



PATIENT

Esme McIntosh

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Spayed female

AGE

11 months

WEIGHT

8.62 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Colborne

HOSPITAL NAME

Neighbourhood VH

REFERRING VET

Dr. Colborne

INVOICE

45032

DATE

6/28/23

PRESENTING CLINICAL SIGNS

History: Chronic intermittent hx of vomiting/regurgitation shortly after meals with undigested food. Switched to gastro puppy kibble and hasn't vomited for the last few weeks. No other health concerns. Abnormal PE/Chem/CBC/UA Results: Normal blood work and x-rays.

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 right kidney measured 4.53 cm. The left kidney measured 4.1 cm.

Adrenal Glands

The right **adrenal gland** was subnormal in size and measured 0.24 cm at the caudal pole 0.29 cm at the cranial pole. The left adrenal gland was uniform and measured 0.32 cm at the cranial pole and 0.3 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.

Gastrointestinal

The gastric fundus revealed fluid accumulation with mucosal irregularities. There was no overt ulcerative change. However, microulceration cannot be completely ruled out. The pylorus revealed a slight, shadowing 1.0 cm structure in the pyloric outflow. At the time of the sonogram the structure was



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non-obstructive. The duodenum was empty. The mesenteric lymph node was reactive and measured up to 0.52 cm.

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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.

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ULTRASONOGRAPHIC FINDINGS

Gastritis pattern with 1.0 cm shadowing structure in the pylorus. Cannot be differentiated from grass or similar material.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Endoscopy would be ideal in this patient to obtain mucosal biopsies and inspect the material in the pylorus. I am not convinced that the pyloric material is an overt foreign body. Screening for congenital Addison's is also warranted given the subnormal right adrenal size. GI protectant protocol, canned b.i.d. hydrolyzed diet can be considered along with anit-parasitic protocol is also indicated. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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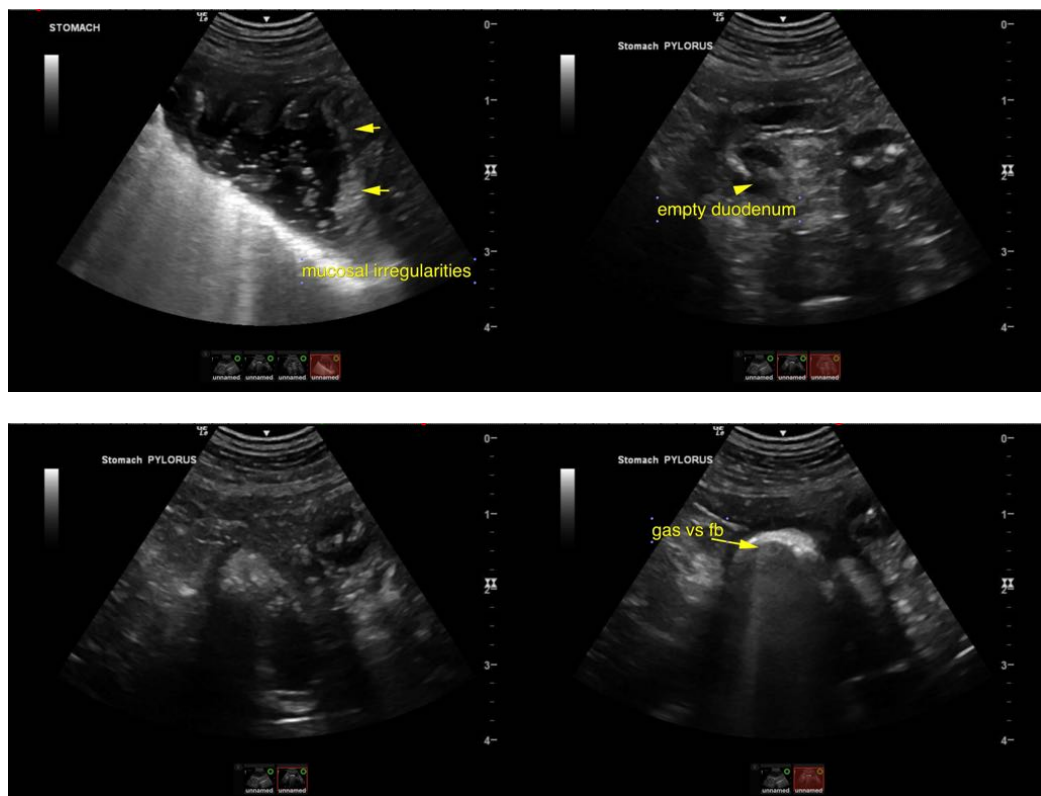
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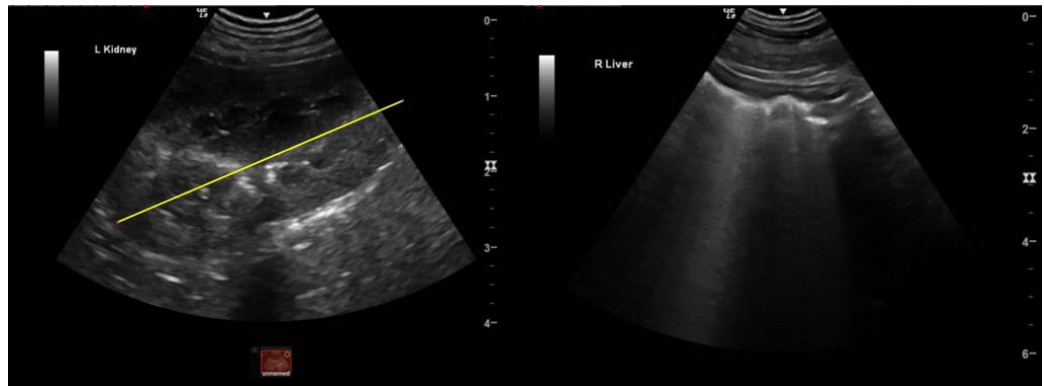
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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