



PATIENT

Delta Ho

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, a few bouts of diarrhea. Historically thin body condition, meager appetite. Diet Royal Canin Border Collie dry and wet. Current meds: metronidazole, Panacur, Cerenia. CBC/Chem: (3/19/22) WNL. Fecal positive for *Toxocara canis*.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Border Collie

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.

SEX

Intact male

The testicles were imaged and found to be uniform. The left testicle measured 3.64 cm. The right testicle measured 3.06 cm. The prostate was slightly enlarged and uniform measuring 3.9 cm.

AGE

2 years

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 5.2 cm. The left kidney measured 6.01 cm.

WEIGHT

47 lbs

Adrenal Glands

INTERPRETED BY

The adrenal glands were flattened and isoechoic. The right adrenal measured 1.86 x 0.27 cm at the caudal pole and 0.3 cm at the cranial pole.

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

Spleen

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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.

HOSPITAL NAME

Ridge Road AH

Liver

REFERRING VET

Dr. Pathak

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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DATE

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Gastrointestinal

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

SPECIES

Canine

BREED

Border Collie

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

Intact male

ULTRASONOGRAPHIC FINDINGS

BPH prostate.

AGE

2 years

Flattened adrenal glands.

WEIGHT

47 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for underlying Addison's'. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. ACTH stimulation is warranted to rule out occult Addison's manifesting as the GI signs. There is no evidence of portosystemic shunting.

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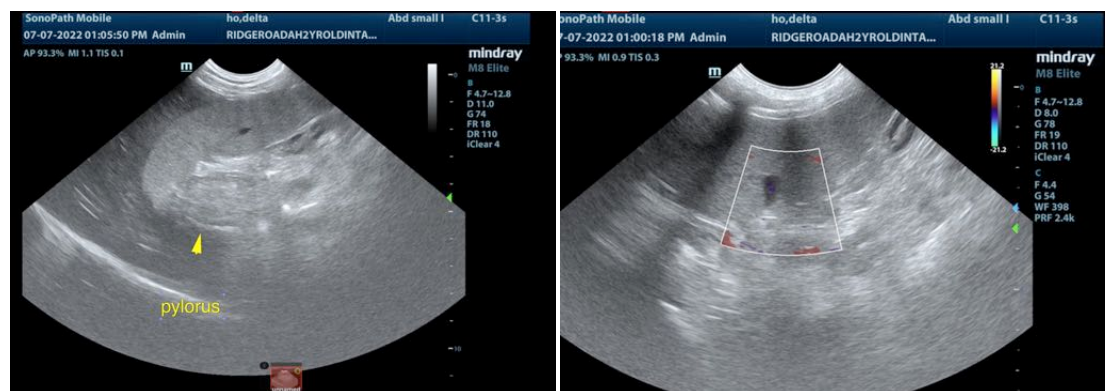
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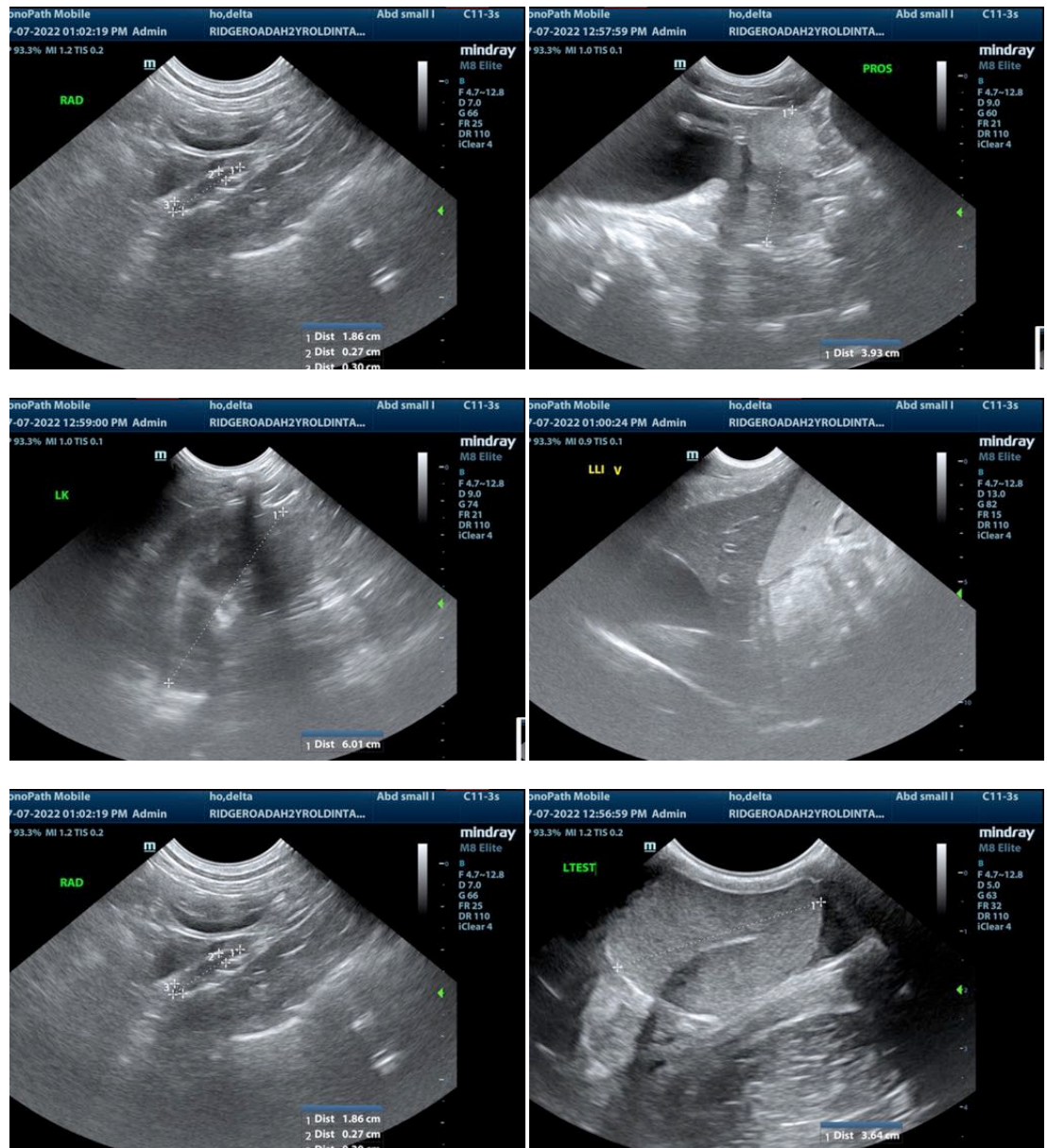
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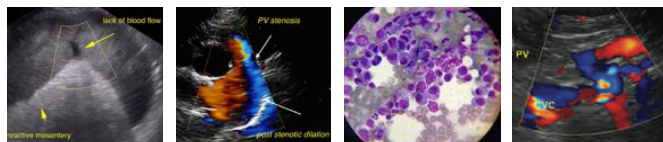


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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