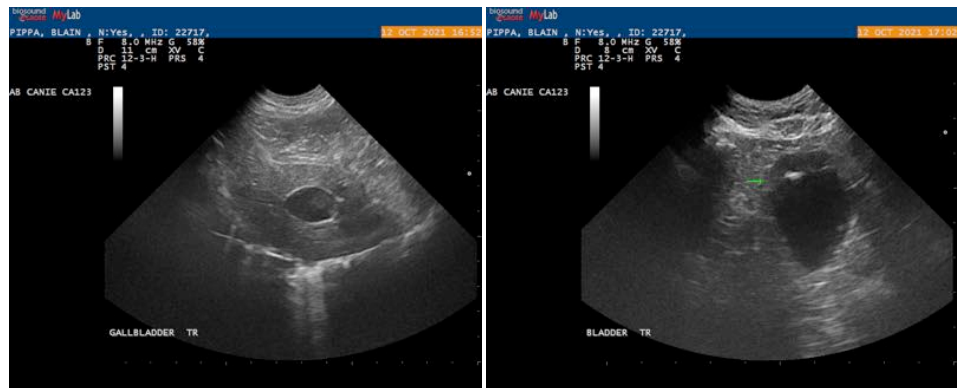
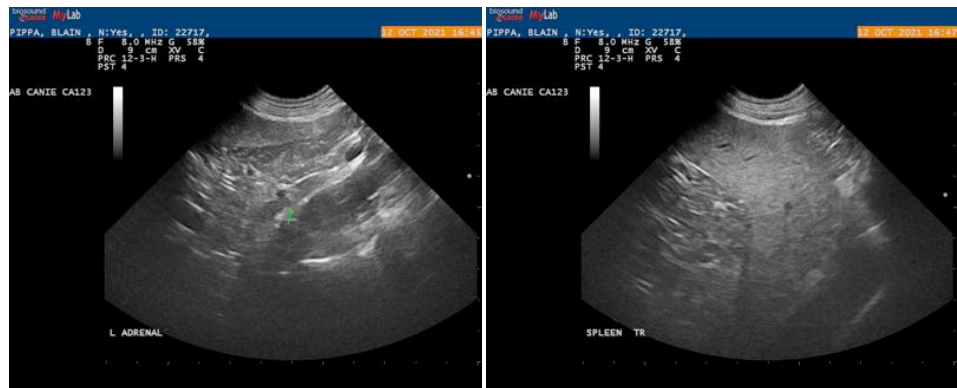
Spayed Female

**AGE**

8 years

**WEIGHT**

23.5 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
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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.

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