



PATIENT

Memphis Viscomi

SPECIES

Canine

BREED

GSD

SEX

Male

AGE

2 Years 3 Months

WEIGHT

73.3

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

20717

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: vomiting and soft stool towards the end of last week, normal BW. Rads concerning for FB, improved from 1/20 to 1/21 but at recheck on 1/23 still has concerning gas pattern. P is however improving clinically on bland diet and metronidazole with no loss of appetite or further vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: BW wnl, Rads: some increased gas in colon/intestines, possible areas of dilation noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **prostate** was enlarged, with minor edema lines, suggestive for prostatitis. The prostate measured 4.5 cm.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.55 cm. The left kidney revealed mild pyelectasia and echogenic debris. The left kidney measured 7.25 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 2.17 cm x 0.58 cm. The right adrenal gland measured 2.57 cm x 0.44 cm.

Spleen

The **spleen** was mildly enlarged with subtle micronodular changes. If any weight loss is present, FNA is indicated. Reactive spleen vs splenitis. Cranial folding of the spleen was noted.

Liver

The **liver** itself was unremarkable. Minor excessive gallbladder debris was present without mucocele formation.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable.

Pancreas



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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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ULTRASONOGRAPHIC FINDINGS

- Prostatitis/UTI pattern
- Left renal pyelonephritis
- Urinary bladder debris
- Enlarged spleen with subtle micronodular changes
- Minor excessive gallbladder debris without mucocele formation
- Structurally unremarkable GI tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work up is warranted. Manual palpation of the prostate is indicated to assess for discomfort. FNA of the spleen would be ideal to ensure this is a reactive state, as opposed to minor potential for early neoplasia. Neutering may be appropriate for this patient, depending upon history of prostatic signs. Occasionally, prostatitis can cause GI signs secondarily.

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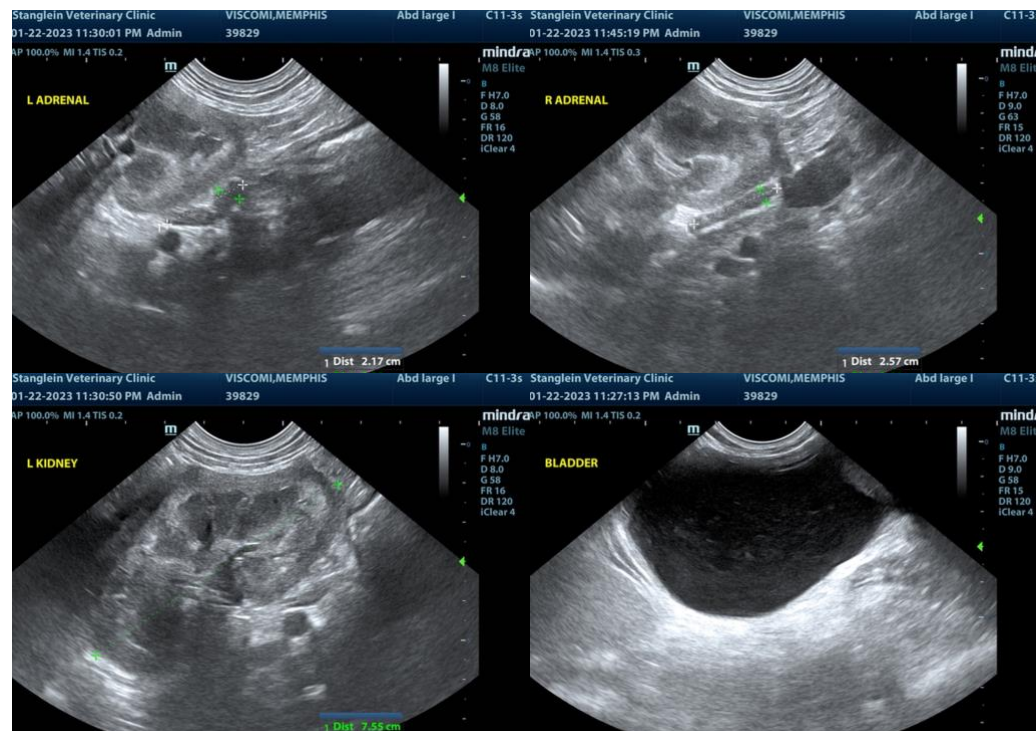
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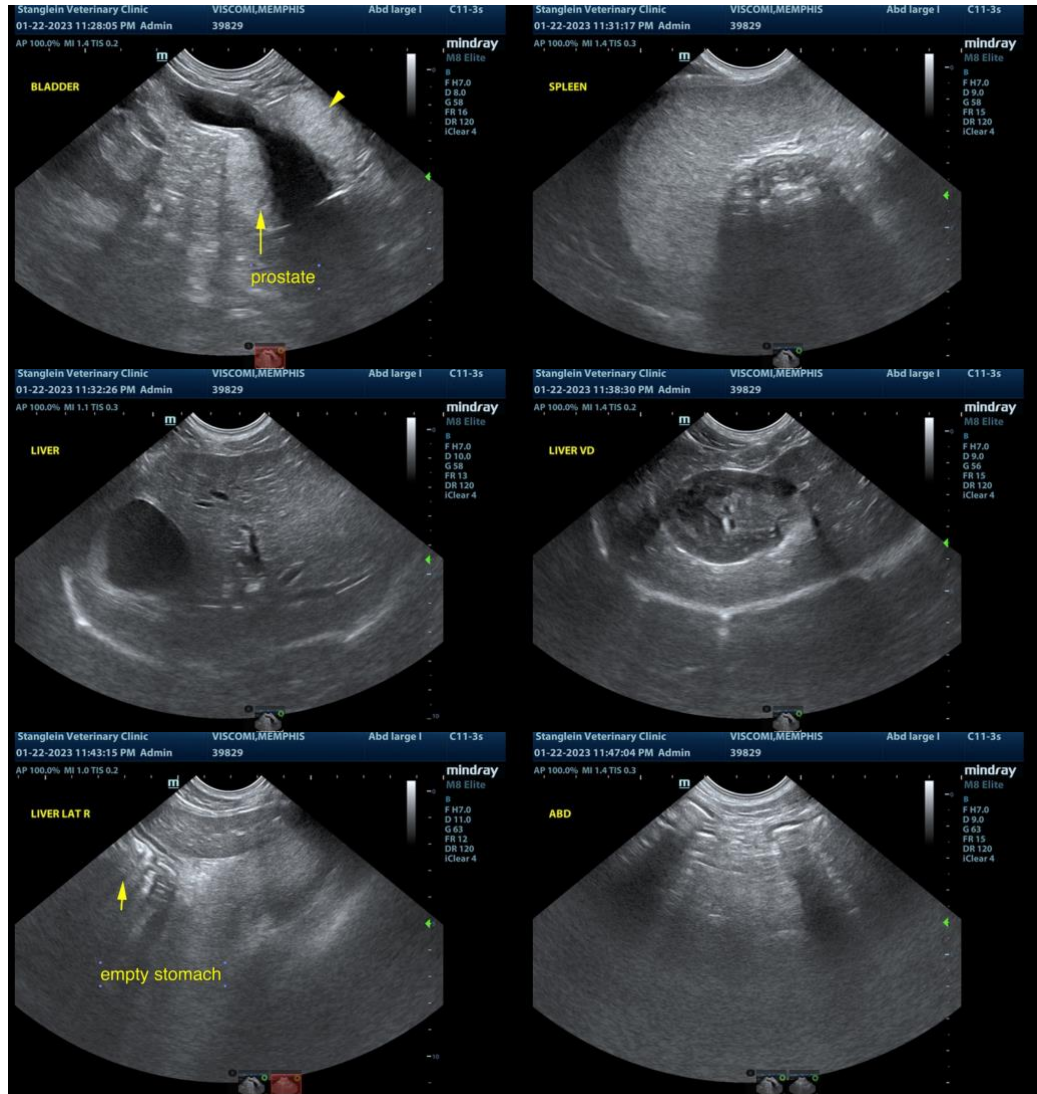
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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