



**PATIENT**

Dixie Eckhardt

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Female

**AGE**

11 months

**WEIGHT**

32 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING  
PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**INVOICE**

39547

**DATE**

9/21/22

**PRESENTING CLINICAL SIGNS**

History: 3 days anorexia, becoming less active, bad breath, plastic piece in her stool. Vomiting not noted but is alone most of the day.

Abnormal PE/Chem/CBC/UA Results: PE: Mild dehydration, Loose stool with some blood on digital rectal exam, remainder normal. Parvo snap test negative.

**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 right kidney measured 3.97 cm. The left kidney measured 4.63 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 2.8 x 0.5 cm at the caudal pole and 0.3 cm at the cranial pole. The right adrenal gland measured 3.01 x 1.21 cm at the cranial pole and 0.34 cm at the caudal pole.

**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.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Spastic small intestine was noted. Echogenic material was noted in the intestinal lumen, possible parasites, worm burden or transiting non-obstructive material. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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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.

**SEX**

Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 months

Enteritis pattern with possible worm burden.

**WEIGHT**

32 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fecal exam is indicated in this patient. There is a potential of passage of calculi, that were non-obstructive. Medical management is warranted with a recheck sonogram in 48-72 hours.

**INTERPRETED BY**

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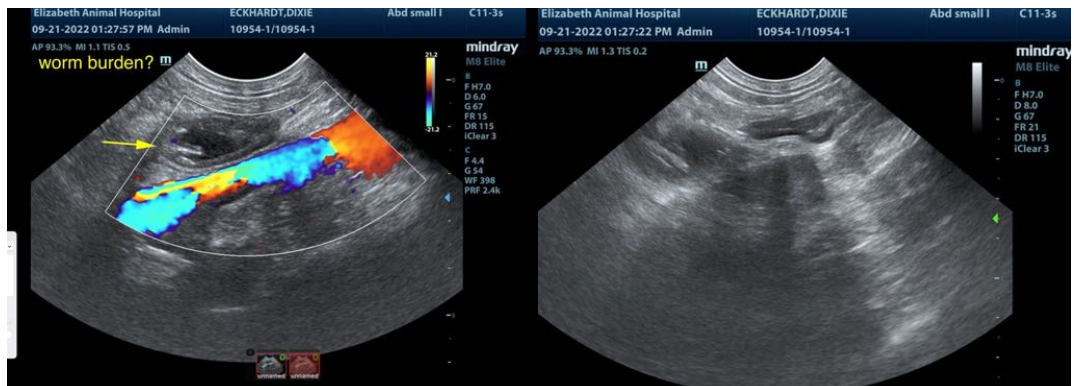
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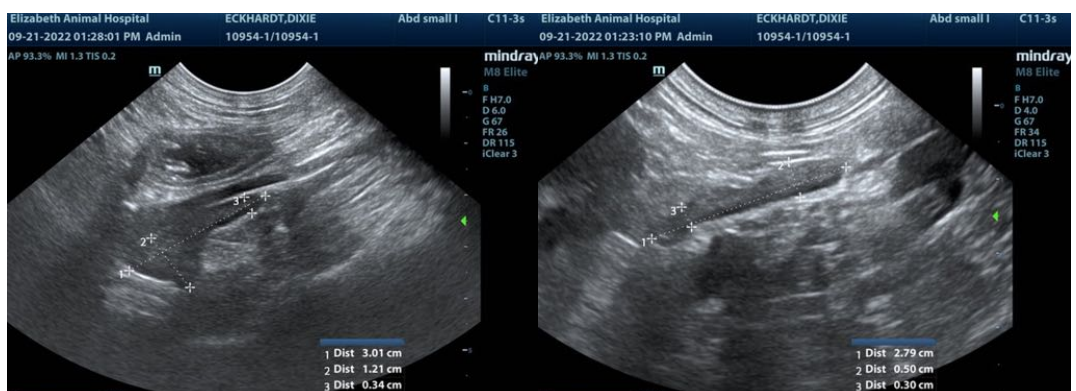
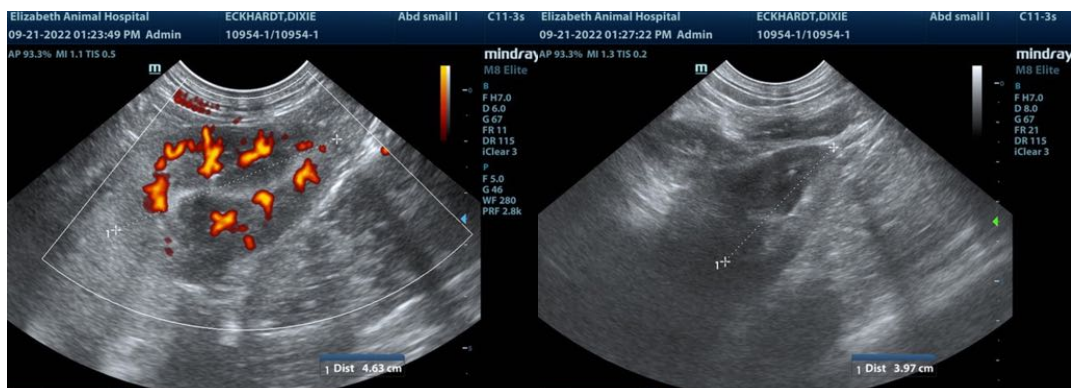
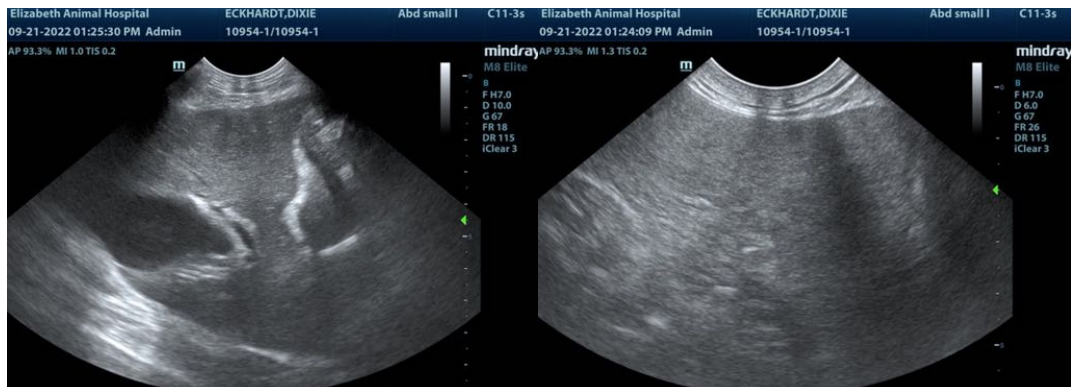
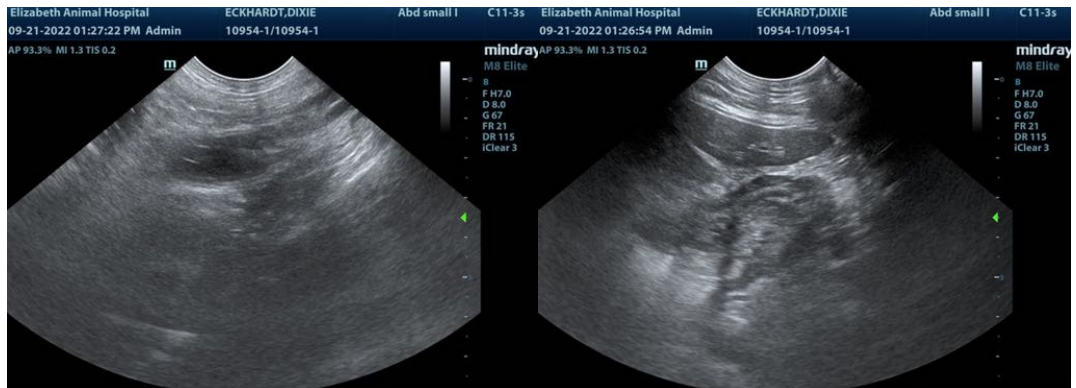
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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  
info@SonoPath.com