



## PATIENT

Kaiser Desmet

## SPECIES

Canine

## BREED

German Shpeherd

## SEX

Neutered Male

## AGE

10

## WEIGHT

92

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

14147

## DATE

03/09/26

## PRESENTING CLINICAL SIGNS

- vomiting decreased appetite increased thirst lethargy
- Current meds Temaril B

Abnormal PE/Chem/CBC/UA Results: TP 8.8 Alb 4.0 Glob 4.9 Lipase 1011

## 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 moderately 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.

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 5.6 cm in length. The right kidney measured 7.9 cm in length.

### Adrenal Glands

The **left adrenal gland** was imaged with no evident pathology.

The **right adrenal gland** was small measuring up to 0.55 cm width.

### Spleen

The **spleen** revealed mild enlargement and subtle micronodular changes with swollen contour. Splenic presentation is consistent with hyperplasia which is common for the breed.

### Liver

The **liver** was swollen with heterogenous to hypoechoic nodular changes noted with generalized enlargement. The gallbladder and common bile duct were unremarkable. Slight areas of free fluid were noted between the liver lobes and the spleen.

### 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.



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**Free Abdomen**

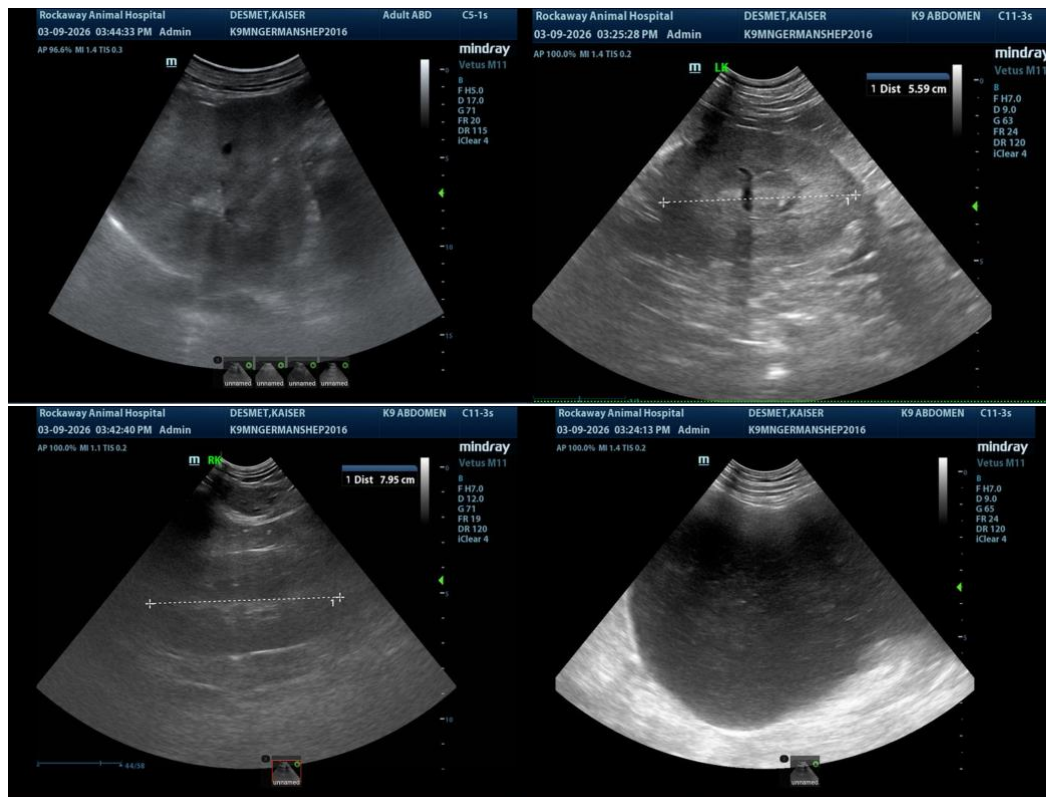
Rapid view of the heart revealed no evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Undefined splenic nodular changes and swelling.
- Subnormal right adrenal size.
- Undefined hepatic nodular changes and swelling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver nodules would be ideal. Screening for Addison's is also warranted given the small right adrenal size. Otherwise, supportive care is indicated.





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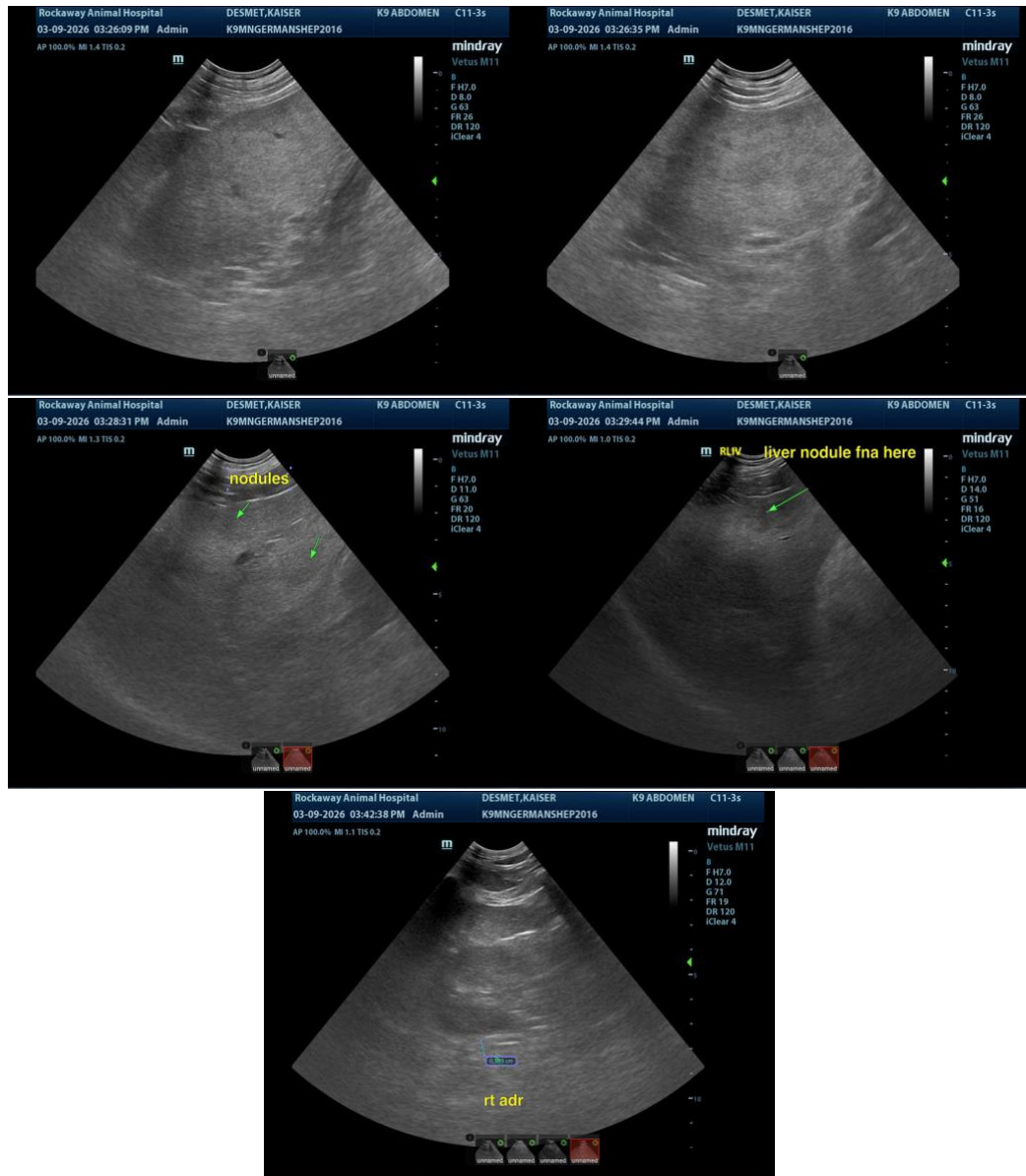
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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