



**PATIENT**

Lassie Gerber

**SPECIES**

Canine

**BREED**

Shetland Sheepdog

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

34.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

91246

**DATE**

8/16/21

**PRESENTING CLINICAL SIGNS**

History: Recheck ultrasound from study Dr. Lindquist read on 6/21/21 Patient went through the gi protocol for 4 weeks and has continued to have diarrhea every 5 days with blood in it that is responsive to metronidazole. Patient is still on omeprazole Patient was on Ursodiol for gallbladder but that improved and patient not currently on Ursodiol

Abnormal PE/Chem/CBC/UA Results: Diarrhea Panel Pending Multiple fecals with giardia pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

**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.

**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 was improved with minor residual debris. This is not pathological.



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**Gastrointestinal**

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The **stomach** was not pathological. The stomach revealed curvilinear patterns and empty lumen. The mucosa was normal with no evidence of ulcerative disease. The remainder of the intestinal tract was unremarkable.

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**Pancreas**

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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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**AGE**

3 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient is non-clinical for GI disease then I recommend stopping the gastrointestinal protectant protocol. The cause of diarrhea is unclear. Underlying food intolerance and occult parasitism are the primary concerns, yet structurally the gastrointestinal tract appears normal.

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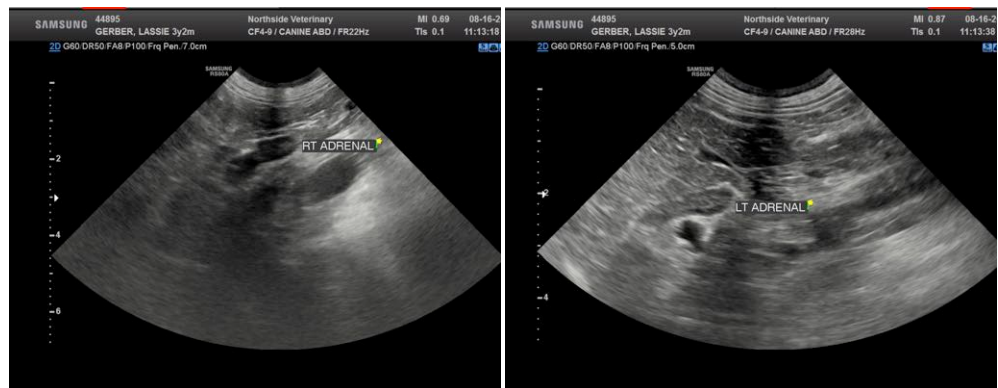
Eric Lindquist, DMV  
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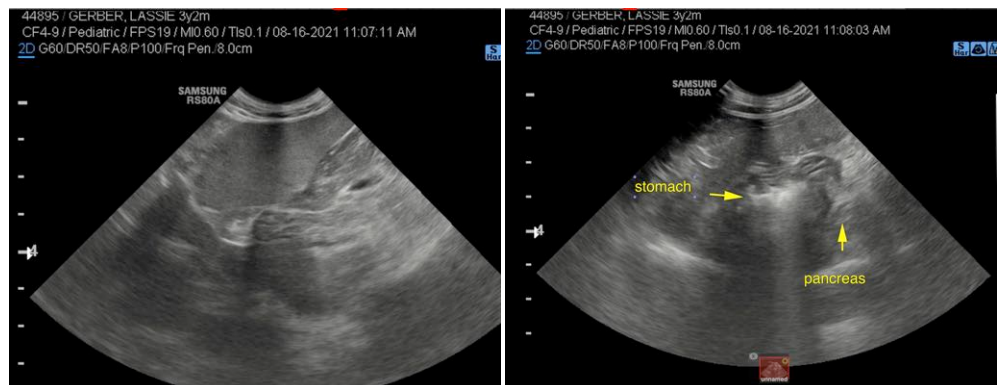
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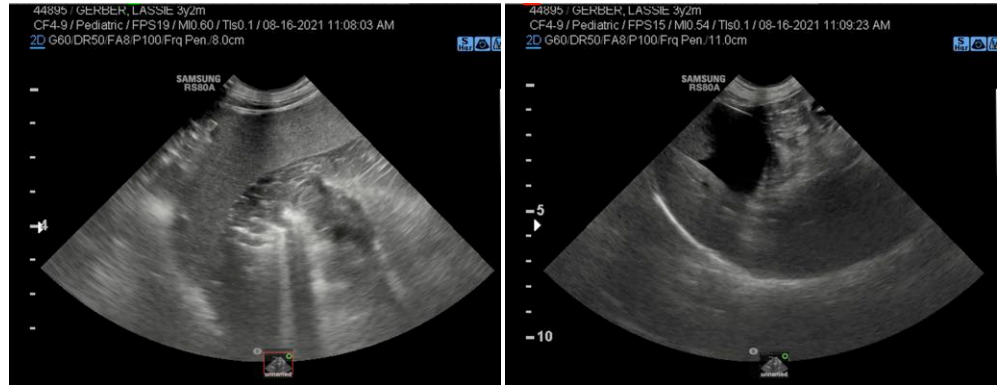
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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