



PATIENT

Ava Drossel

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

11 years

WEIGHT

78 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

73702

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Hematuria urinary incontinence
- Blood pending, blood in urine

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 8.2 cm. The left kidney measured 7.6 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed multiple, mixed, hypoechoic masses. There were areas that were void of blood flow. This would suggest potential infarcts or hematomas. There was no evidence of torsion.

Liver

The **liver** was slightly swollen and slightly irregular. Multi-focal, hyperechoic nodules were noted in the liver. The gallbladder and common bile duct were unremarkable. Comet tail lung pattern was noted and suggestive for alveolar disease.

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.



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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.

Free Abdomen

Reactive mesentery was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Multiple, splenic masses and inflammation.

Slightly irregular liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are warranted. A rapid echocardiogram is recommended to assess for metastatic disease. Round cell neoplasia, hemangiosarcoma, splenitis and splenic necrosis is all possible. Exploratory surgery, splenectomy, liver inspection and biopsy is all indicated. This is a surgical urgency depending upon whether there was any evidence of metastatic disease present in the chest.





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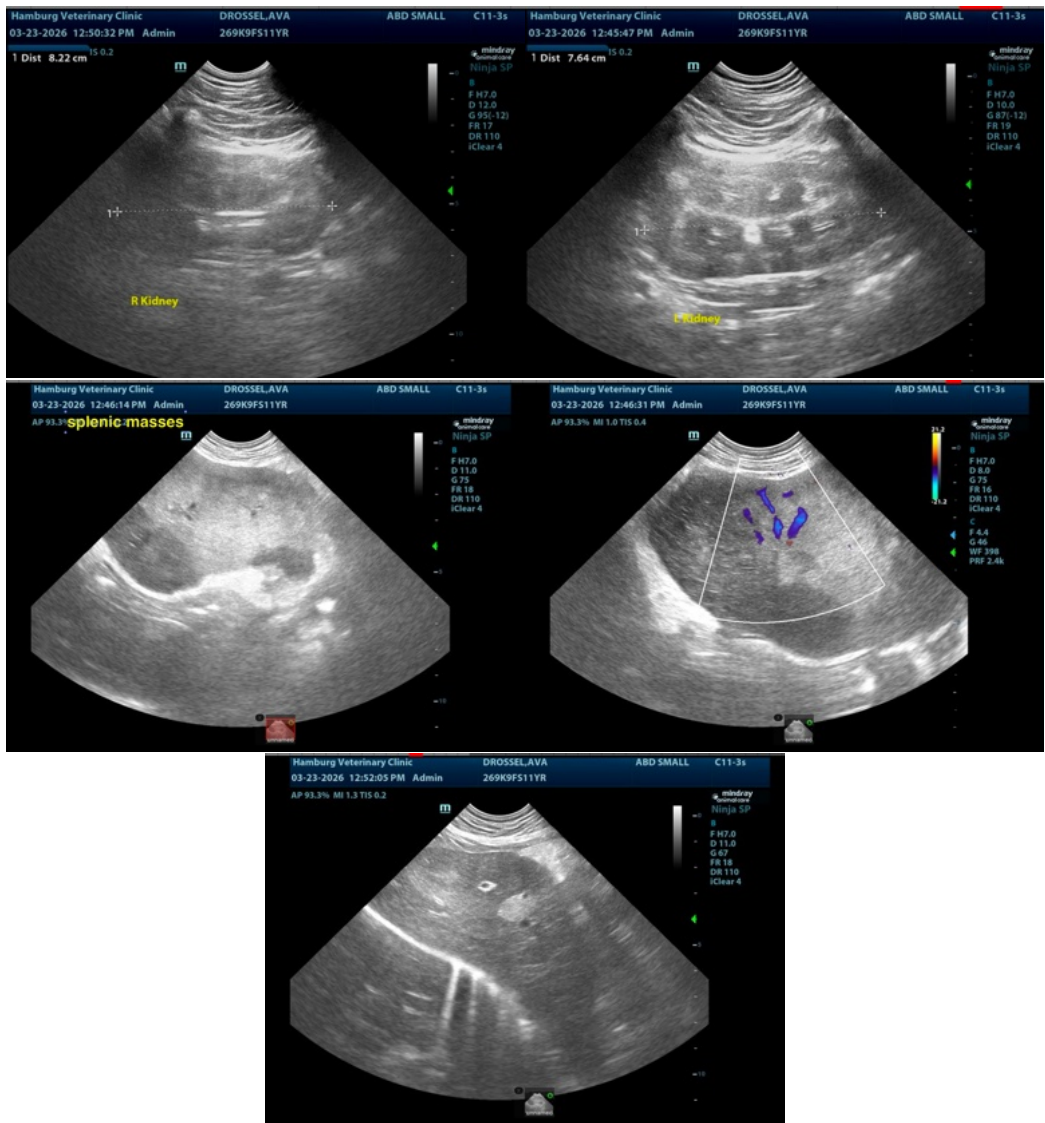
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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