



PATIENT

Max Church

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

101.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Isabel Plourde

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Shook

INVOICE

43888

DATE

4/19/23

PRESENTING CLINICAL SIGNS

History: Max is a 9y.o. MN German Shepherd that presented for straining to defecate and having diarrhea overnight for a 'few weeks'. He has a history of chronic food allergies leading to pyoderma that is being treated by the owners with a homemade diet and apoquel. On physical exam there was a firm, rounded, non-painful, dime-sized mass in the left anal sac. Anal sacs were full and easily expressed. The popliteal lymph nodes are also enlarged bilaterally, which I suspect is secondary to the chronic ventral abdomen dermatitis.

Abnormal PE/Chem/CBC/UA Results: Chronic dermatitis has lead to pigmented, leathery skin on caudoventral abd, perirectal and ventral cervical region. left anal gland mass BW and UA- 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 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. Occasional cortical cyst was noted in the kidneys. The left kidney measured 9.35 cm. The right kidney measured 8.21 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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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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

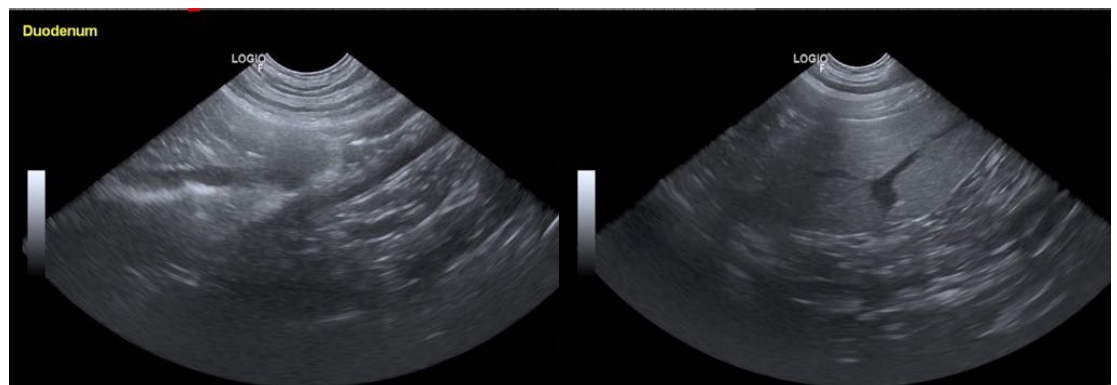
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral disease responsible for the clinical signs. There was no evidence of iliac lymphadenopathy. Straining to defecate may be a colorectal region outside of the acoustic window provided. Perineal imaging with linear probe may prove effective of assessing the colorectal region and anal glands. Underlying lumbosacral/orthopedic issues may be playing a role. Pelvic CT would be ideal in this patient if not pelvic radiographs +/- contrast enema. Rectal palpation and colonic scraping may prove effective as well for further diagnostics.





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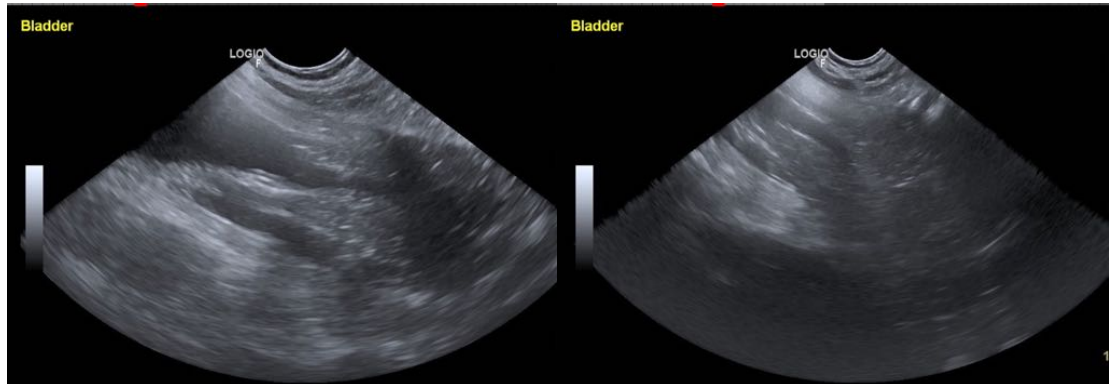
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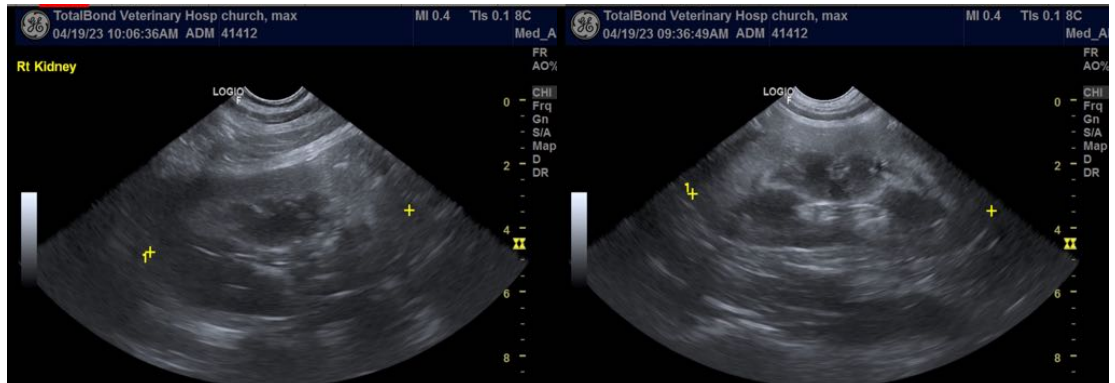
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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