



**PATIENT**

Spock Matuszek

**SPECIES**

Canine

**BREED**

Collie

**SEX**

Male

**AGE**

4 Years

**WEIGHT**

55 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh AH

**REFERRING VET**

Emily Kirk

**INVOICE**

17708

**DATE**

10/14/22

**PRESENTING CLINICAL SIGNS**

History: 4 year old Collie with a history of MDR-1 Mutation and lymphoplasmacytic inflammatory bowel disease that was diagnosed via endoscopy several years ago. Patient has been on Cyclosporine 50mg bid and Prednisone- prednisone was tapered to 2.5mg daily due to side effects and severe loss of muscle mass. Spock also receives 1/4 tsp of Tylan bid and cerenia prn. Also has a history of pancreatitis. Over the last few months patient has had intermittent vomiting with progressive weight loss. Acute onset of severe watery diarrhea 3 days ago. Treated with subcutaneous fluids and metronidazole.

Abnormal PE/Chem/CBC/UA Results: Painful in right cranial quadrant and generally throughout small intestinal tract on palpation. BCS 3/9. Patient currently has dermatitis (resistant staph, biopsy equivocal re: dermatocystitis, vsicular lupus, other). CBC/Chem in July showed mild increase in ALT. Repeat chemistry today is overall unremarkable (albumin 2.5 (2.3-4.0)). GI profile and fecal 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 were 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 6.5 cm. The right kidney measured 6.9 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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 were noted. Caudal folding of the spleen was noted.

**Liver**

The **liver** revealed mild uniform enlargement. Lobar biliary mineralization was noted. "Porcelain" gallbladder was noted with echogenic wall, consistent with fibrosis and calculi. The remainder of the liver appear uniform.

**Gastrointestinal**

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled



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lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. This is a minor change.

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Canine

***Pancreas***

The base **pancreas** appears subjectively unremarkable. Cannot rule out low grade inflammation in the pancreas, however, sonographically it was unremarkable.

**BREED**

Collie

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Male

- Irritable bowel/gastroenteritis presentation. No evidence of foreign bodies.
- Mildly enlarged liver with "porcelain" gallbladder
- Splenic fold

**AGE**

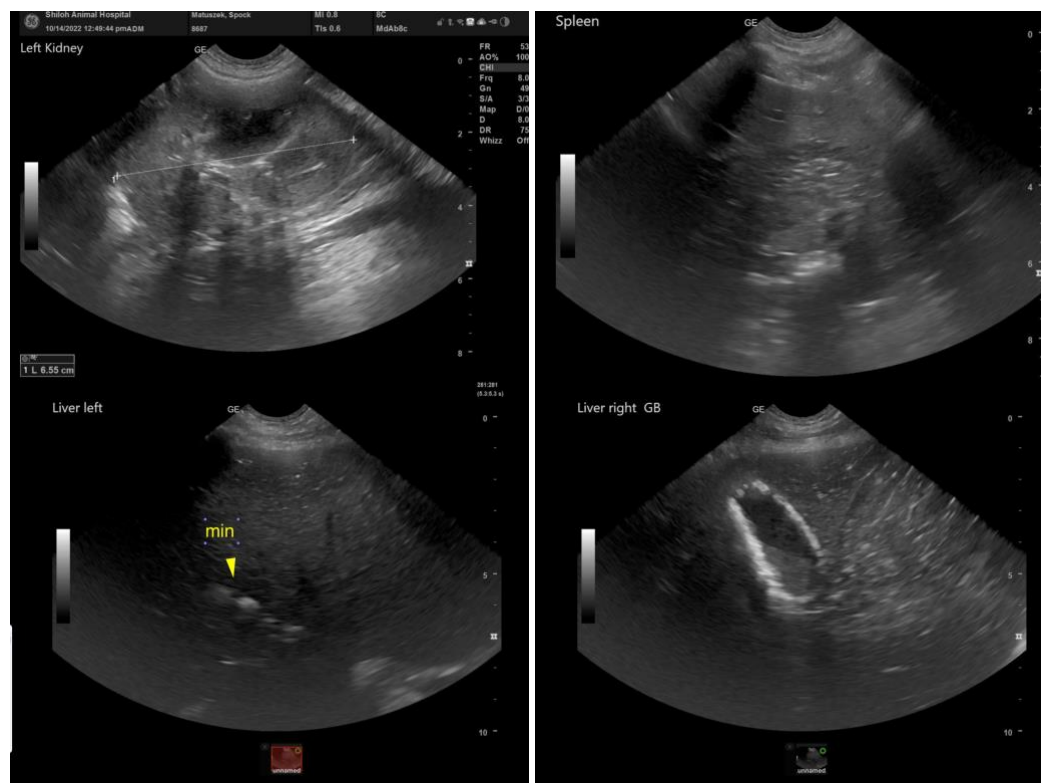
4 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A history of cholangitis is likely in this patient given the gallbladder presentation. Ursodiol therapy could be considered as an empirical measure, however, it is highly variable patient to patient on effectiveness at dissolving biliary calculi of this type. No evidence of obstructive disease was noted at this time. The prednisone may be suppressing a more significant presentation.

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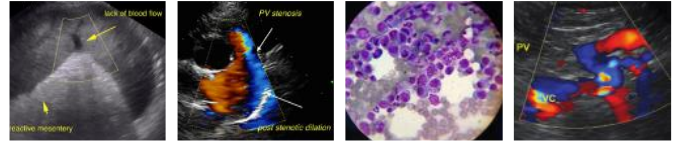
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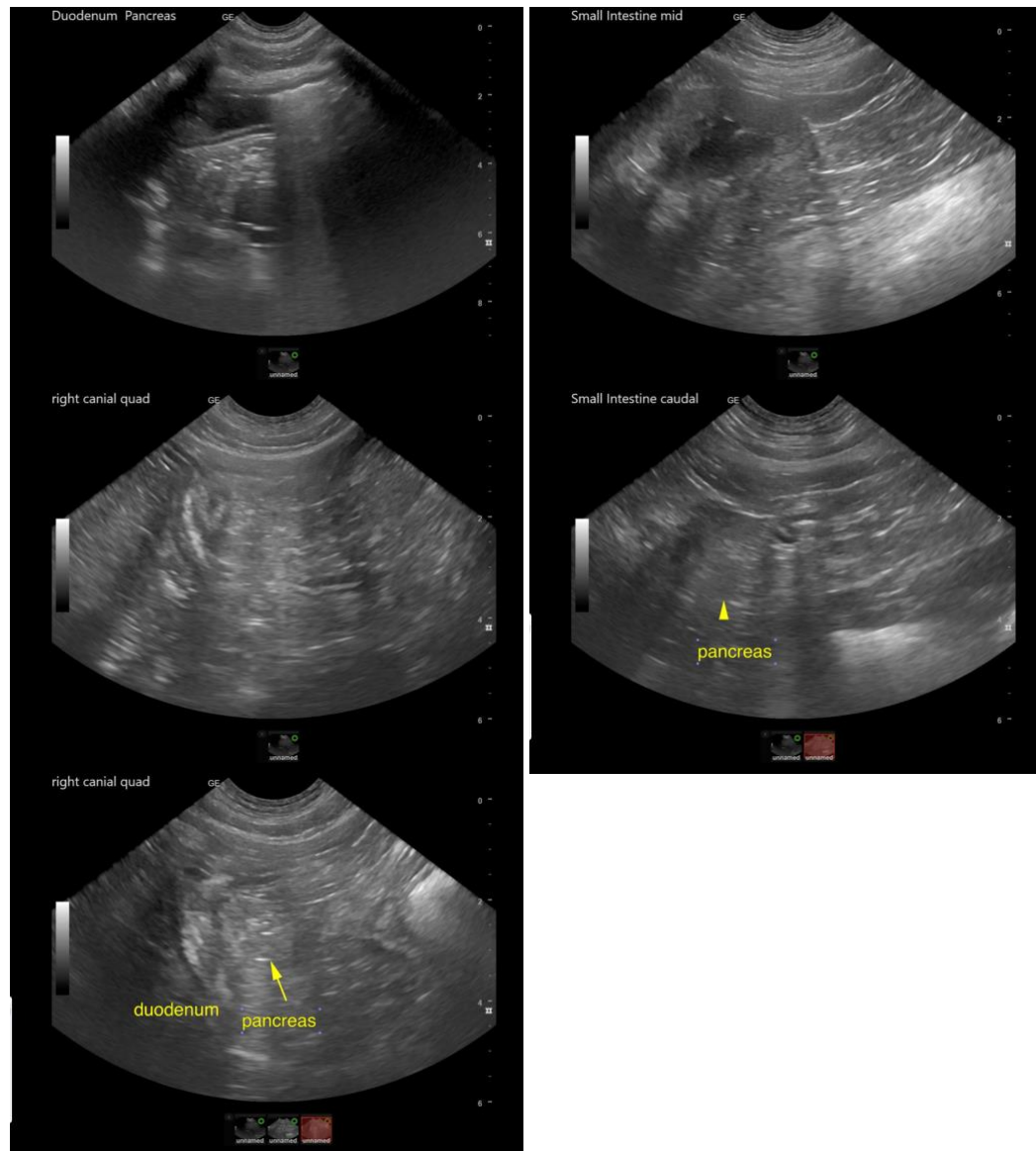
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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