



**PATIENT**

Annie Ottesen

**SPECIES**

Canine

**BREED**

Heeler

**SEX**

Female

**AGE**

8 Months

**WEIGHT**

16 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Ryan

**INVOICE**

16491

**DATE**

7/24/22

**PRESENTING CLINICAL SIGNS**

History: Presented last night on ER as transfer for possible foreign body obstruction, had been vomiting since earlier in the day and has history of chewing on ALL things. Has 2 and 1/2 acres to run on. Of note, in May she was started on prednisone with a tapering dose, has been on 10mg daily past 3 weeks and was scheduled to go to 5mg daily yesterday. She had apparently just been through a heat cycle when she presented to another ER for acute onset profound lethargy and neck pain, presumptive dose was meningitis. She responded very quickly to the corticosteroid and did fine for a few weeks but had some diarrhea when they reduced the dose so the dose was increased again and the taper delayed. She has been on IV fluids and GI support through night, with continued regurgitation this morning and a profound bout of bloody diarrhea.

Abnormal PE/Chem/CBC/UA Results: -parvo negative -radiograph interpretation from IDEXX: CONCLUSIONS: Gastric distention probably associated with aerophagia although, concurrent functional ileus (gastric stasis) with slightly increased volume of fluid within the gastric lumen is also possible. Radiographically occult foreign material within the gastric lumen causing pyloric outflow obstruction cannot be excluded. -Slight elevations in glucose, phosphorus, albumin, mild elev ALT 245, mild hypokalemia, hypochloremia. -CBC normal counts but mild lymphocytosis, monocytosis

**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 **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 6.94 cm. The left kidney measured 6.3 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. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.56 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. Caudal folding of the spleen was noted.

**Liver**



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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**

Some gastric stasis was noted yet the **pylorus** was patent. No evidence of foreign body. Hyperperistaltic intestinal tract noted without evidence of obstruction.

**Pancreas**

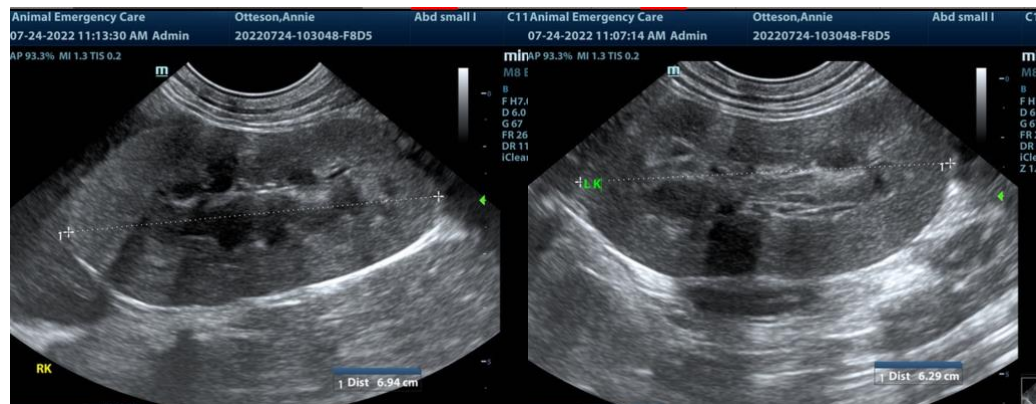
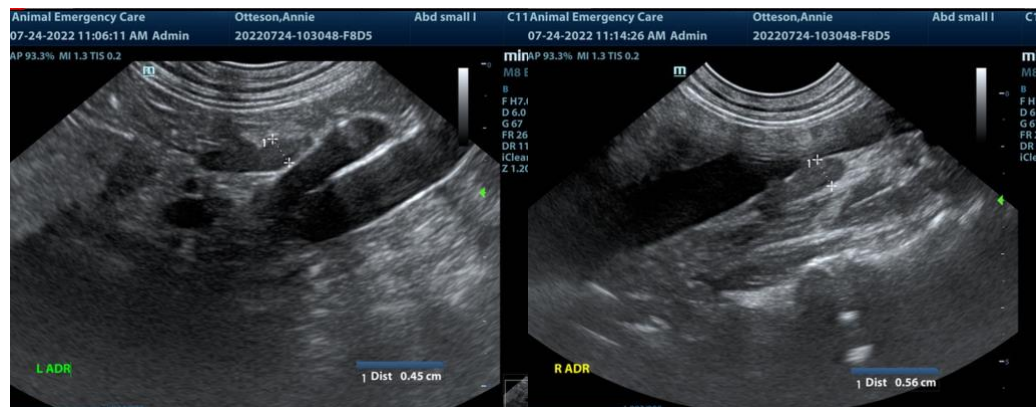
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis pattern with gastric stasis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No evidence of foreign body. 12-24-hour NPO, GI protectants, fecal test and treatment for parasites, enterotoxins or similar is recommended.





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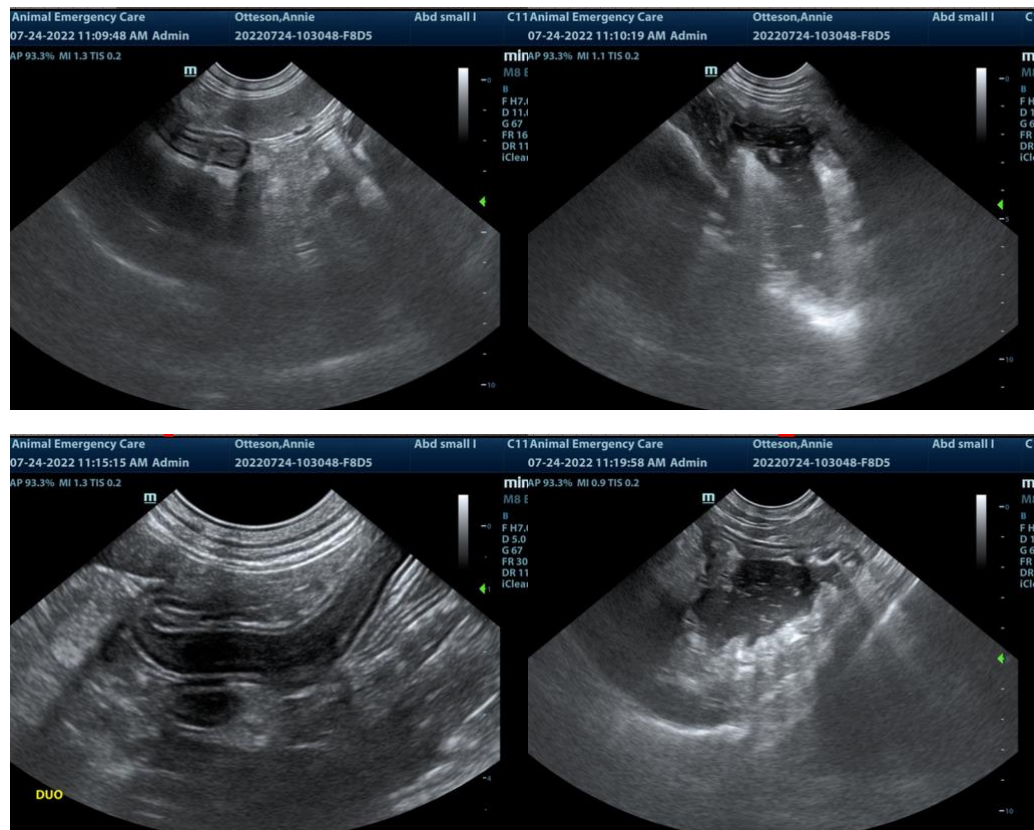
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com