



## PATIENT

Jasmine Rebisz

## SPECIES

Canine

## BREED

Great Swiss Mountain  
Dog

## SEX

Intact female

## AGE

8 years

## WEIGHT

72 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

JK

## HOSPITAL NAME

Hamburg VC

## REFERRING VET

Dr. Martens

## INVOICE

69689

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

History: Urinary incontinence while sleeping  
Abnormal PE/Chem/CBC/UA Results: Urine cocci, blood pending

## 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 6.03 cm. The right kidney measured 6.07 cm.

There was no evidence of reproductive pathology.

The iliac trifurcation was unremarkable.

### 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 right adrenal gland measured 3.09 x 0.74 cm. The left adrenal gland revealed a slight hyperechoic nodule at the cranial pole measuring 1.0 cm. The left adrenal gland measured 2.5 x 0.7 cm.

### Spleen

The **spleen** was enlarged 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.



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## Gastrointestinal

The midabdomen revealed some shadowing luminal GI artifact with spatial recognition of the **stomach** and luminal material was difficult to ascertain. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## 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

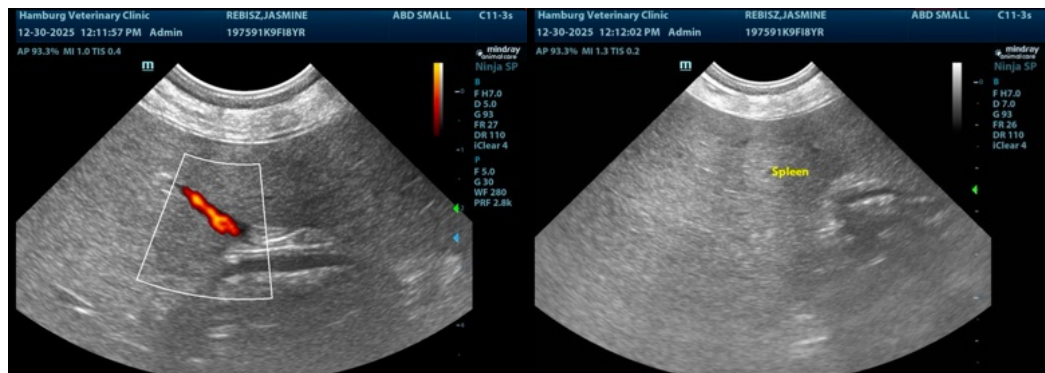
Retention of ingesta or possible abnormal gastric positioning.

Hypersplenism.

Unremarkable urinary tract.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend abdominal radiographs to ensure that the stomach is in proper position and pairing these changes with post prandial timing and any history of GI signs.





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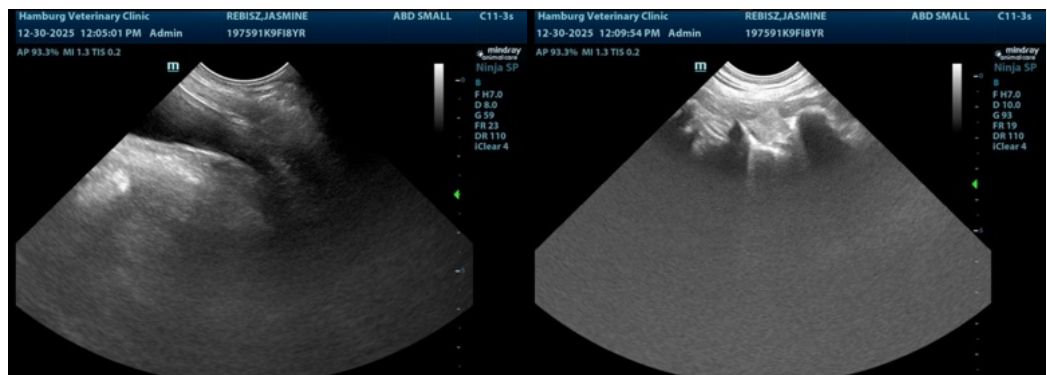
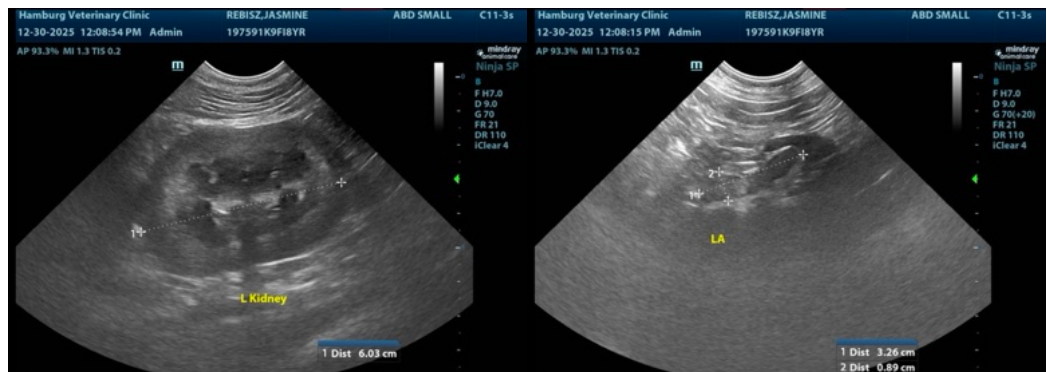
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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