



**PATIENT**

Ginger Callahan

**PRESENTING CLINICAL SIGNS**

Acute vomiting, and anorexia tachycardia concern for toxicity R/O neoplasia Current meds P Lyte Metro  
Abnormal PE/Chem/CBC/UA Results: decreased HCT WBC PH increased ALT HWT neg CPL neg

**SPECIES**

Canine

**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.

**BREED**

Border Collie Mix

**SEX**

Spayed Female

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 right kidney measured 5.28 cm. The left kidney measured 5.32 cm.

**AGE**

11 years

**WEIGHT**

37 lbs

**Adrenal Glands**

The right adrenal gland was irregular and heterogenous measuring 2.81 x 1.09 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland was uniform and measured 1.59 x 0.61 cm at the caudal pole and 0.62 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed subtle micronodular changes with irregular contour with surrounding free fluid. The caudal spleen was folded upon itself.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Passive congestion liver pattern was noted with surrounding ascites. The gallbladder was double layered.

**REFERRING VET**

Dr. Kahn

**Gastrointestinal**

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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.

**DATE**

4/20/22



**PATIENT**

**Pancreas**

Ginger Callahan

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Free fluid was noted in the caudal abdomen.

Border Collie Mix

**Heart**

**SEX**

Rapid view of the heart revealed pericardial effusion.

Spayed Female

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

11 years

Irregular right adrenal gland.

Micronodular spleen.

**WEIGHT**

Ascites with passive congestion pattern.

37 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

A full echocardiogram is recommended. FNA of the spleen is recommended to assess hyperplasia versus round cell neoplasia. Guarded prognosis. Pericardiocentesis, cytospin and immediate slide preparation +/- culture would be appropriate.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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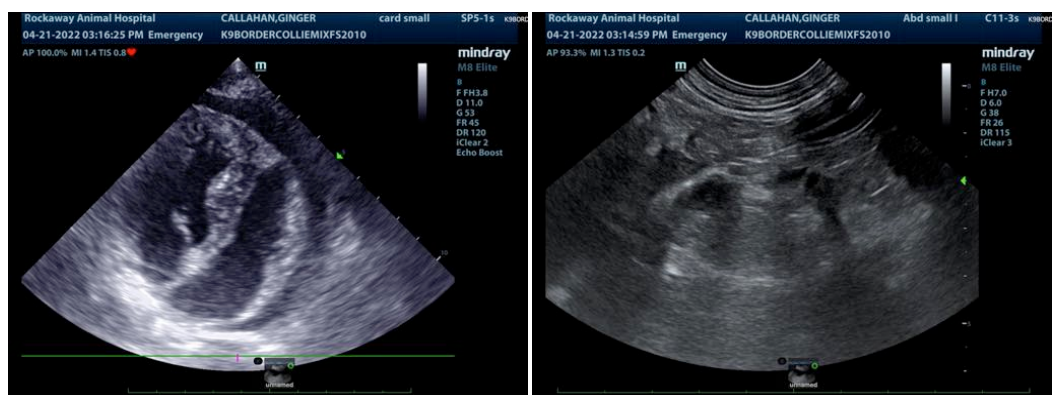
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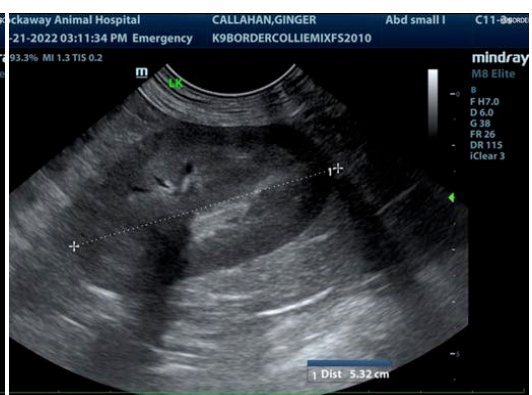
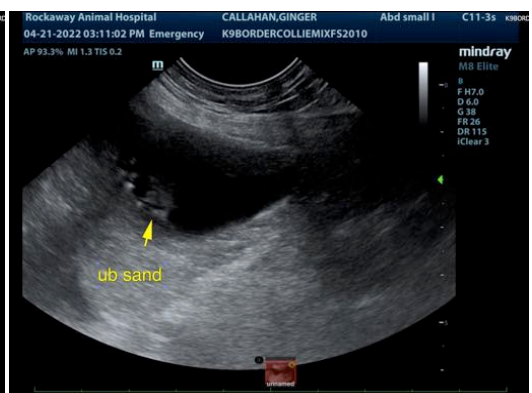
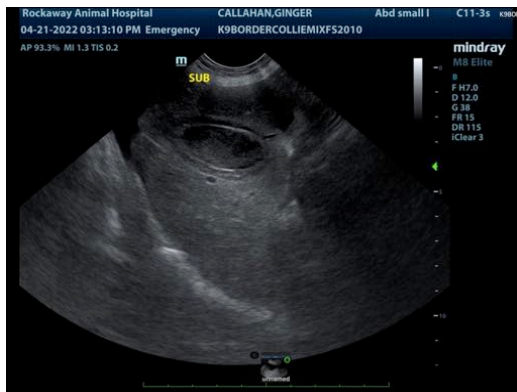
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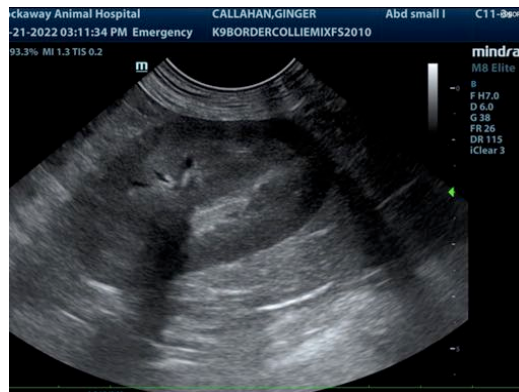
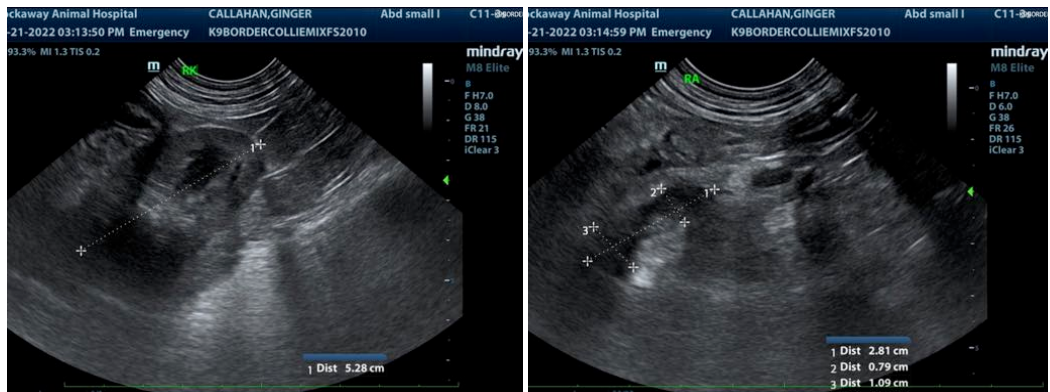
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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