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Clinical Sonography & Telecytology
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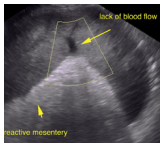

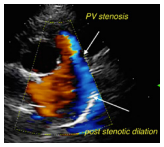

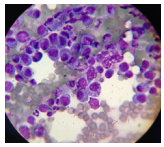
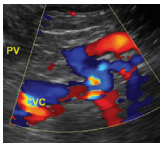

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Thor Lindsay

SPECIES
Canine

BREED
GSD

SEX
Neutered Male

AGE
2 Years

WEIGHT
70.1 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Wymard

HOSPITAL NAME
Brookswood AC

REFERRING VET
Dr. Wymard

INVOICE
35413

DATE
2/2/22

PRESENTING CLINICAL SIGNS

On 2.1.22 P presents for vomiting of 10-12 day duration. P started out w/ diarrhea (unusual for P). Then, a few days later he vomited green bile. Later that night he vomited 3 times again and didn't eat dinner that night. Next night P ate rice and then vomited 4 more times. Per O, vomiting episodes seem to be getting less frequent now, but he does still vomit after eating often. O started wetting dry food. He vomited again Sunday and again yesterday (Monday). P held everything down last night. O gave heartworm chew about 3 days ago. Thought maybe P ate field mouse. O reports as soon as P seems to be getting better he will vomit again. Stools are now normal. O saw field mice in vomit. O gives "holistic" table scraps sometimes (e.g. yogurt, pumpkin, raw turkey, raw hamburger patty from ranch - though most of the time she cooks it). O reports raw turkey/hamburger was given around Christmas time. Radiographs at this time revealed large amount of ingesta present in stomach (e.g. food bloat); intestines caudally displaced (likely secondary to enlarged stomach and splenomegaly); ascending colon contains small amount of stool; small focal areas of mild gas-distension of small bowel but no obvious obstructive pattern present; moderate loss of serosal detail in center of abdomen P was fasted overnight and xrays repeated. ingesta in stomach has moved through appropriately; stomach is gas-distended; large, oval-shaped structure in cranial abdomen, just ventral to the stomach on lateral projection; splenomegaly; decreased serosal detail mid-abdomen; intestines are caudally displaced but are normal size. No evidence of obstruction pattern or foreign bodies. Small amount of stool in colon. P did not vomit overnight and had normal BM this morning. P is stable (energy/appetite/drinking - all normal). Important to note that P was sedated w/ dex/torb/ket (0.3/0.3/0.15 mL IM) prior to U/S d/t P aggression. 6.0 mL propofol pushed IV (after images of spleen were taken).
Abnormal PE/Chem/CBC/UA Results: CBC/Chem 2.1.22 WNL

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was enlarged, typical for the breed. However, it was folded upon itself cranially and caudally, likely creating a mass effect on palpation and/or radiographs.

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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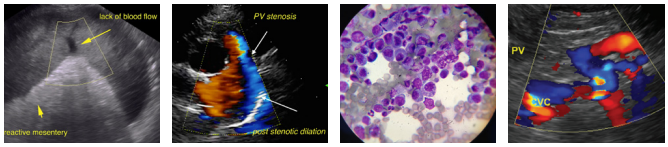

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Gastrointestinal

The **gastrointestinal tract** was unremarkable and largely empty other than a minor amount of chyme noted in the stomach. The small intestine and colon were unremarkable. The GI tract was deviated owing to the splenic effect.

Pancreas

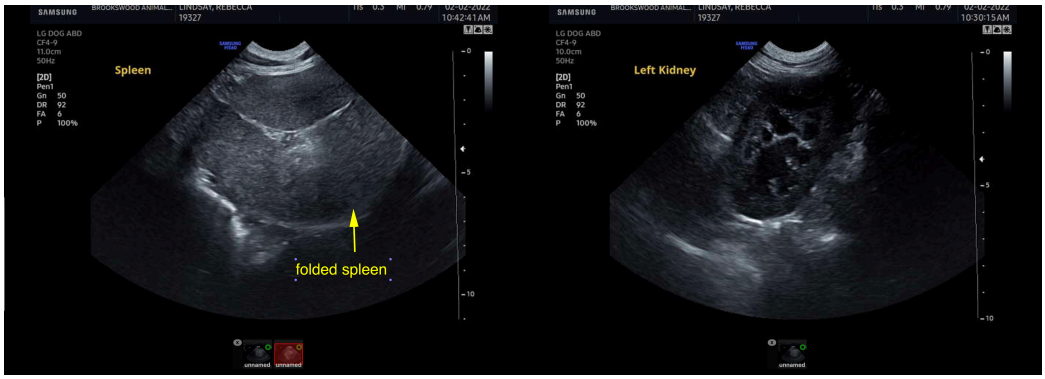
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

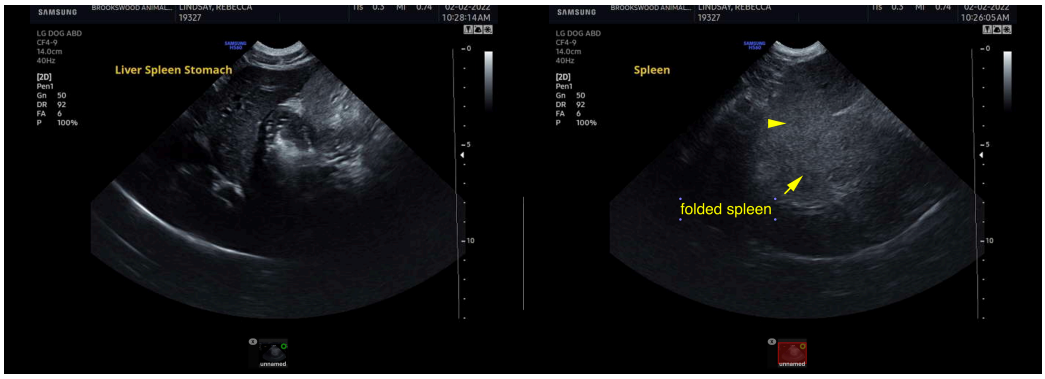
ULTRASONOGRAPHIC FINDINGS

- Hypersplenism and folded spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is typical for the breed. However, if palpation of the spleen reveals discomfort, proactive splenectomy may be appropriate, as the spleen may be predisposed to torsion.





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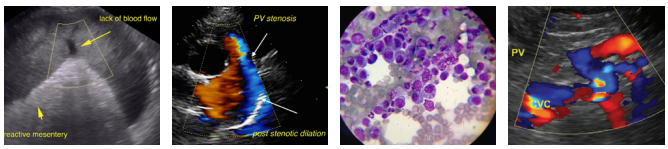

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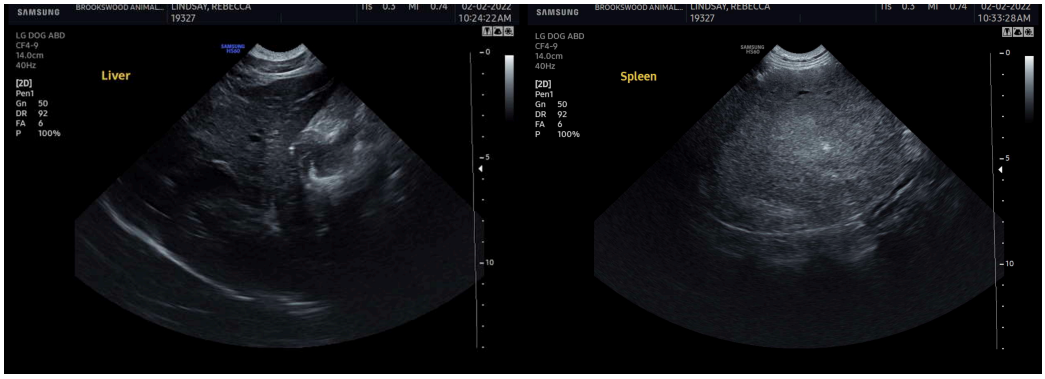

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com