



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sherlock Sagle  
**HISTORY** History: History of intermittent diarrhea x 2 months. Concern for IBD vs Food Sensitivity vs EPI vs Other  
**LABORATORY** Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/SDMA/TT4: SDMA 29, GLOB 4.6, ALT 169, CHOL 91. CPL: Normal Fecal: Negative GI panel sent to lab 5/25/22.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

German Shepherd

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**

Neutered male

**AGE**

5 years

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 4.5 cm. The right kidney measured 5.0 cm.

**WEIGHT**

75 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The region of the left **adrenal gland** was imaged with no evidence of pathology. The right adrenal gland appeared isoechoic and subjectively flattened, yet measured normal. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Mack

**Spleen**

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**

Northside VC

**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.

**REFERRING VET**

Dr. Mack

**INVOICE**

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**Gastrointestinal**

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5/25/22

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



**PATIENT**

Sherlock Sagle

demonstrated normal luminal chyme and stool consistency respectively. The colon was fluid filled without structural difficulty.

**SPECIES**

Canine

**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.

**BREED**

German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

Structurally unremarkable.

Subjectively flattened right adrenal gland.

**AGE**

5 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

**WEIGHT**

75 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

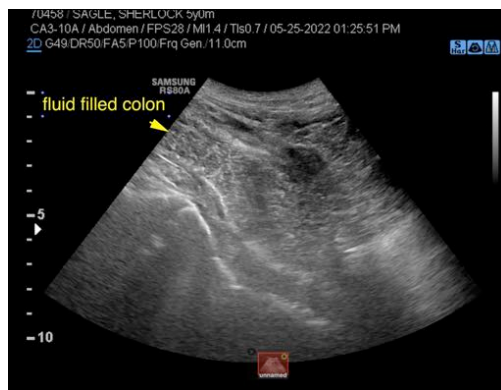
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**PATIENT**

Sherlock Sagle

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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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