

## PATIENT

Holly Nagengast

## SPECIES

Canine

## BREED

Border Collie

## SEX

Spayed female

## AGE

3 years

## WEIGHT

35 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Gabriella Iannuzzi

## HOSPITAL NAME

Greater State Island  
Veterinary Service

## REFERRING VET

Dr. Iannuzzi

## INVOICE

69526

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

History: On 12/3 taken to pDVM for hyporexia, diarrhea and vomiting - treated with Metronidazole and bland diet and improved Anorexic x 2 days but ate meal yesterday (beef) at 7 pm Diarrhea since yesterday Taken to pDVM today and febrile with 105.4 F and referred to GSIVS No s/further vomiting since last week - coughed 2x today CM: 1. Metronidazole 250 mg PO SID - hasn't given since yesterday morning Historical lyme 3/2023 - last test 2/18 25 negative via accuplex Historically sensitive to f/t prevention (Simparica trio) No HW/F/T prevention currently UTD on vaccinations - Lyme vax given 7/2024 Historical on/off diarrhea since young  
Abnormal PE/Chem/CBC/UA Results: PE: Febrile 105.3 F, SNP abdomen, soft stool on rectal and 4-5/9 BCS Diagnostics: CBC: HCT 36.3 % (37.3-61.7), Eos 0.02 (0.06-1.23), Baso 0.12 (0.0-0.1), nRBCs suspected, PLT 131 (148-484) Chemistry: Glu 81 (74-143), ALP 266 (23-212) Pancreatic Lipase: 476 (0-200) - >400 consistent with pancreatitis CXR (3v): air bronchogram R middle lung lobe on L lateral view and increased opacity caudal lung (R), fissure line between R mid/Cd lung, diffuse broncho-interstitial pattern; decreased detail cranial abdomen Brief ultrasound: no pericardial, peritoneal, or pleural effusion noted; B lines R thorax and glide signs L thorax, prominent spleen, mild mesenteric LN enlargement noted, distended stomach with ingesta and fluid within BG: 96 mg/dL BP: 100 L front #3 PCV/TP: 37%, 6.4 g/dL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

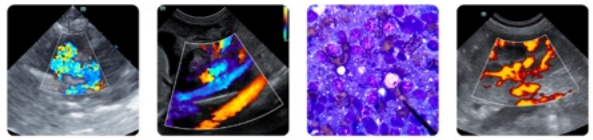
### Urinary System

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 left kidney measured 6.3 cm. The right kidney measured 6.3 cm.

### Adrenal Glands

The left **adrenal gland** was 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 0.43 cm. The region of the right adrenal gland was imaged with no evidence of pathology.



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## Spleen

The **spleen** had mild uniform enlargement and was folded upon itself cranially. There was no evidence of thrombosis. This is most consistent with reactive spleen. Subtle micronodular changes were noted, yet if weight loss is an issue then FNA is indicated.

## Liver

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. B lines were noted through the diaphragm.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Reactive mesentery was noted around the upper duodenum. The colon was unremarkable. The mesenteric lymph nodes were slightly enlarged and rounded. Reactive mesentery was also noted around the lymph nodes.

## 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.

## ULTRASONOGRAPHIC FINDINGS

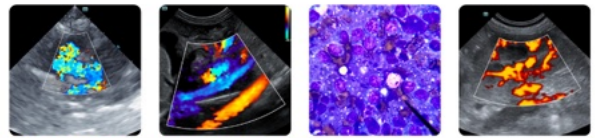
Reactive spleen or possible splenitis. Minor potential for round cell neoplasia.

Gastroenteritis.

Reactive mesentery.

Enlarged and rounded mesenteric lymph nodes.

Comet tail lung pattern.



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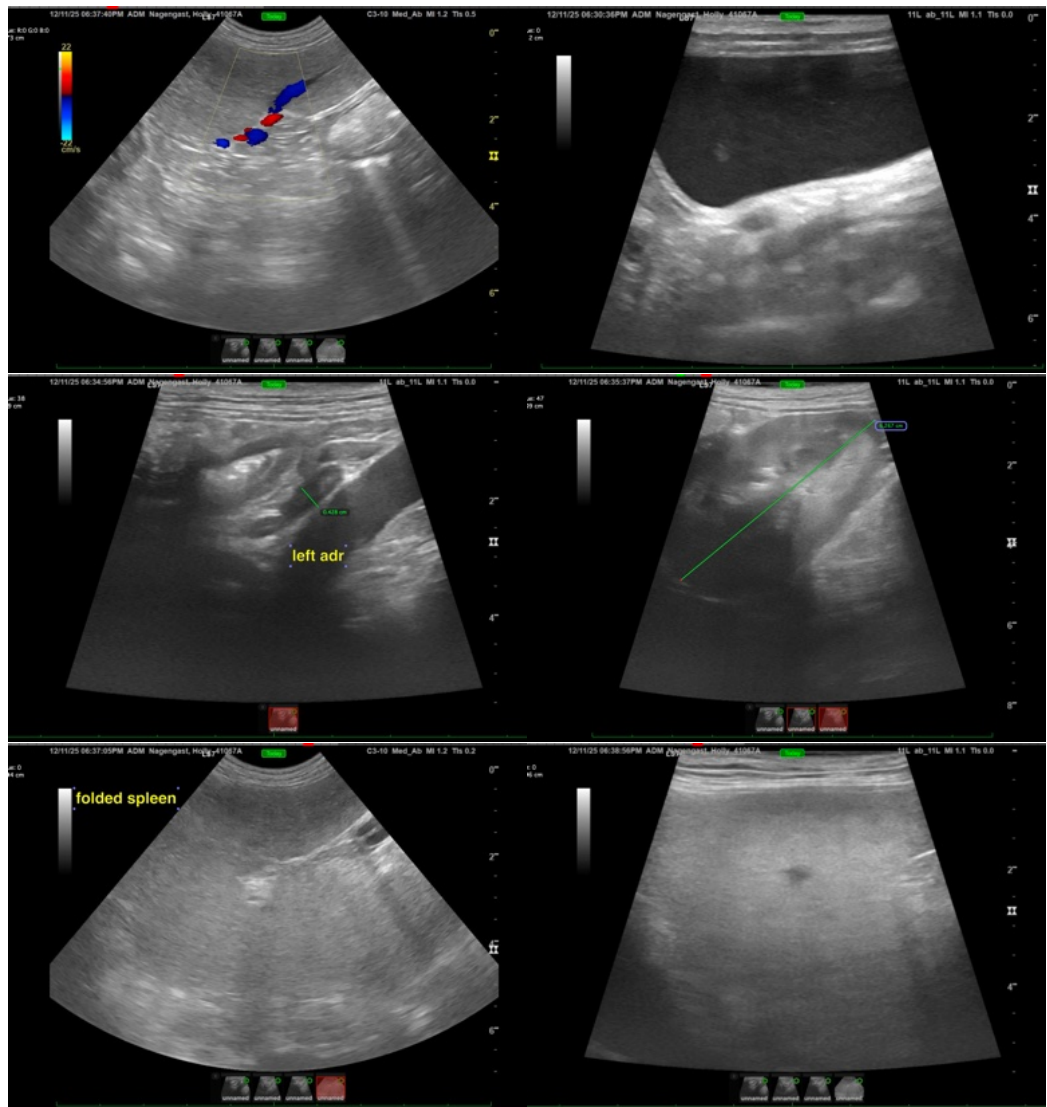
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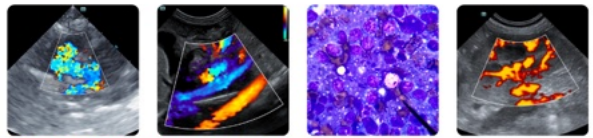
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs are warranted if not already performed to assess for thoracic disease playing a role in the patient's history. There was no obvious evidence of neoplasia; however, I cannot rule out emerging round cell neoplasia. FNA of the spleen and accessible mesenteric lymph nodes are indicated. Management for concurrent thoracic disease is recommended based on radiographic results.





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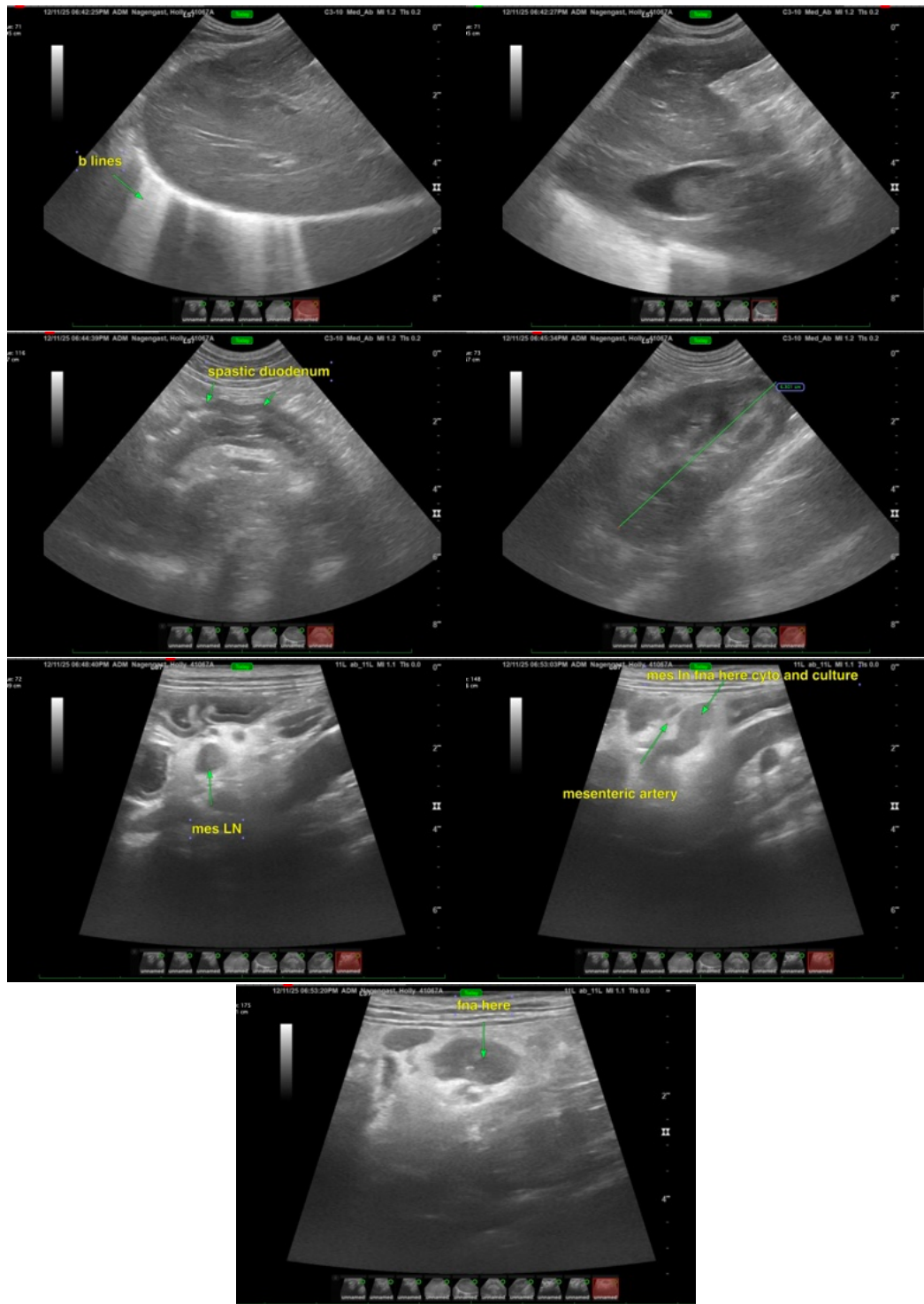
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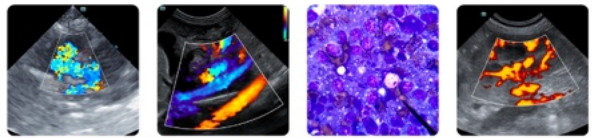
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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 (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)