



PATIENT

Thor Stokes

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

4 Years

WEIGHT

82 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Walden AC

REFERRING VET

Dr. Kelly

INVOICE

35859

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Hit by Car this AM
- Xrays- normal thorax, peritoneal effusion- hemorrhage?
- Current meds: LRS, Cefazolin, Dexamethasone, Buprenex
- Abnormal PE/Chem/CBC/UA Results: PCV initially 45, with fluids dropped for 35 and is stable ALT 884

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. This is a minor change. The prostate measured approximately 3.0 cm.

The **testicles** were imaged and found to be uniform. No evident pathology.

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 7.9 cm. The right kidney measured 7.35 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no evident pathology.

Spleen

Portions of the **spleen** appeared normal; however, other portions of the spleen revealed hypoechoic expansive nodules and a potential mass. This may represent non-neoplastic hematomas given the patient history. The largest splenic lesion measured approximately 5.0 cm. No omental involvement was noted. Intraparenchymal and subcapsular clots were noted on the spleen.



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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

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.

Free Abdomen

A moderate to severe amount of **free fluid** was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules and masses, consistent with nonneoplastic hematomas or possible. Hemangiosarcoma. No evidence of metastatic disease.
- Large amount of free fluid, consistent with hemoabdomen.
- Urinary bladder debris
- BPH prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the free fluid in the abdomen, recommend immediate exploratory surgery, if chest radiographs are free of evident pathology, with expectation toward splenectomy and abdominal inspection.



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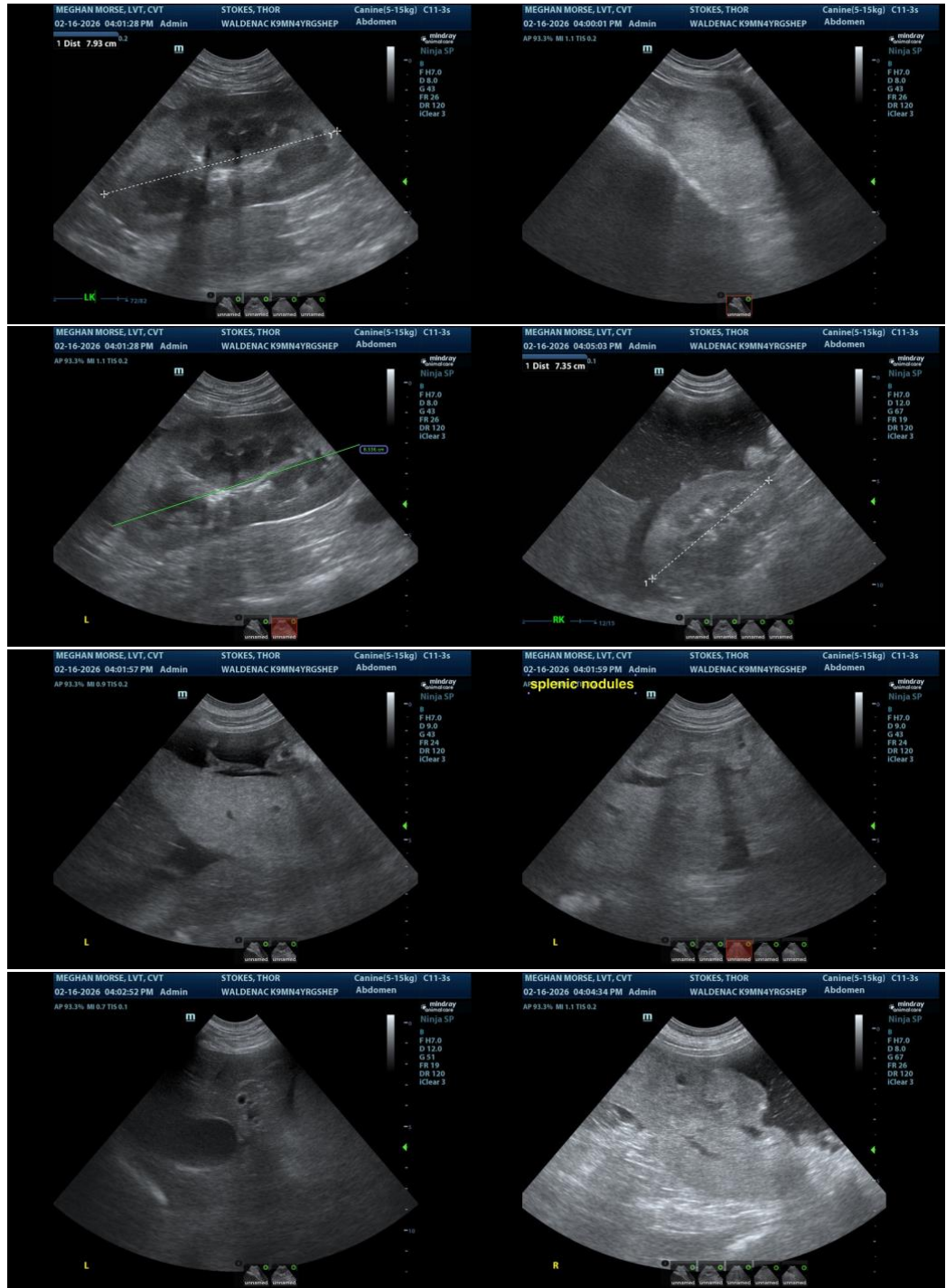
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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