



**PATIENT PRESENTING CLINICAL SIGNS**

William Woods Years long history of vomiting, suspected hemorrhagic gastroenteritis and bladder stones and kidney disease. Has been on PLA, Vit B12, Metronidazole, Pantoprazole.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: SDMA 15(0-14)

**BREED**

Collie x

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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 1.0 cm beyond the cystourethral junction.

**AGE**

12 Years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The left kidney measured 4.9 cm. The right kidney measured 6.61 cm.

**WEIGHT**

16.4 kg

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **right adrenal gland** was 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 right adrenal gland measured 1.4 cm x 0.89 cm at the cranial pole and 0.52 cm at the caudal pole.

**IMAGING PERFORMED BY**

Crystal Hill

The **left adrenal gland** was upper limits of normal to slightly enlarged, measuring 2.43 cm x 0.82 cm at the cauda pole and 0.95 cm at the cranial pole.

**Spleen**

**HOSPITAL NAME**

Hamilton Region  
Emergency Clinic

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.

**REFERRING VET**

Dr. Rubino

**Liver**

**INVOICE**

44628

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.

**DATE**

8/3/23



**PATIENT**

**Gastrointestinal**

William Woods

The upper **gastrointestinal tract** was largely empty to the level of the ileocecal junction. Fluid filled cecum and colon noted. Large amount of GI gas noted, obscuring some visibility, yet no evidence of obstruction or neoplasia.

**SPECIES**

Canine

**Pancreas**

**BREED**

Collie x

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**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Enterocolitis pattern
- Slightly enlarged left adrenal gland
- Age related renal changes with mineralization

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

16.4 kg

Fecal test warranted. Treatment for enterotoxins or other GI insult recommended. No evidence of obstruction. If the patient is not responding well over the next 24-48 hours, then recheck sonogram indicated.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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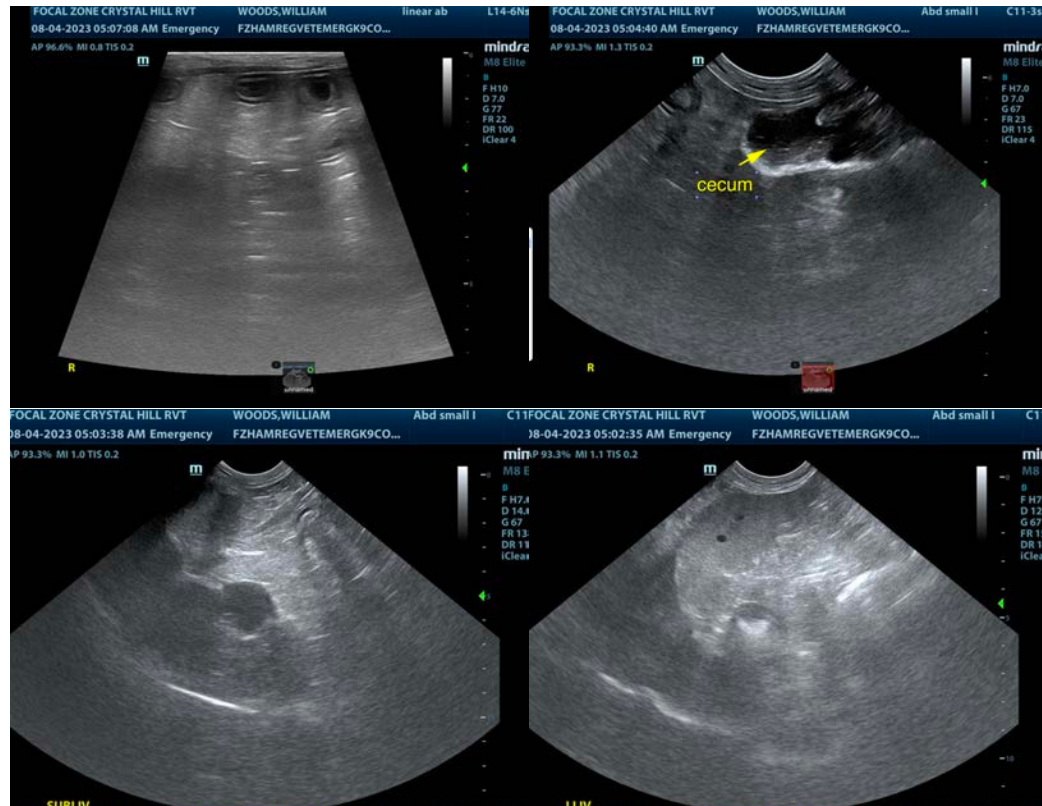
Dr. Rubino

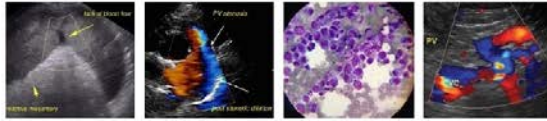
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**PATIENT**

William Woods

**SPECIES**

Canine

**BREED**

Collie x

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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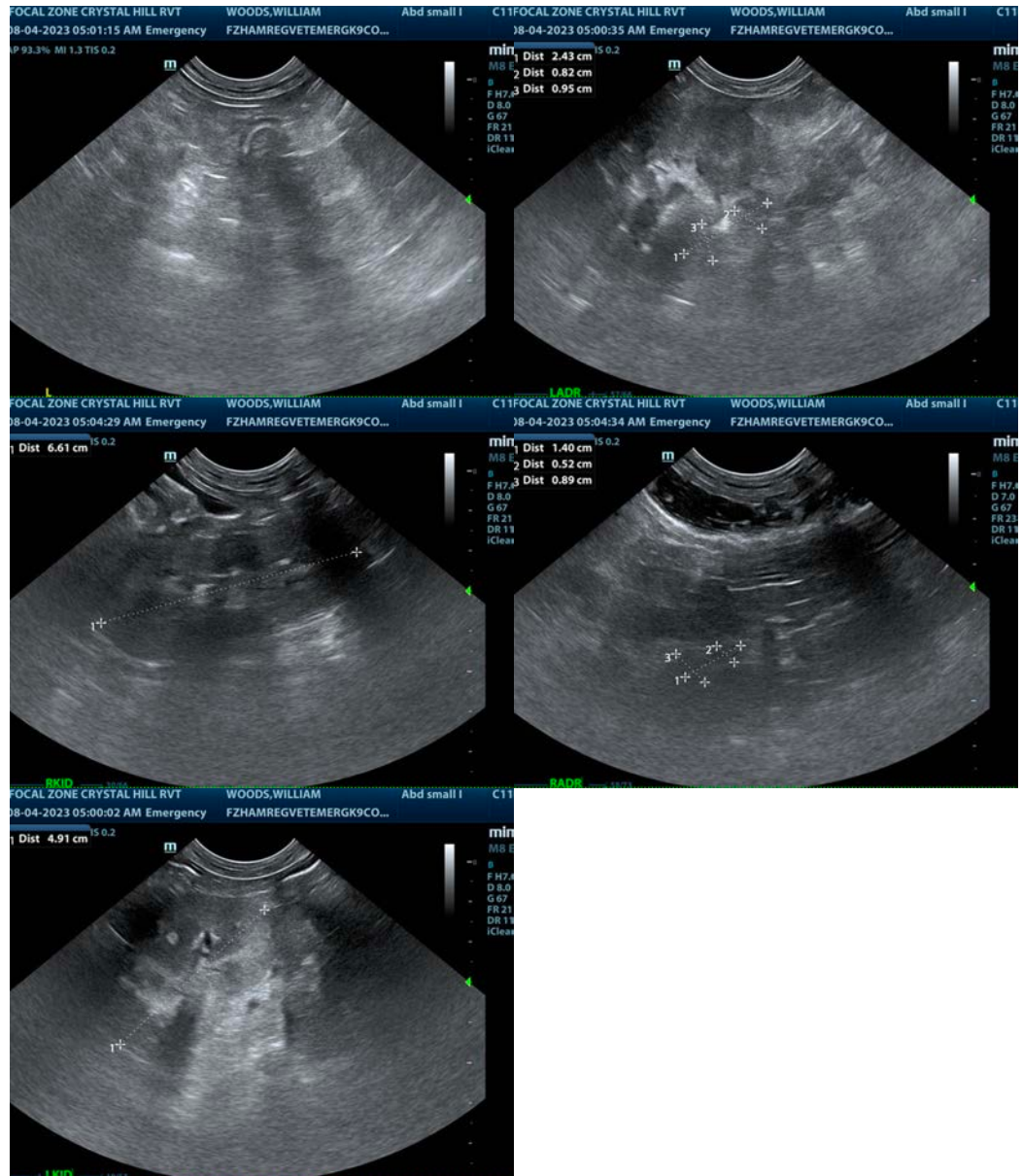
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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