



PATIENT

Piper Payne

SPECIES

Canine

BREED

Rough Collie

SEX

Spayed Female

AGE

3 Years 5 Months

WEIGHT

18.2 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Dani

INVOICE

72749

DATE

12/24/25

PRESENTING CLINICAL SIGNS

Piper is a patient who initially presented for acute vomiting that has since resolved, but is now exhibiting signs of nausea and discomfort. On the 22nd, Piper presented for an acute onset of vomiting, having vomited six times. Initial diagnostics performed on that day included a CBC, biochemistry panel, and lactate, all of which were within normal limits. Abdominal radiographs were taken but inconclusive. Since the initial presentation, the vomiting has ceased and Piper has been able to keep some food down. However, she has developed new clinical signs including gulping, appearing uncomfortable, and attempting to eat snow and grass. A lateral cervical and chest radiograph was performed to evaluate the esophagus, which appeared normal. The current differential diagnoses being considered include esophagitis secondary to the initial vomiting, a partial obstruction, or pancreatitis vs open

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.

Iliac trifurcation was unremarkable.

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. Right kidney measured 4.7 cm. Left kidney measured 6.0 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. Right measured 0.60 cm. Left measured 0.40 cm.

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.

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.



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Gastrointestinal

The **stomach** revealed a shadowing structure measuring 1.9 cm, non-obstructive. Other soft, progressively shadowing luminal material noted consistent with ingesta. However, this should be paired with post-prandial timing in this patient. The duodenum was empty other than minor transit of chyme.

Pancreas

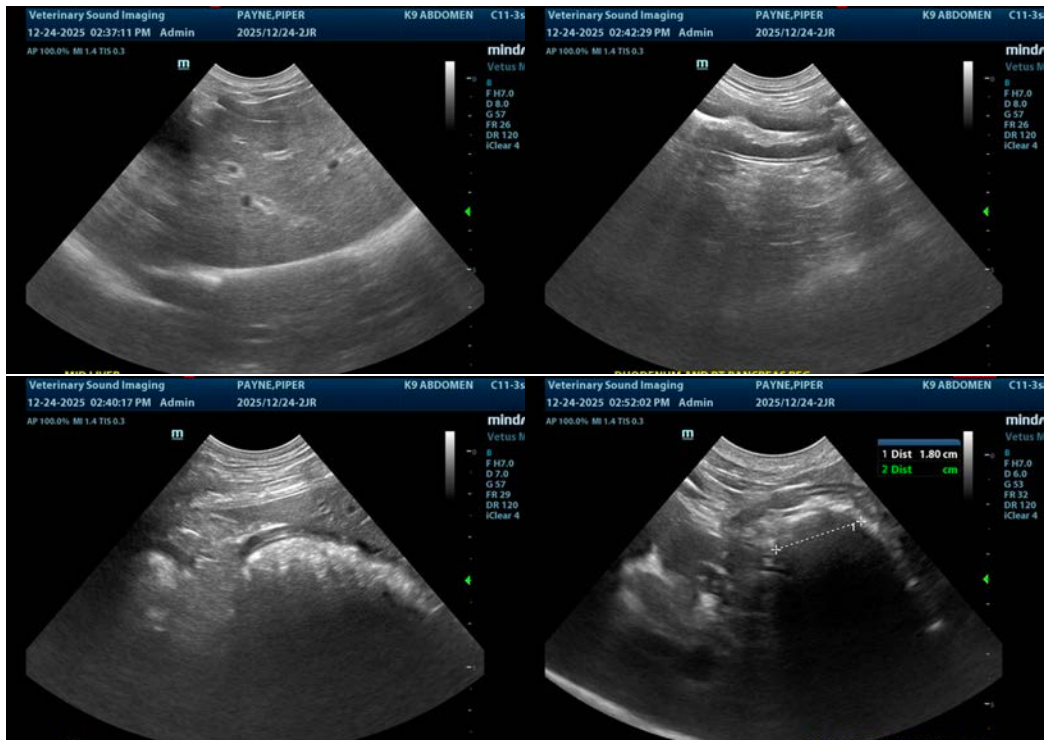
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with slight shadowing gastric material, consistent with ingesta and potential small dense foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be in the best interest of this patient. Post-prandial timing should be taken into consideration, and examination of what the patient ate prior to the sonogram. The pylorus appeared patent at the time of the sonogram, and transit of chyme was present. Screening for Addison's warranted, given the vague clinical signs.





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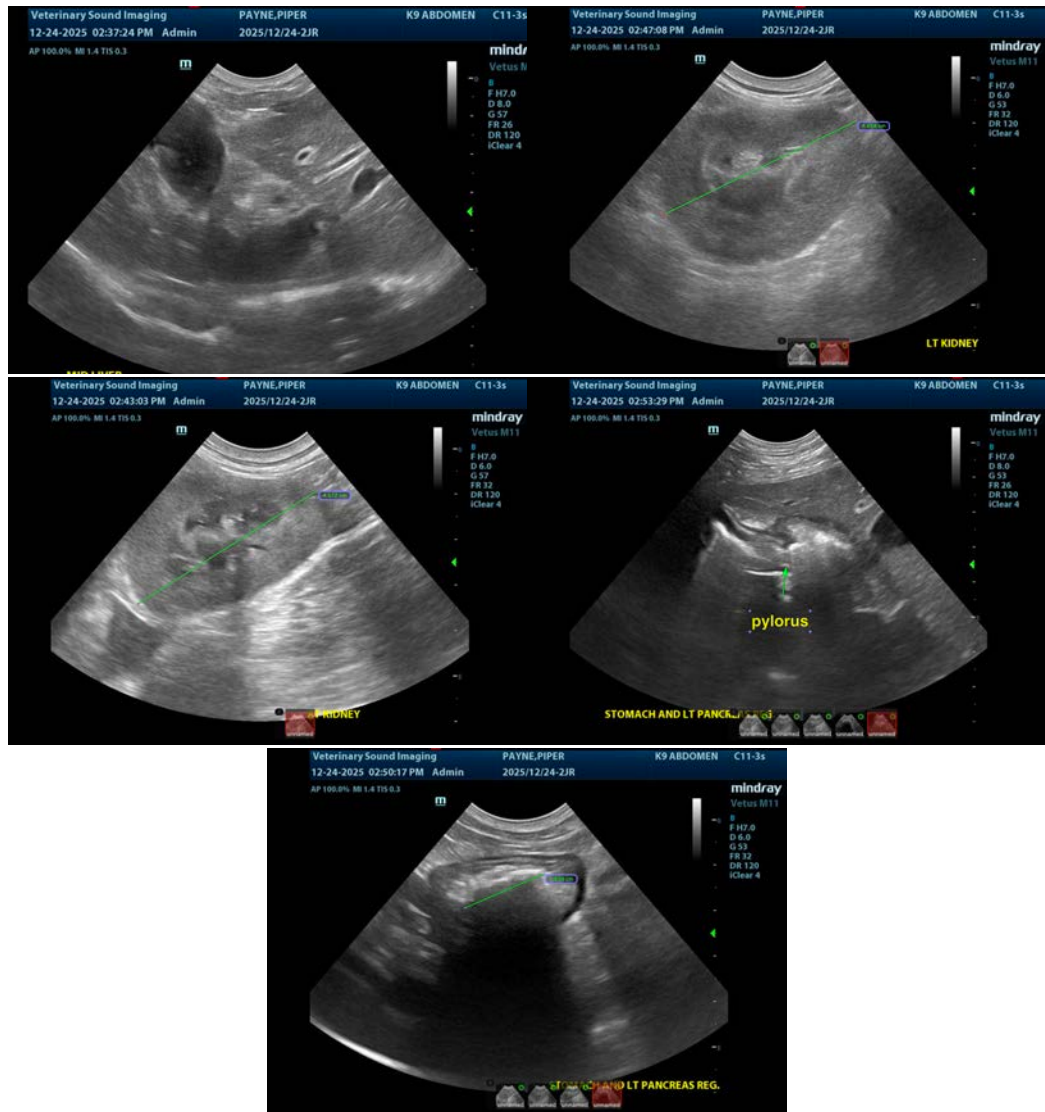
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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