



**PATIENT**

Sampson Pippen

**SPECIES**

Canine

**BREED**

GSD

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

67 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sam Doverspike

**HOSPITAL NAME**

Franklin Animal Clinic

**REFERRING VET**

Dr. Sam Doverspike

**INVOICE**

47059

**DATE**

5/2/23

**PRESENTING CLINICAL SIGNS**

Trouble having Bm's for past year, first visit. 5 years old. Chronic soft stools since acquired 1yr ago from VCHS, unsure how long had diarrhea prior to adoption but re-homed mult times. Fecal 5 out of 7 score (soft serve), more frequent and urgent stools at 6xs per day or more. Med choc brown color. No blood, no mucus. Odor like moth balls. Straining always. Small diameter to stool or may be flat. Gassy. Vomits 1-2 times a month after eating, food only Diet is sens stomach brand. No OTC diet change has helped. tried pancreatic powder (no change from VCHS) and antibiotics APPETITE:wnl VOMITING? 1-2 times a month, food THIRST:wnl URINATIONS:wnl STOOL: STRAINING, FREQUENT SOFT BROWN STOOLS. STRETCHES AND WILL STRAIN MORE, SMALL VOLUMES AT A TIME. T, NO BLOOD ENERGY LEVEL: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 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 7.57 cm. The right kidney measured 7.57 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** was folded upon itself cranially. Parenchyma was uniform. This is a typical presentation for the breed.

**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 upper **gastrointestinal tract** was unremarkable with empty lumen. The colon presented progressive mural thickening with hypertrophied wall and hard stool, consistent with chronic colitis. Colonic wall thickening in the transverse colon noted at 1.0 cm x 0.26 cm. Ultrasound guided FNA of this thickening recommended. This is unlikely to be neoplastic yet cannot completely rule it out. Stool appeared excessively dense.



**PATIENT**

**Pancreas**

Sampson Pippet

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Iliac lymph nodes were unremarkable.

GSD

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Colonic mural hypertrophy – likely owing to chronic straining.
- Folded spleen

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Barium enema with radiographic findings warranted to assess for distal colorectal stricture. Ultrasound guided FNA of the hypertrophied portion of the colon wall could be considered. Otherwise, unremarkable abdomen. No other evidence of pathology. Baytril responsive colitis could be considered. I recommend a fresh fecal smear and fecal floatation analysis. Colonoscopy could be considered. However, the pathology appears to be mural and not luminal.

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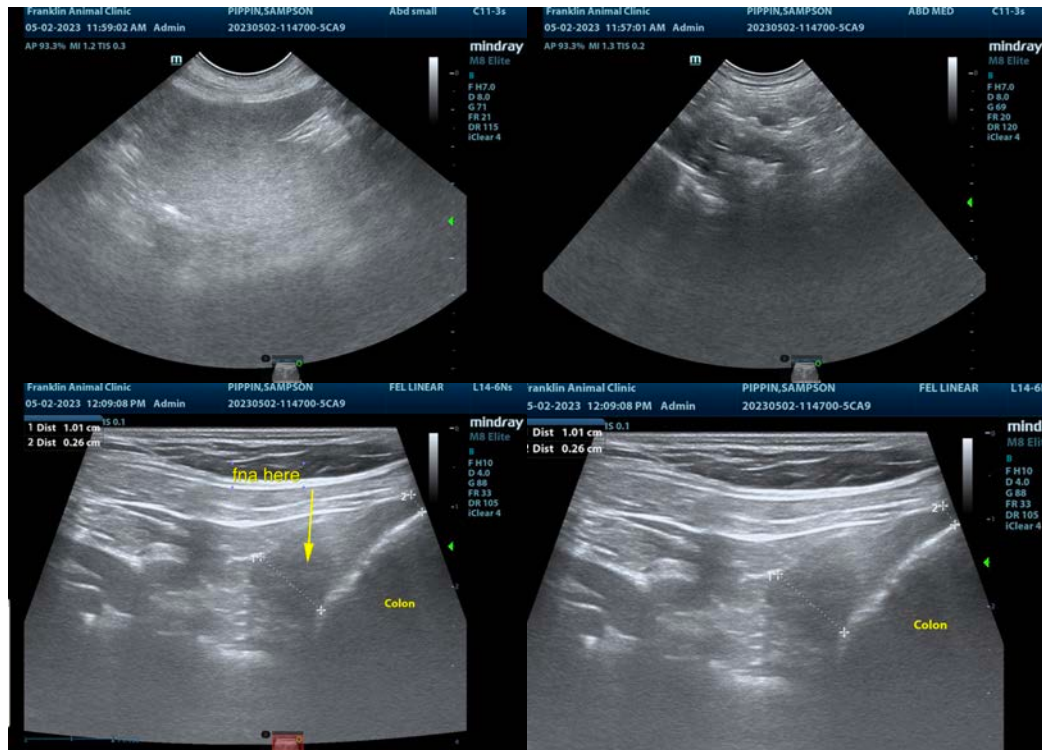
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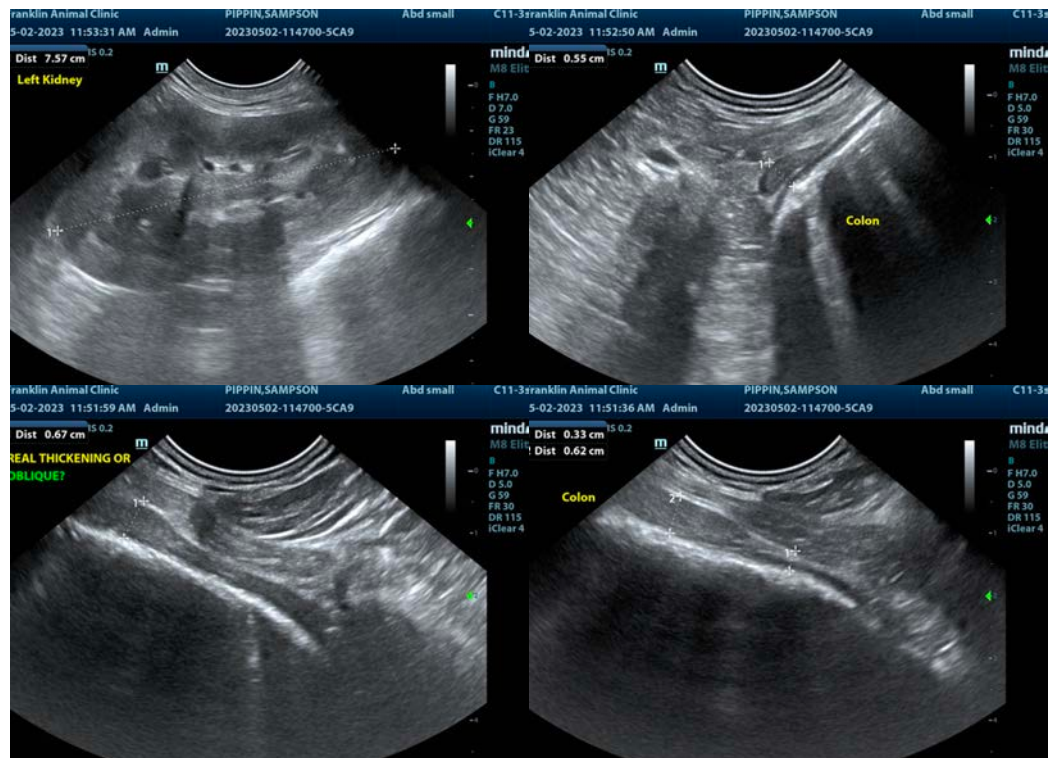
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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