



**PATIENT**

Ava Smith

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Female

**AGE**

2 years

**WEIGHT**

23.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. DeCordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. DeCordon

**INVOICE**

42077

**DATE**

10/24/22

**PRESENTING CLINICAL SIGNS**

History: 2 week history of PU/PD, lethargy, decreased appetite, and vomiting.  
Abnormal PE/Chem/CBC/UA Results: poor body condition, prolonged PT, ALT greater than 10,000 increase ALP, GGT, and TBil

**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 left kidney measured 6.1 cm. The right kidney measured 7.9 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was slightly enlarged, uniform and folded upon itself.

**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.

**Gastrointestinal**

The stomach in this patient was over distended with chyme. The stomach is significantly dilated with fluid. This is likely the cause of splenic fold. The colon and small intestine was empty.



**PATIENT**

**Pancreas**

Ava Smith

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Over distended stomach with chyme and fluid. This is likely causing splenic folding.

German Shepherd

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

The cause of delayed outflow is unclear. I recommend 24 hour n.p.o., gastric tube, assessment of radiographs for potential rotation and a recheck sonogram at 24 hour n.p.o. status with further imaging of SDEP 13 into the pyloric region.

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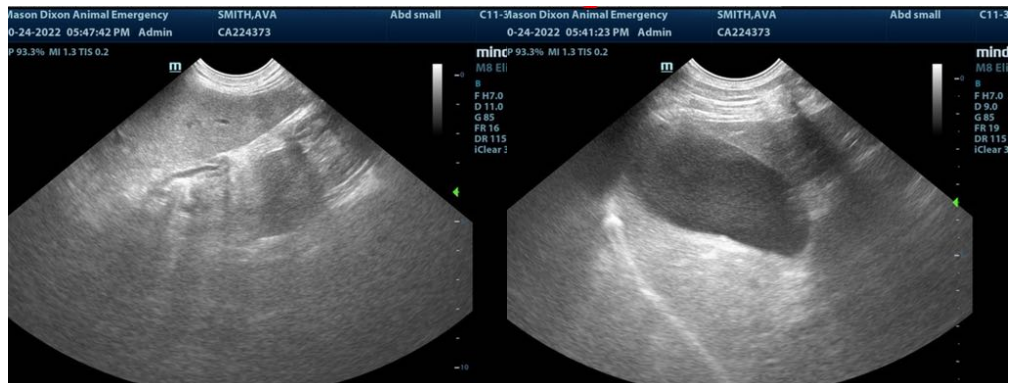
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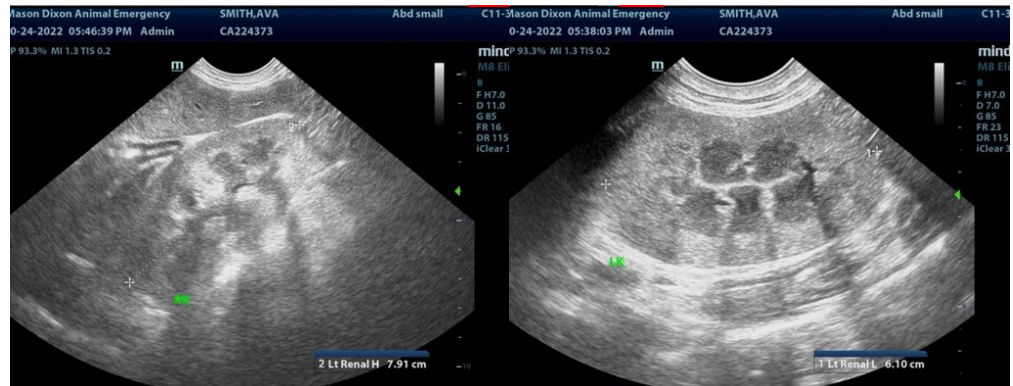
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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