



PATIENT

Camille Ledger

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

9 years

WEIGHT

72 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

30729

DATE

5/25/22

PRESENTING CLINICAL SIGNS

Collapsed outside yesterday and wouldn't get up; found laying under a bush. Had vomited up breakfast, mm pale. When got to clinic, vitals were WNL and mm pink, but was very sedate. Rads done. Routine BW done 5 days previous.

Abnormal PE/Chem/CBC/UA Results: PE: quieter than usual, typically reactive. mm pink. RADS (attached): possible decreased serosal detail and mass effect caudal to stomach. Chest rad: heart elevated off sternum. HW4Dx, CBC, Chem and Lytes done 5/20/22 were all normal. Radiographs volume contracted heart, excessive gastric over distension, minor ileocecal gas, folded 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 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. The left kidney measured 8.1 cm. The right kidney measured 7.45 cm.

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 3.4 x 0.74 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 1.59 cm at the cranial pole and 0.93 cm at the caudal pole.

Spleen

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

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

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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.

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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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Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of collapse is unclear. Full echocardiogram, electrocardiogram, chest radiographs, full CNS examination and orthopedic examination is warranted to assess for causes. Subtle micronodular changes were noted in the spleen. However, this is normal for the patient's age and breed. There is no evidence of visceral disease that would be responsible for the clinical signs. Paroxysmal arrhythmia is a potential issue. There were no masses in the stomach, this is likely owing to folded spleen creating a mass effect, yet is just a positional variant.

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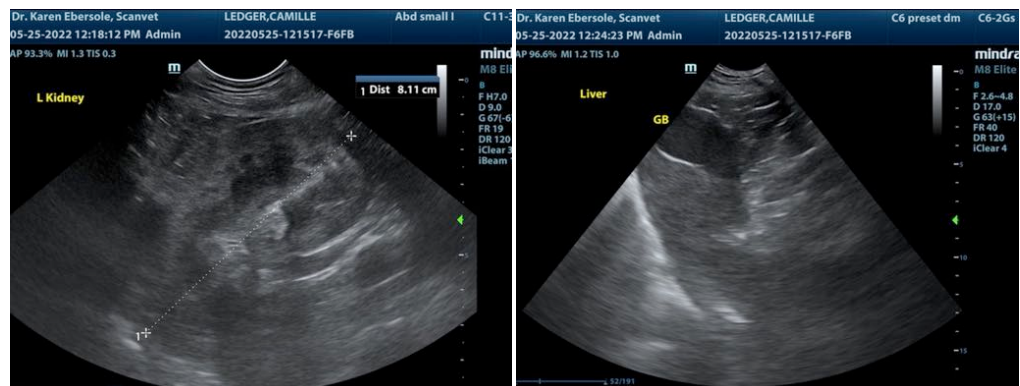
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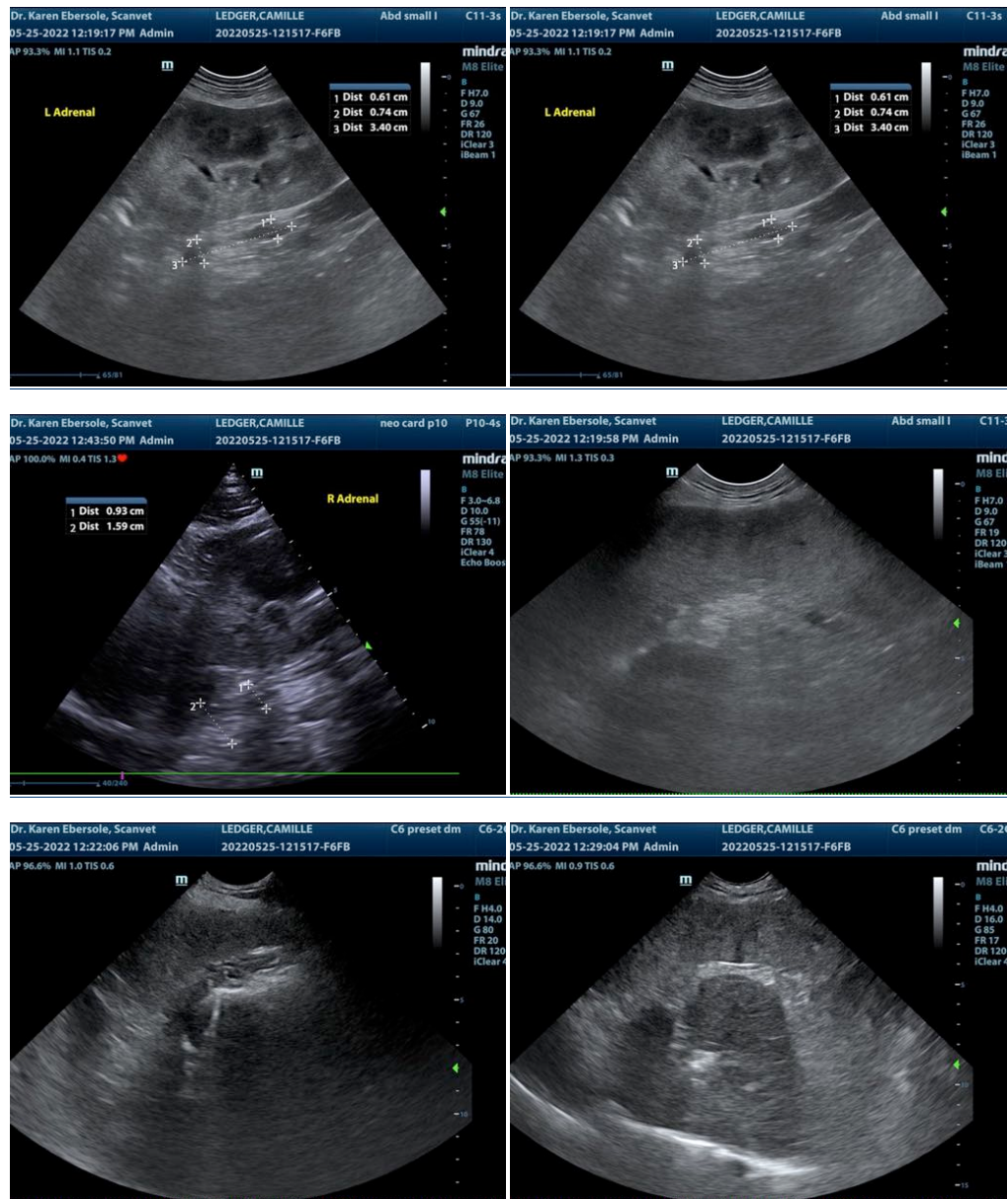
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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