



**PATIENT**

Willow Jones

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

29 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Veterinary  
Urgent Care

**REFERRING VET**

Dr. Milot

**INVOICE**

91322

**DATE**

8/18/21

**PRESENTING CLINICAL SIGNS**

History: lethargic, not E/D, significant wt loss (42 to 29lbs), history of UTI  
Abnormal PE/Chem/CBC/UA Results: possible bands, increased liver enzymes, low BG

**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 left kidney measured 5.06 cm. The right kidney measured 4.03 cm.

**Adrenal Glands**

The **adrenal glands** appeared subjectively subnormal in size. The left adrenal gland measured 0.27 cm. The right adrenal gland measured 0.44 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 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 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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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Border Collie

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Structurally unremarkable abdomen with subnormal adrenal size.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

11 years

Given the unexplained anemia and low albumin two potentials are of concern:

1. Occult Addison's +/- GI blood loss
2. GI blood loss and protein losing enteropathy.

Screening for Addison's with ACTH stimulation as well as GI protectant protocol is warranted.

**WEIGHT**

29 lbs

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. The cause of weight loss is unclear.

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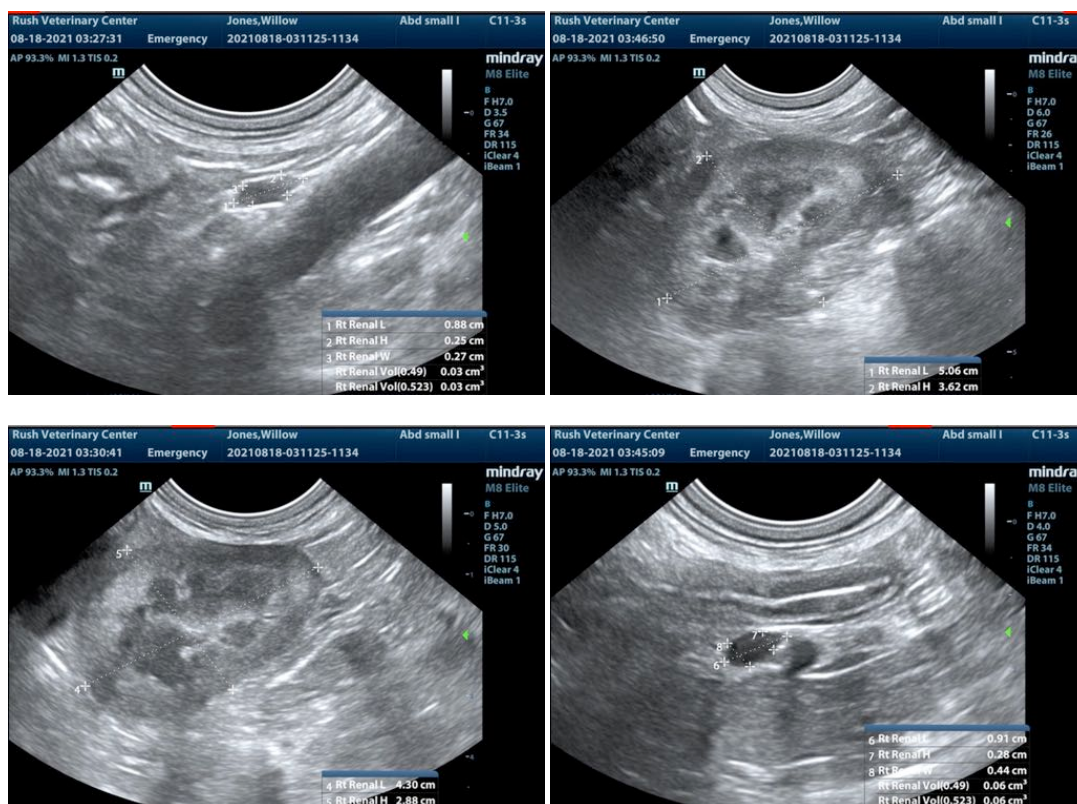
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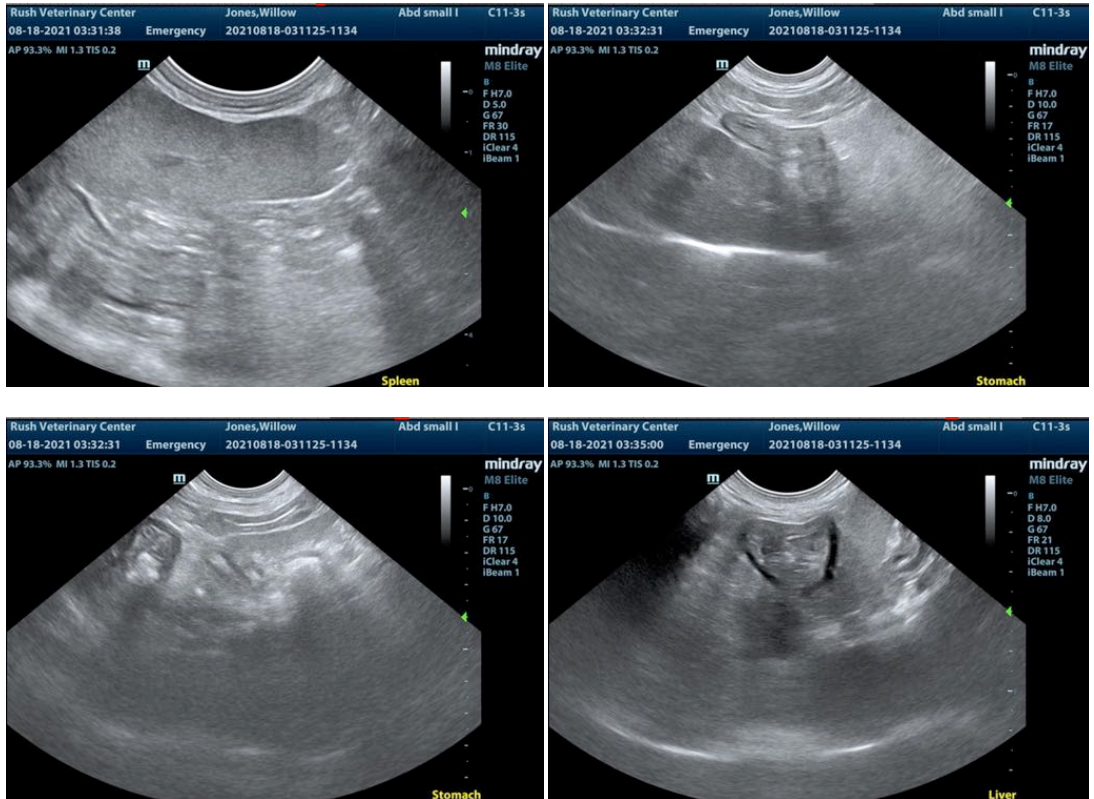
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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