



**PATIENT PRESENTING CLINICAL SIGNS**

Babe Warner

Presented on 8/17 for weight loss, inappetence, liquid diarrhea and mild pyrexia, wt loss has been occurring for 1.5 mths, some issues swallowing per o, patient is more active and tires more easily, possible vomiting as well-o doesnt know due to number of dogs in household, p has access to stream. Fecal positive for giardia. Consistently febrile in hospital.

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

37.8

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Maggiulli

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Maggiulli

**INVOICE**

44783

**DATE**

8/18/23

Abnormal PE/Chem/CBC/UA Results: diagnostics- 8/17 labs: CBC: HCT- 36.7% (low), HGB- 13.0 g/dL (low), MCV- 57.3 fL (low), MCH- 20.3 pg (low) WBC - 8.63 K/mcL, LYM- 0.8 K/mcL (low), MONO- 1.24 K/mcL (high), EOS- 0.04 K/mcL (low) PLT- 398 K/mcL, MPV- 13.5 fL (high), PCT- 0.54% (high) CHEM17: GLOB- 5.1 g/dL (high) TT4: 0.9 mcg/dL (low) EPOC: hct- 44%, Ca-1.01 mmol/L (low), Na- 137 mmol/L (low), K 4.9 mmol/L, pH- 7.47 (high) Na:K = 27.9 Fecal sent to Antech: POSITIVE FOR GIARDIA direct slide - no fluke ova noted, roundworm ova noted Resting cortisol level - 2.7 (wnl) 3 view abd rads: no obvious fb or obstructive pattern. Small gas dilation throughout small intestine. Spondylosis noted at L6-7, L7-S1 RADIOLOGY CONSULT FINDINGS: The stomach is nondistended. Several loops of small intestinal contains some gas. The slightly irregular shape of some small intestinal loops is consistent with peristaltic waves. The small intestines are all of normal size . The larger loops identified are consistent with the cecum and colon. Peritoneal and retroperitoneal serosal details are adequate. No lesion is identified in the liver, the spleen, the kidneys and the urinary bladder. In the spine, incidental spondylosis deformans is identified. In the caudal dorsal thorax, there is some variable increased soft tissue opacity which is consistent with gastroesophageal reflux. CONCLUSIONS: No radiographic evidence of small intestinal obstruction or definitive visible gastro-intestinal foreign-body is identified. A nonspecific gastroenteritis or pancreatitis could be considered as the main differential diagnosis at this stage. There is gastroesophageal reflux of uncertain clinical significance. RECOMMENDATIONS: At this stage, no radiographic lesion is identified to recommend surgical or endoscopic intervention. Therefore, if considered clinically adequate, the patient may be managed symptomatically/supportively. 8/18 Labs EPOC: HCT 36%, Bicarb 21.9 (N), Ca 1.17 (N), Cl 114 (N), CREA 0.48 (N), Glu 96 (N), K+ 4.7 (N), Na 144 (N), Lact 1.71 (N), pH 7.461 (H), PO2 62.8 (H), BUN 10 (N) so2 93.2% (H) FAST Scan - liver appears wnl, spleen appears wnl, left kidney appears wnl, urinary bladder appears wnl, SI - multifocal areas noted to have increased luminal activity/motility (ddx: fast peristalsis & ingesta vs. intestinal parasites -whipworms). No masses or free fluid noted. \*\* Performed per Dr.AP request, did not notice if this was discussed with O as a diagnostic test. Ate GI diet well early in the evening, not eating overnight cPL = 136 normal Fever reduced to 102.9 @ 5pm, 102.7 @ 7pm, 102.4 @ 11pm, 103.3 @ 3am Had copious liquid diarrhea overnight

**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 kidneys measured 5.0 cm each.



**PATIENT**

***Adrenal Glands***

Babe Warner

The **adrenal glands** were not visualized.

**SPECIES**

***Spleen***

Canine

The **spleen** was mildly enlarged with slight swollen contour and slight heterogenous reticular pattern. This is most consistent with reactive spleen or possible splenitis, less likely round cell neoplasia. Sources of immune stimuli should be investigated.

**BREED**

***Liver***

Border Collie

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.

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***Gastrointestinal***

**WEIGHT**

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Minor amount of ingesta noted in the **stomach**. The gastric wall appeared unremarkable. The entire small intestine was thickened with reactive mesentery and loss of mural detail.

***Pancreas***

**INTERPRETED BY**

Eric Lindquist, DMV

The pancreas was obscured by some reactive mesentery. Some level of secondary pancreatitis likely.

DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Dr. Maggiulli

- Diffusely thickened small intestine with reactive mesentery and loss of detail
- Secondary pancreatitis
- Reactive spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Willamette VH

Full thickness intestinal biopsies are strongly encouraged to assess for underlying early intestinal lymphoma with secondary inflammation. If empirical measures are to be utilized, treating for enteritis, plasma expanders, broad-spectrum antibiotics, pain management all indicated and recheck sonogram in 3-5 days to assess if resolving. Prognosis is extremely guarded.

**REFERRING VET**

Dr. Maggiulli

***Lateral Radiographs: Unremarkable.***

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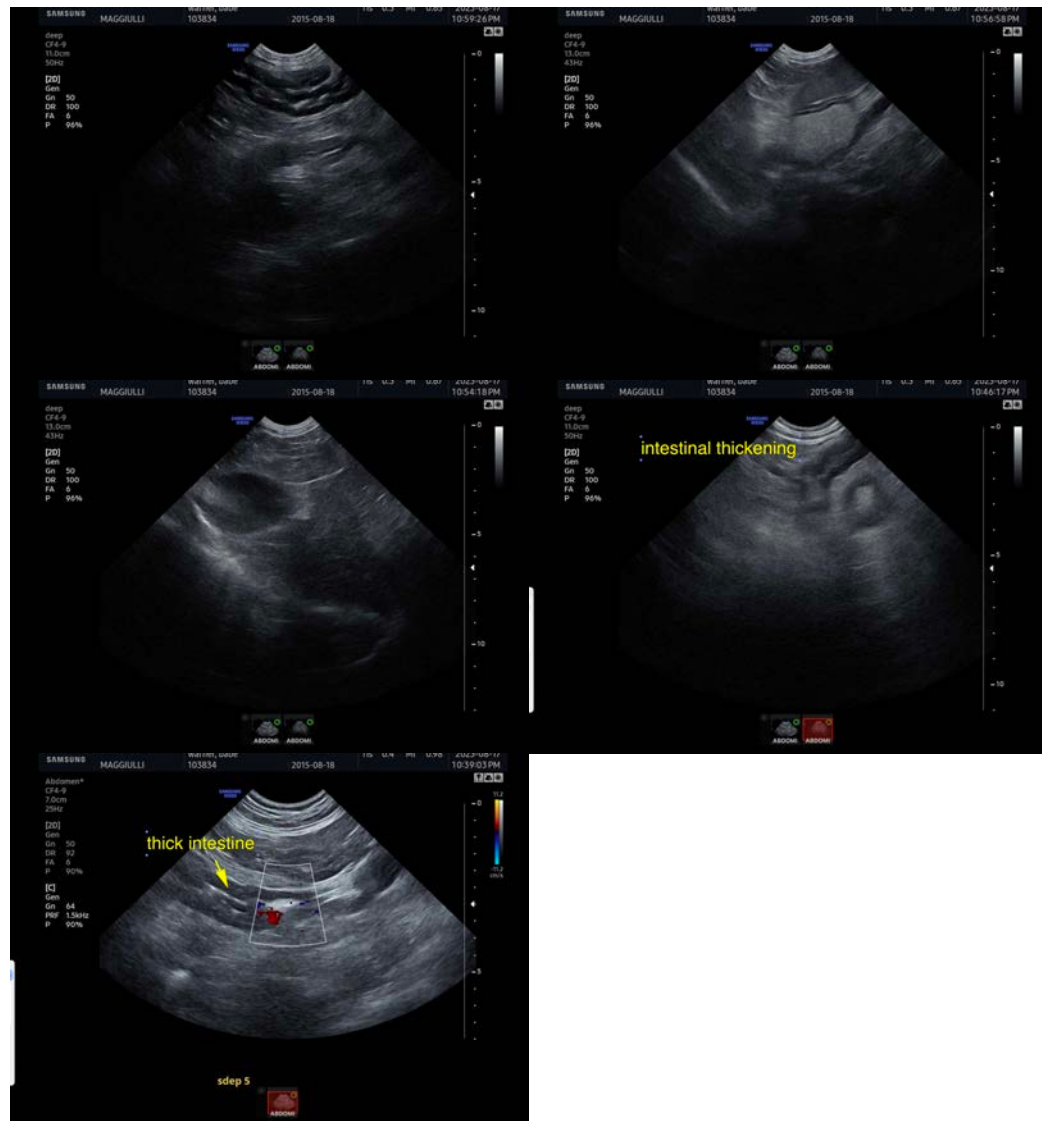
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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