



**PATIENT**

Winston Weidanz

**PRESENTING CLINICAL SIGNS**

History: elevated ALT intermittent V/D increased grass consumption

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Shepherd mix

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.

**SEX**

Male

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 right kidney measured 5.63 cm. The left kidney measured 6.4 cm.

**AGE**

1 year

**Adrenal Glands**

**WEIGHT**

58.5 lbs

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 1.98 x 0.61 cm at the caudal pole and 0.65 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**HOSPITAL NAME**

Rockaway AH

**Liver**

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

30686

**Gastrointestinal**

**DATE**

5/24/22

The **stomach** revealed soft shadowing material occupying the pyloric antrum. This material measured 6.0 cm. The small intestines and colon were unremarkable.



**PATIENT**

**Pancreas**

Winston Weidanz

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

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Shepherd mix

Shadowing gastric material, suspect foreign matter.

Structurally unremarkable liver, likely reactive hepatopathy or non-specific, acute inflammatory hepatopathy.

**SEX**

Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

1 year

12-18 hour n.p.o. status, IV fluid support and reassessment of the stomach is indicated. I am assuming that the patient was n.p.o. at the time of the sonogram. Grass ball is a strong potential. If gastrotomy is to be performed then a liver biopsy is warranted for further definition.

**WEIGHT**

58.5 lbs

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**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

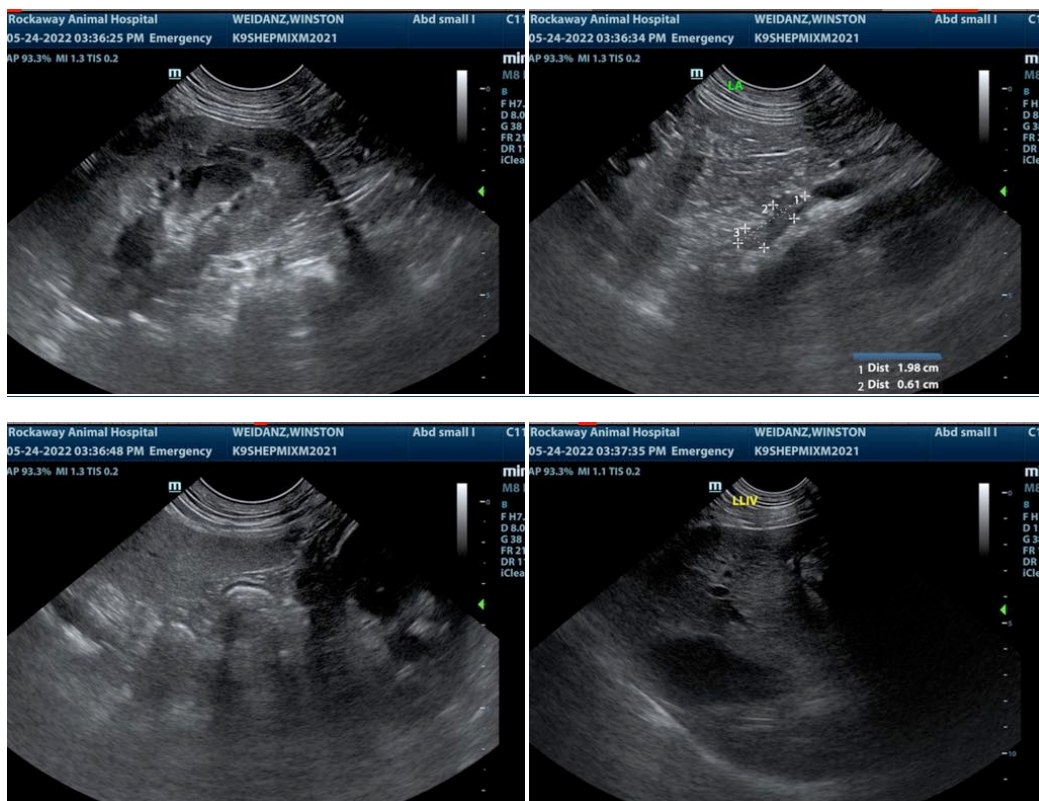
Dr. Maniar

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**DATE**

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**PATIENT**

Winston Weidanz

**SPECIES**

Canine

**BREED**

Shepherd mix

**SEX**

Male

**AGE**

1 year

**WEIGHT**

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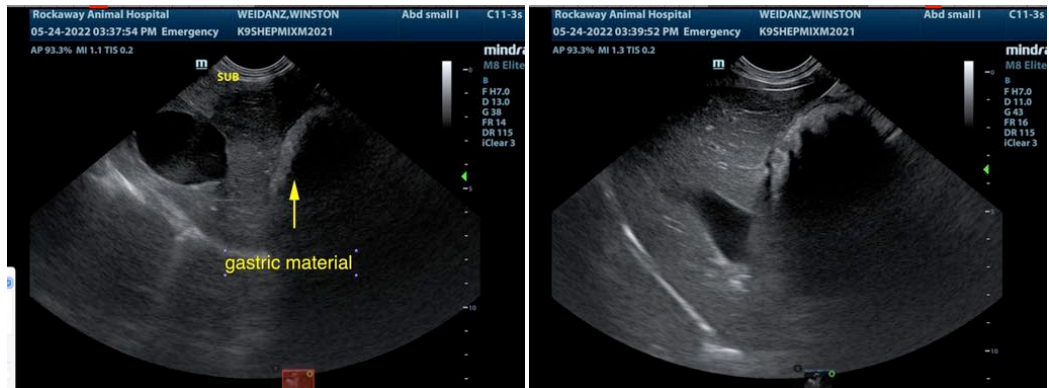
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**DATE**

5/24/22



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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