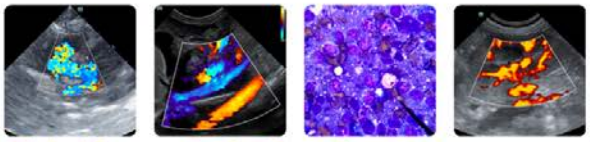


PATIENT

Reyn Burndt

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

4 Years

WEIGHT

25.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patricia Mayfield

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Patricia Mayfield

INVOICE

75710

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Agility dog, usually highly active. Seen at primary care veterinarian (Bandon Vet) one week ago for blood work. Previous veterinarian found large lymph nodes, suspected viral rather than bacterial cause. Completed 10-day course of doxycycline yesterday. Completed 5-day course of carprofen several days ago. No improvement noted after medications. Receives Nexgard, still occasionally gets ticks. No coughing, sneezing, vomiting, or diarrhea. Progressive lethargy for 2-3 weeks. No fever reported by client initially, but inflamed lymph nodes noted. Difficulty with 5-minute walks, favoring left front paw for last few days. Hard time getting up and lying down. History of salmon poisoning disease as puppy Lives on ranch, catches rodents but mostly plays with and kills them. Appetite reduced from normal, though patient is picky eater. Fed fresh chicken and rice mixed with kibble. Previous blood work from May 26th showed: normal hematocrit 46%, normal WBC 5.9, mildly decreased platelets 141,000, elevated total protein 8.3 (reference 5.2), elevated globulins 5.1 (reference 2.5-4.5). 4DX Plus negative for Ehrlichia, Lyme, Anaplasma, and heartworm. Lives on cranberry bog farm with chemical spraying in bogs.

Abnormal PE/Chem/CBC/UA Results: 3-view chest radiographs: Normal cardiac silhouette and pulmonary vasculature, normal airways, very subtle interstitial pattern, soft tissue density in cranial thorax potentially concerning for sternal lymphadenomegaly versus mild pleural effusion, normal skeletal structures - Urinalysis (cystocentesis): Unremarkable - pale yellow, clear, USG 1.020, pH 8, negative for protein, glucose, ketones, blood, urobilinogen, bilirubin, leukocyte esterase, normal sediment - CBC: Hematocrit 37.5%, hemoglobin 12.7; WBC 5.2; platelets 244,000, reticulocytes 32.7 - Chemistry: ALT 439; alkaline phosphatase 802; globulins 4.6 - Blood smear: Acanthocytes, ecentrocytes, and echinocytes detected, no schistocytes, no nucleated RBCs - Fine needle aspirate of left popliteal lymph node pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

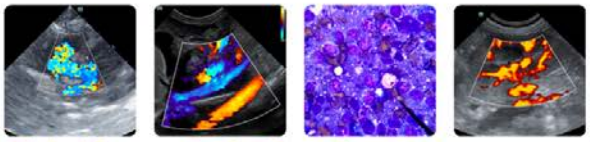
Urinary System

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 6.4 cm. Right kidney measured 6.4 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. Left measured 0.40 cm. Right measured 1.0 cm at the cranial pole and 0.60 cm at the caudal pole.



PATIENT

Reyn Burndt

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

4 Years

WEIGHT

25.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patricia Mayfield

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Patricia Mayfield

INVOICE

75710

DATE

6/5/26

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.

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 normal abdomen. Non-specific inflammatory hepatopathy given the ALT elevations, yet without structural changes possible reactive hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology related to the clinical history.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, neutraceuticals (SAMe, Actigall…), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

PATIENT

Reyn Burndt

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

4 Years

WEIGHT

25.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patricia Mayfield

HOSPITAL NAME

Wilvet South

REFERRING VET

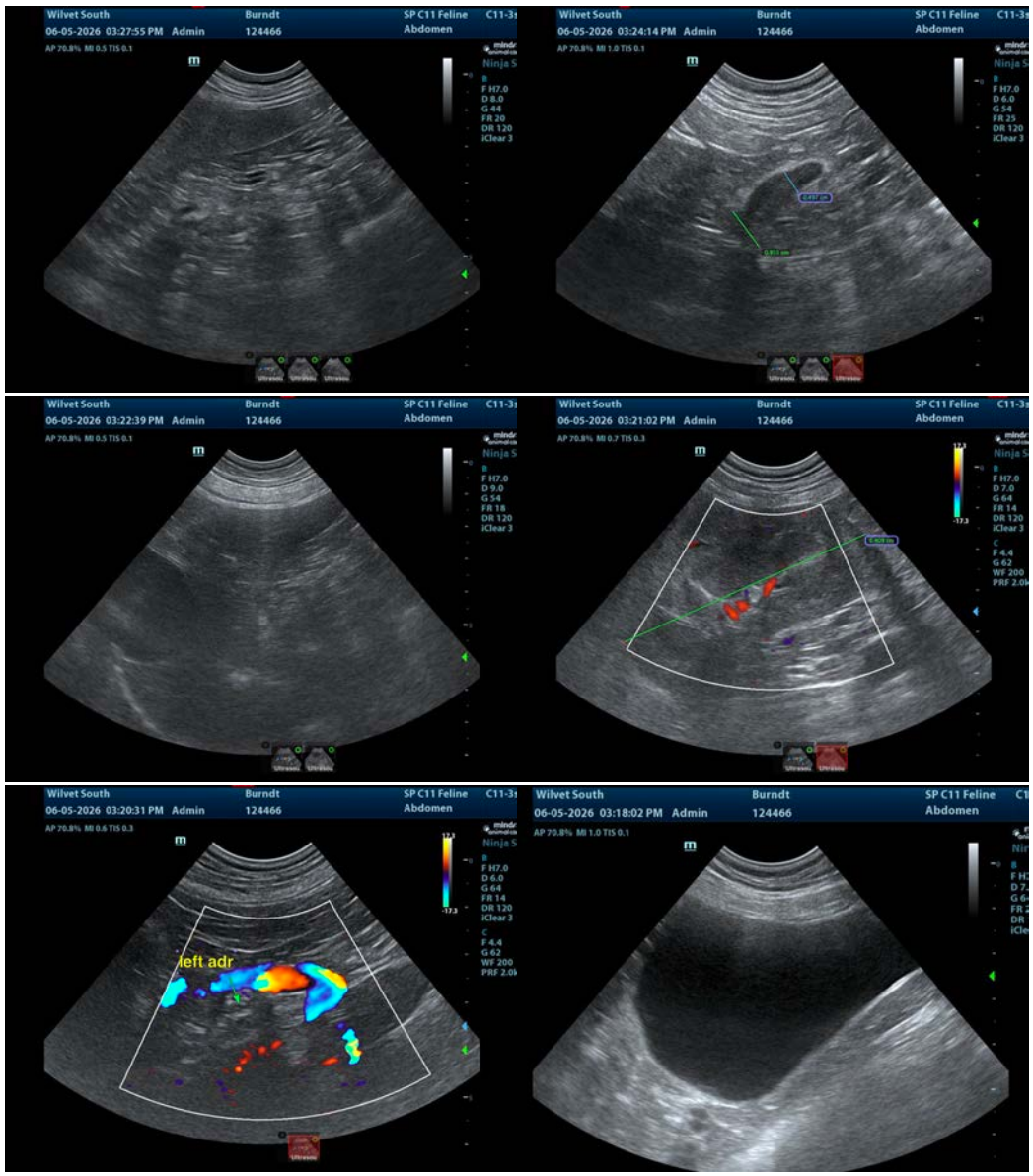
Dr. Patricia Mayfield

INVOICE

75710

DATE

6/5/26



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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com