



**PATIENT PRESENTING CLINICAL SIGNS**

Rose Van Mierlo

History: 6 day history of vomiting, 1 episode of diarrhea, seen 12/4, work up, no GI obstruction on rads, labs performed, and outpatient supportive care provided (SQ fluids, cerenia, bland food), no improvement in vomiting, p vomiting has continued to slightly worsened. Recheck 12/7, repeat rads-non obstructive still.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: rad reports: 12/4: FINDINGS: The peritoneal serosal margins are well-defined. The liver, spleen, and kidneys are normal in size, shape, opacity, and position. The urinary bladder is mildly filled and soft tissue opaque. The stomach is normal in size and position and contains a mild amount of gas. The small intestine is normal in size and distribution and contains gas. The colon is normal in size and position and contains feces. IMPRESSIONS: Unremarkable fasting abdomen.

**BREED**

Border Collie

No mineral/metal foreign body, segmental small intestinal distention, or small intestinal plication are seen to suggest a mechanical obstruction. The cause for recent gastrointestinal signs is unclear. Primary differentials include viral gastroenteritis, pancreatitis, enteric dysbiosis (bacterial and/or parasitic), or an unwitnessed toxin exposure (consider wild mushrooms). RECOMMENDATIONS: It has not been performed, laboratory assessment with serum biochemistry, CBC, and electrolyte panel may be helpful.

**SEX**

Spayed Female

Consider hospitalization with controlled fasting, intravenous fluid therapy (+/- glucose support), and medical management for nonspecific gastroenteritis/pancreatitis. If the gastrointestinal signs persist or worsen, pursuing abdominal sonography may be necessary for better characterization of the intestinal wall and pancreas. Rad report 12/7 PM : FINDINGS: No significant abdominal abnormalities are seen.

**AGE**

1 year

There are no masses or signs of organomegaly. The liver, spleen, kidneys, and urinary bladder are unremarkable. There are no radiopaque urinary calculi. There is good peritoneal serosal detail, there is no evidence of peritoneal effusion. The GI tract is within normal limits, there are no radiopaque GI foreign bodies or signs of GI distention or intestinal plication. There is only a mild amount of gas throughout the upper GI tract, the cecum is gas-filled and the colon contains normal feces. The included thorax and skeletal structures are unremarkable. CONCLUSIONS: Unremarkable abdomen, no evidence of GI foreign bodies or obstruction. A cause for the GI signs is not evident from this exam. Gastroenteritis or pancreatitis would be likely differentials for the clinical signs.

**WEIGHT**

38.1 lbs

RECOMMENDATIONS: Abdominal ultrasound exam should be considered for further workup of the GI signs. Labs: 12/4: cbc/chem 10 - hgb 22.2, mch 33.4, mchc 50.0, reticulocytopenia 9.3, chem wnl EPOC - hct 40, all wnl cpl - declined fecalG - declined, was given pyrantel by rDVM ABD rads RAD consult-unremarkable fasting abdomen 12/7 PM: EPOC- HCT 44%, nsf Cortisol-baseline: 1.94ug/dL \*ACTH stim test pending\*

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Harmon

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**HOSPITAL NAME**

Willamette VH

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.

**REFERRING VET**

Dr. Harmon

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.

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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 5.0 cm.

**DATE**

12/8/21



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**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 right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal 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** 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**

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.

**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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of pathology. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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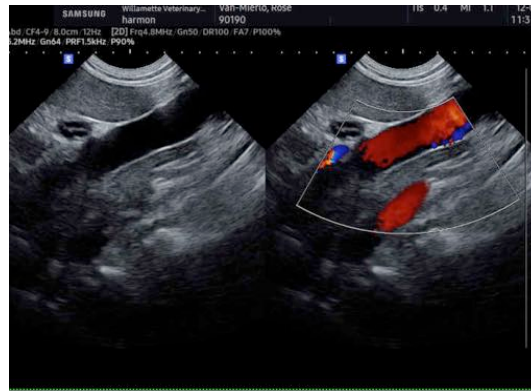
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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