



PATIENT

Growler Pollock

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

10 years

WEIGHT

89 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Lindemulder

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Lindemulder

INVOICE

69513

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Hypersalivation of a few days duration, worse after playing and being active. Nothing noted in mouth on PE. Painful on abdominal palpation, owner noticed he is painful when he picks him up under his abdomen to put him in the car.

Abnormal PE/Chem/CBC/UA Results: Very painful on palpation of cranial abdomen, mildly painful on caudal abdominal palpation. Abdominal radiographs showed a rounded soft tissue opacity in cranial abdomen near liver and stomach, does not appear to be the stomach but is separate. Spondylosis of the thoracolumbar spine also present on radiographs.

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 **left kidney** 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 6.8 cm. The right kidney was not visualized.

Adrenal Glands

The left **adrenal gland** was 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 1.9 x 0.57 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed a focal, hypoechoic nodule. The nodule measured 1.0 cm. The spleen was folded upon itself, yet was otherwise unremarkable.

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 revealed a minor amount of sand.



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Gastrointestinal

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.

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.

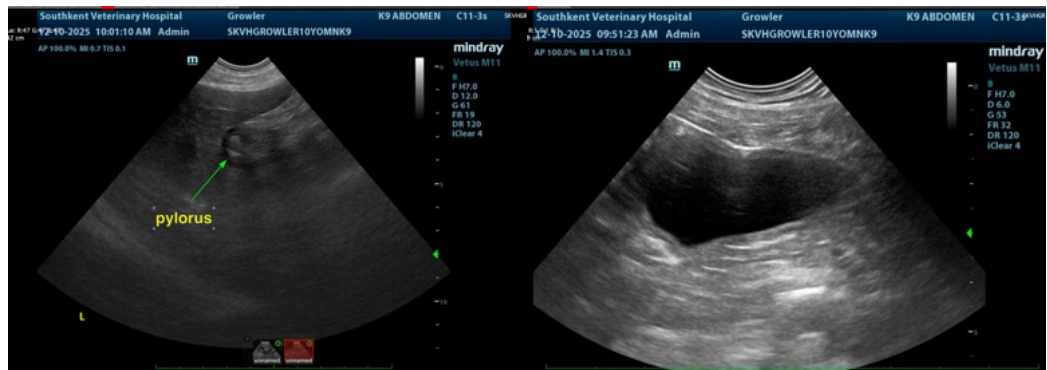
ULTRASONOGRAPHIC FINDINGS

Minor gallbladder sand.

Focal splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule should be monitored. 25-gauge FNA would be ideal. Ursodiol therapy could be justified proactively. However, the gallbladder sand was minor. There was no evidence of visceral disease responsible for the painful abdomen that was reported in this patient. Referred back pain should be considered as a potential. Monitoring and/or FNA of the splenic nodule would be ideal.





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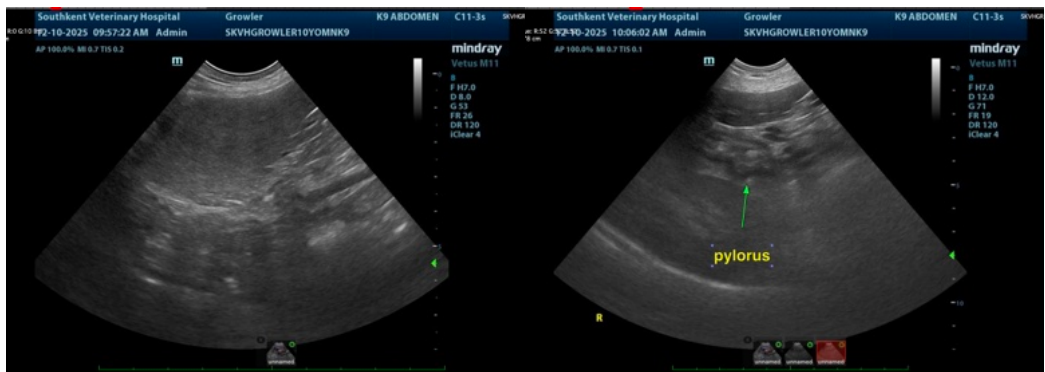
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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