



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Cole Raber

SPECIES
Canine

History: Cole is a ten year old, MN, German Shepherd who was presented on for increased urination, increased thirst, panting, restlessness, and behavior change (more aggressive). One exam, Cole was tense on abdominal palpation of cranial abdomen and thickened "doughy" intestines were palpated. 4DX, T4, cPL, fecal, CBC, Chemistry were normal. UA showed USG=1.056, PUC=0.1 and no pyuria or hematuria.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
German Shepherd

Urinary System

SEX
Neutered male

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.

AGE
10 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 7.14 cm. The left kidney measured 7.45 cm. Blood flow to the kidneys appeared to be adequate on Power Doppler assessment.

WEIGHT
110 lbs

INTERPRETED BY Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.27 x 0.86 cm at the cranial pole and 0.45 cm at the caudal pole.

IMAGING PERFORMED BY Spleen

Dr. Todd

The **spleen** in this patient was folded upon itself cranially and caudally with mild generalized enlargement. This is typical for the breed.

HOSPITAL NAME Liver

Lambs Gap AH

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.

REFERRING VET

Dr. Knouse

INVOICE

93154

DATE

11/16/21



PATIENT

Gastrointestinal

Cole Raber

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

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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

Neutered male

ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia, hypersplenism splenic pattern.

AGE

10 years

Otherwise, unremarkable abdomen.

WEIGHT

110 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Palpation of the spleen is recommended to assess for any discomfort as at times folding of the spleen may predispose to torsion. If the patient is painful upon splenic palpation then proactive splenectomy should be considered. Otherwise, the abdomen appears unremarkable.

INTERPRETED BY

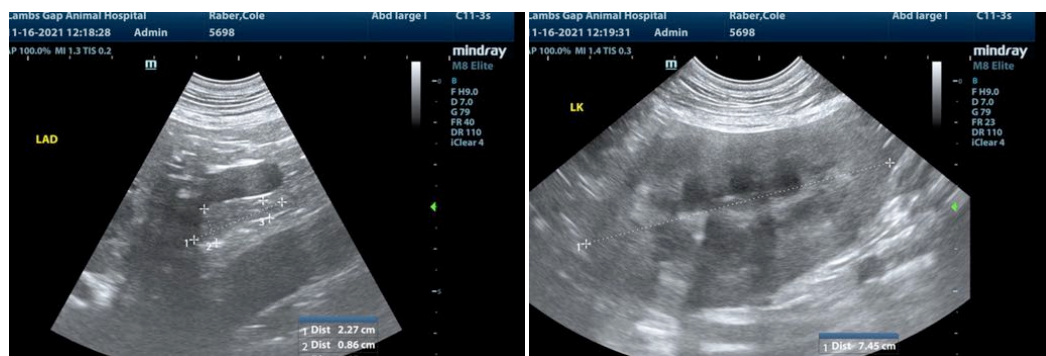
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IMAGING PERFORMED BY

Dr. Todd

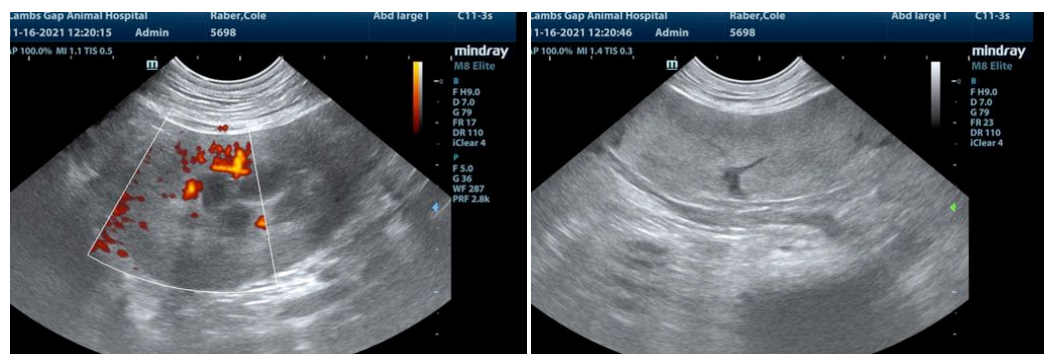
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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