



PATIENT

Phoenix Haag

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

76.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Welch

INVOICE

21965

DATE

4/13/23

PRESENTING CLINICAL SIGNS

History: V+ ~4 times in last day, decreased appet. loose stool, tense abd. Underweight/lean -always has been. New puppy in house. No current meds.

Abnormal PE/Chem/CBC/UA Results: Lymphs 0.56; Mono1.4; TT4 0.6 susp. euthyroid sic synd. Fecal and ext. pancr. insuff. testing pending.

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 **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 kidneys measured 7.0 cm each.

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 2.64 cm x 0.62 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 2.8 cm x 1.4cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

The **spleen** expanded into a swelling or potential mass at the cranial pole, measuring 8-10 cm. This may be a positional fold creating a mass-type effect.

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.

Gastrointestinal

The **stomach** itself was unremarkable. The colon was fluid filled, consistent with colitis or resolving GI. Insult.

Pancreas



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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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ULTRASONOGRAPHIC FINDINGS

- Nodular splenomegaly with irregular fold of the cranial pole, potentially benign, however, given the breed predisposition for splenic torsion and splenic neoplasia, proactive splenectomy should be considered.

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- Fluid filled colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend manual palpation of the spleen in this patient. If any discomfort is present, then proactive splenectomy should be considered. Given the GI pattern, GI biopsies could also be considered. Screening for Addisons is warranted even though the adrenals appear structurally normal. I recommend a fresh fecal smear and fecal floatation analysis.

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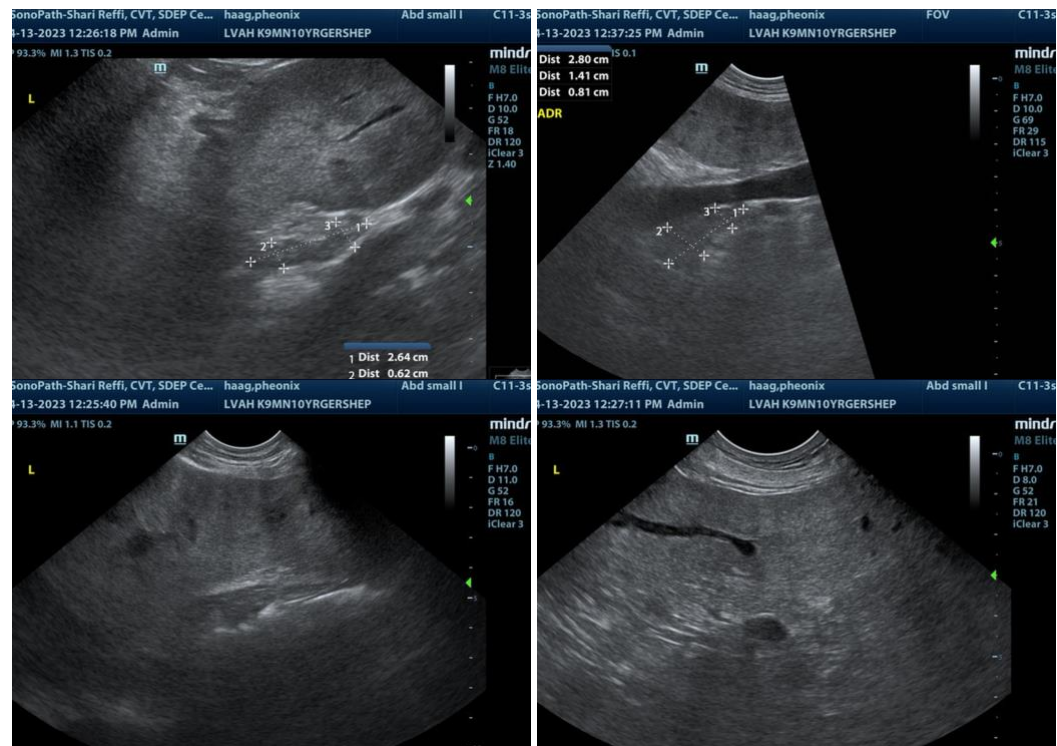
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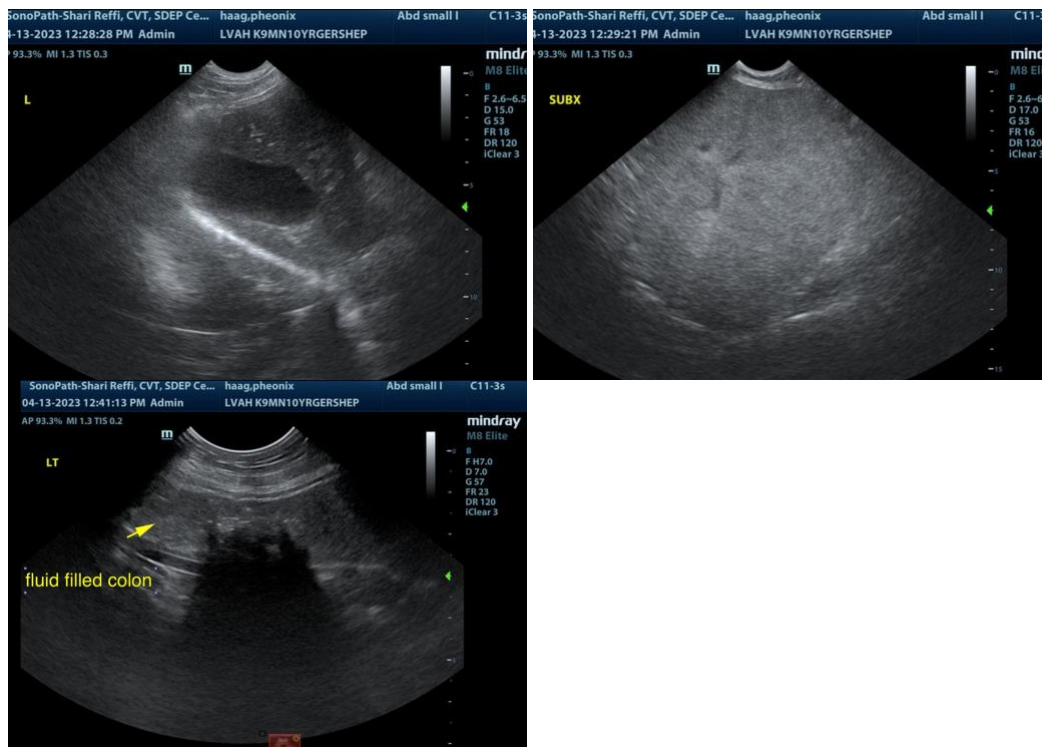
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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