



**PATIENT**

Dimaggio McCrary

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

115 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Quellhorst

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Jessica Quellhorst

**INVOICE**

13478

**DATE**

10/3/21

**PRESENTING CLINICAL SIGNS**

History: 4yo 115lb MN Shepherd x presents for recurrent GI signs over 6 months, progressively getting worse. Presents as vomiting, hematochezia/diarrhea, anorexia. Last treated 1 week ago, has improved w/ supportive care.

Abnormal PE/Chem/CBC/UA Results: Exam/rectal unremarkable. Increased PSL 3 months ago. Last week - CBC/chem normal except mild inc ALP (289), normal PSL, normal cobalamine/TLI/folate. Rads showed loss of detail in the area of the pancreas (5 days ago). P clinically doing well since on medical management (cerenia, sucralfate, metronidazole).

**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 were 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 kidneys measured 6.0 cm each.

**Adrenal Glands**

Both **adrenal glands** were not visualized.

**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 were 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.

**Gastrointestinal**

Minor excessive **gastric** gas noted. The small intestine and colon were 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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen
- Minor excessive gastric gas

**BREED**

Shepherd X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

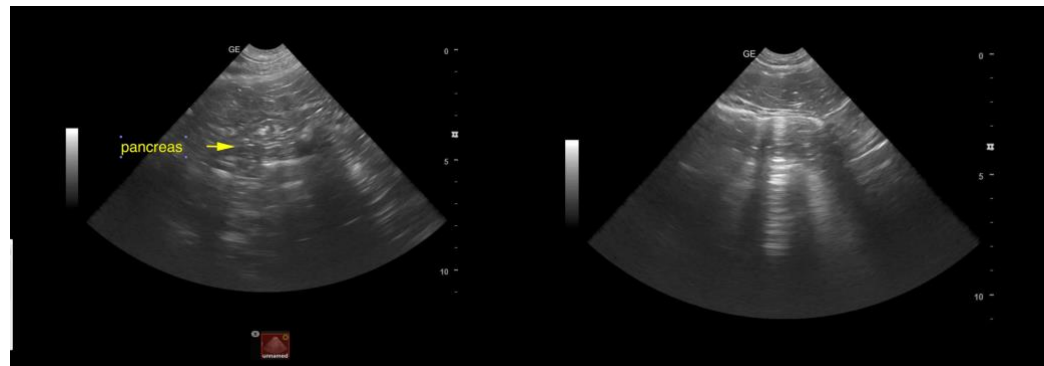
Screening for Addison's warranted with baseline cortisol and/or ACTH stimulation. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No evidence of visceral pathology.

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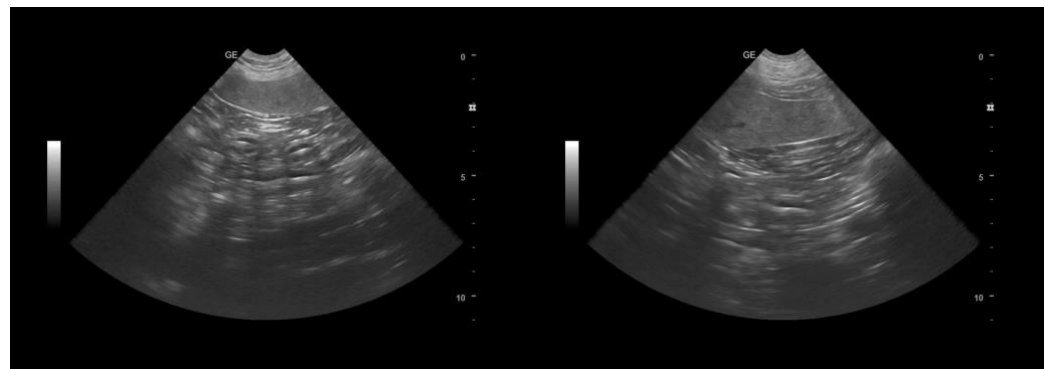


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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