



PATIENT

Oso Wolfe

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

6 Years

WEIGHT

81

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

22133

DATE

4/21/23

PRESENTING CLINICAL SIGNS

History: Patient presented for severe acute vomiting and diarrhea

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 72%, WBC 22% CHEM 4DX: Negative UA: cysto USG 1.016, neg protein, 250 ery/ul, no bacteria Rads: Enlarged spleen

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 left kidney measured 5.3 cm. The right kidney measured 5.7 cm. Some fluid was noted adjacent to the left kidney, yet structurally the kidneys appeared 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 right adrenal gland measured 0.73 cm. The left adrenal gland measured 0.59 cm.

Spleen

Subtle micronodular changes were noted in the **spleen**. The spleen was normal in size and contour otherwise.

Liver

The **liver** revealed minor swollen contour. The hepatic veins were dilated. The gallbladder and common bile ducts were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Minor areas of small intestinal stasis were present. The remainder of the gastrointestinal tract was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen



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The mesenteric **lymph nodes** (up to 0.51 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Free fluid was noted in the abdomen.

SPECIES

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- Passive congestion liver pattern with slight ascites- concern for primary thoracic disease causing the ascites

BREED

German Shepherd

- Some fluid was noted adjacent to the left kidney, yet structurally the kidneys appeared unremarkable.

SEX

Neutered Male

- Reactive mesenteric lymph nodes
- Subtle micronodular changes in the spleen

AGE

6 Years

- Minor areas of small intestinal stasis
- Age-related pancreatic changes

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend echocardiogram and chest radiographs in this patient. Abdominocentesis and cytospin of the free fluid is warranted to assess for any evidence of exfoliating neoplasia, yet the major organ systems appear normal. The cause of the renal history is unclear in this patient. Sonographically, the kidneys appear unremarkable at the time of the sonogram.

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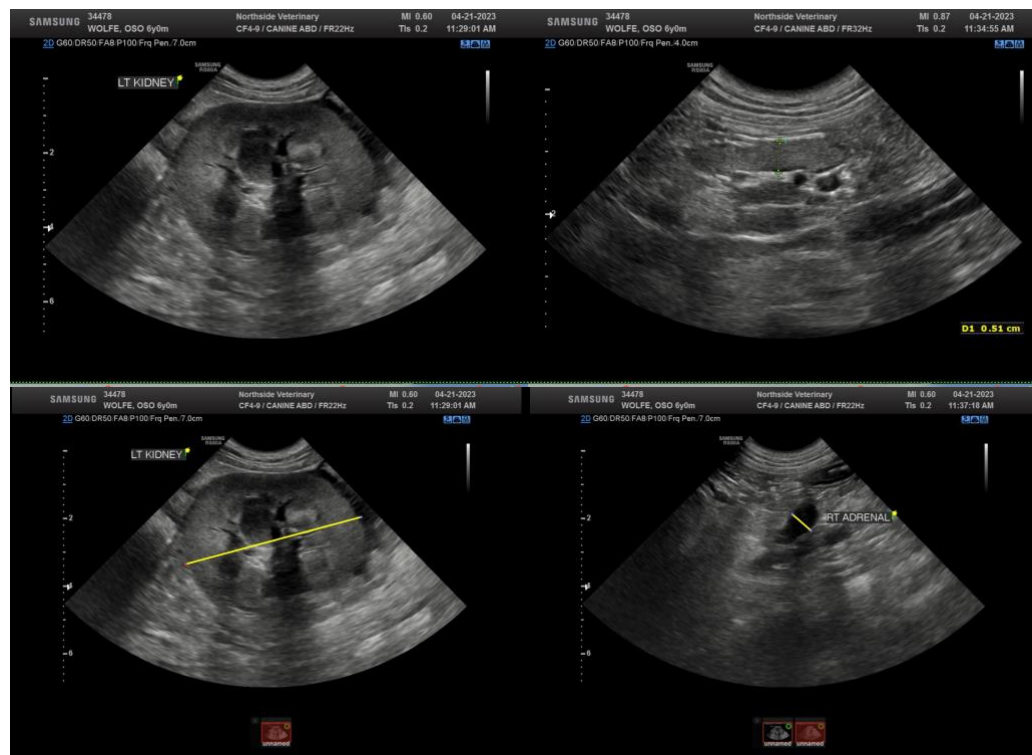
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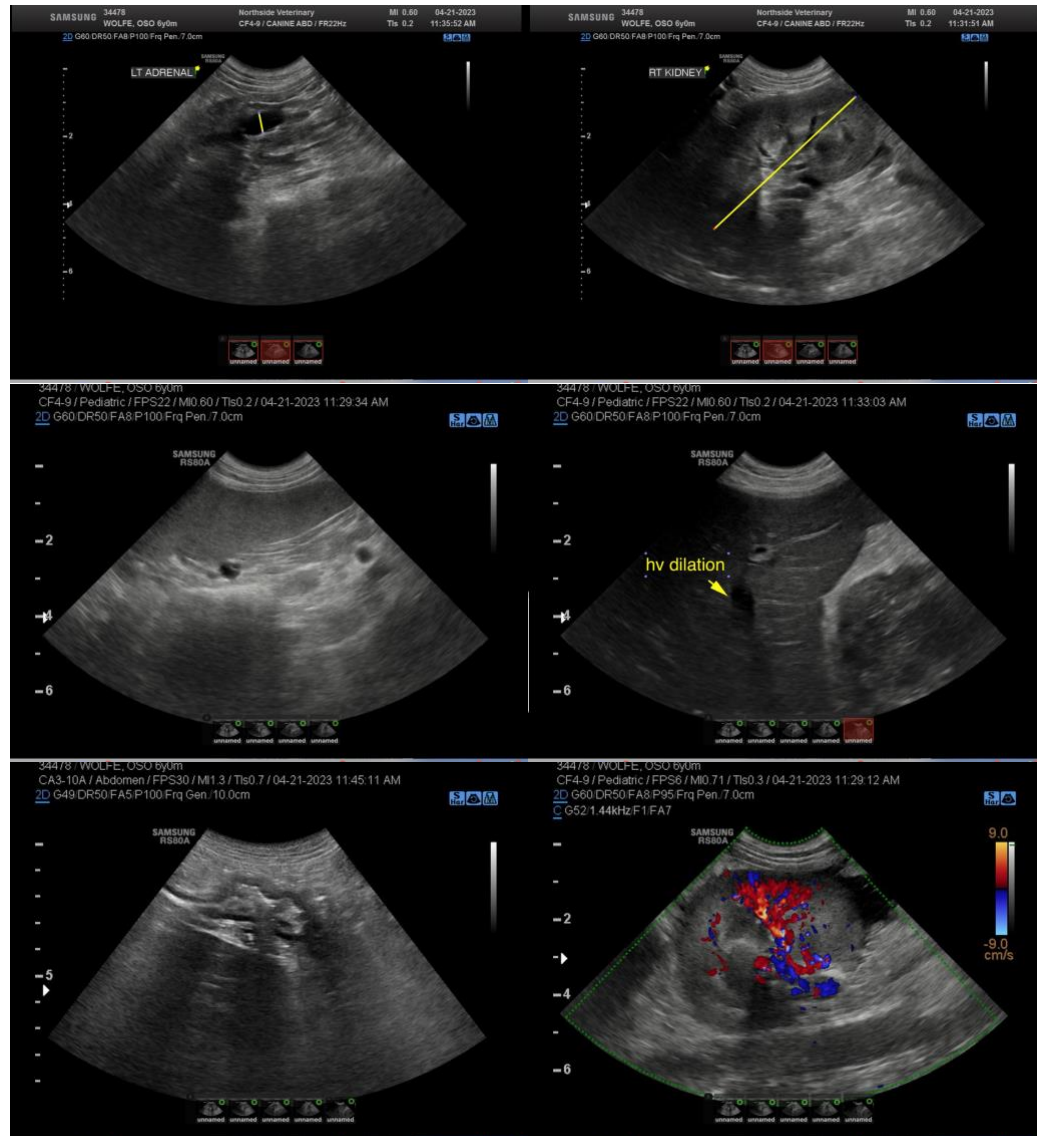
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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