



## PATIENT

Blaze Pennick

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Spayed female

## AGE

6 years

## WEIGHT

79 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jocelyn Hollway

## HOSPITAL NAME

Valley Green VH

## REFERRING VET

Dr. Oberer-Gerber

## INVOICE

72235

## DATE

3/5/26

## PRESENTING CLINICAL SIGNS

- Initially presented 2/24/26 for lameness. Ortho rads were declined, BW was ran and NSAIDs were dispensed + strict rest. Limping has resolved, but hemorrhagic gastroenteritis developed, presumed to be secondary to the NSAIDs. Gi protectants dispensed but not administered by O.
- 3/4/36 - AXR to IDX:
- CONCLUSIONS: The colonic appearance (Gas filled, distended) may be compatible with underlying colitis, with associated soft fecal material. The remainder of the gastrointestinal tract appears unremarkable. No definitive cause for the reported clinical signs is identified; however, a potential relationship with the reported NSAID treatment should be considered. Other possible causes of diarrhea include, but are not limited to, dietary indiscretion or intolerance, nonspecific colitis (parasitic, viral, bacterial, or toxin-mediated), inflammatory bowel disease, or extra-gastrointestinal disorders.
- BAR. Euhydrated. Tense for ABD palpation -- would not allow deep palpation. Heart/Lungs = NSF. BCS 5/9, no limp noted. Stands with slightly less weight on LH compared to right; no swelling, pain, trauma noted. Grade 1 ddz. Rectal: frank blood on glove. Both AG full but easy to express with no evidence of infection.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 measured 6.4 cm. The right kidney measured 7.1 cm.

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 left adrenal gland measured 2.53 x 0.5 cm. The right adrenal gland measured 1.2 cm.

### Spleen

The **spleen** was uniform, yet enlarged, which is typical for the breed. The spleen was folded upon itself. The spleen measured 4.1 cm.



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## 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. Minor biliary sand was noted. Grouping of which measured 2.6 cm.

## 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.

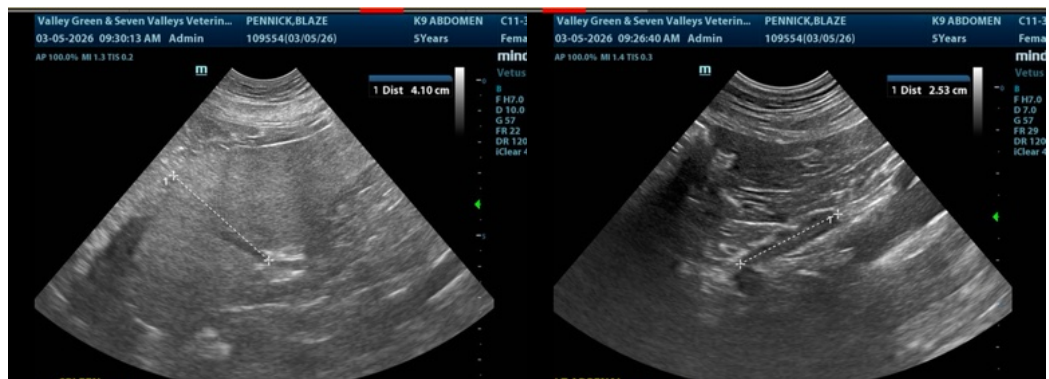
## ULTRASONOGRAPHIC FINDINGS

Gallbladder sand, idiopathic, not pathological.

Splenomegaly, typical for the breed.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered over a 6-8 week period in an attempt to dissolve the biliary sand, yet this is highly variable in effect in patient to patient. There was no other evidence of pathology.





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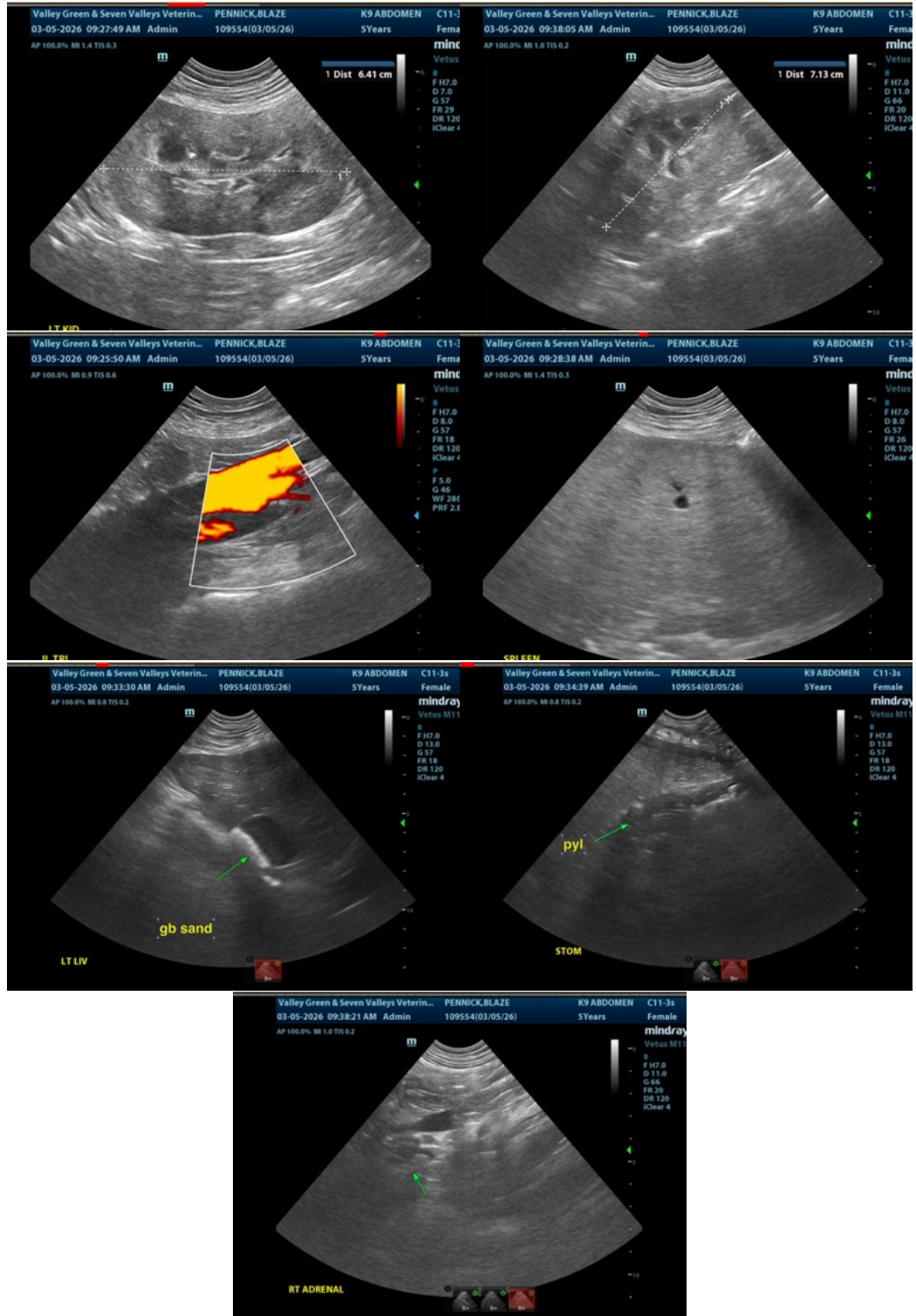
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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