



**PATIENT**

Mira Yarnell

**SPECIES**

Canine

**BREED**

GSD

**SEX**

Female

**AGE**

2 Years

**WEIGHT**

77 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sam Doverspike

**HOSPITAL NAME**

Franklin AC, Inc.

**REFERRING VET**

Sam Doverspike

**INVOICE**

22924

**DATE**

6/16/23

**PRESENTING CLINICAL SIGNS**

History: Has had intermittent GI Issues since young...Initially V/D (more when was a puppy); Of late...(Past year?) gets occasional diarrhea; Per owner happens about once per month and lasts a day. The rest of the month the stools are normal and dog is fine. Owner has done Purina HA but over time has varied additives w/ other foods. Last week had a more severe GI disturbance and was more symptomatic but resolved in 3 days w/ Metronidazole and Cerenia

Abnormal PE/Chem/CBC/UA Results: Fecal Negative Baseline Cortisol 5.31 (0.43-5.72)

**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 right kidney measured 7.65 cm. The left kidney measured 6.9 cm.

**Adrenal Glands**

The **left adrenal gland** was flattened and isoechoic, measuring 0.32 cm at the cranial pole and 0.38 cm at the caudal pole.

The **right adrenal gland** was fairly normal in size, measuring 0.8 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland was distinctly hypoechoic to regional fat.

**Spleen**

The **spleen** was mildly enlarged and folded upon itself with slight subtle granular appearance. This is most consistent with reactive spleen.

**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 **stomach** itself was unremarkable. Minor muscularis hypertrophy was noted in the small intestine. The colon was mildly thickened, measuring up to 0.25 cm. Soft stool was noted in the colon.

**Pancreas**



**PATIENT**  
Mira Yarnell

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** *Free Abdomen*

Canine

The **mesenteric lymph node** (a larger node measured 2.55 cm x 0.96 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.

**BREED**

GSD

**SEX**

Female

**ULTRASONOGRAPHIC FINDINGS**

- Minor muscularis hypertrophy in the small intestine and slight colonic thickening
- Minor reactive mesenteric lymphadenopathy
- Flattened left adrenal gland/normal right adrenal gland.
- Mildly enlarged spleen with splenic fold, most consistent with reactive spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

2 Years

**WEIGHT**

77 Pounds

The cause of fever is unclear in this patient. Splenic FNA could be justified. Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis and intestinal dysbiosis should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a fresh fecal smear and fecal floatation analysis if not already performed. FNA of the accessible mesenteric lymph nodes with cytology and culture are indicated. Given that the baseline cortisol is normal, Addison's is ruled out in this patient at this time.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sam Doverspike

**HOSPITAL NAME**

Franklin AC, Inc.

**REFERRING VET**

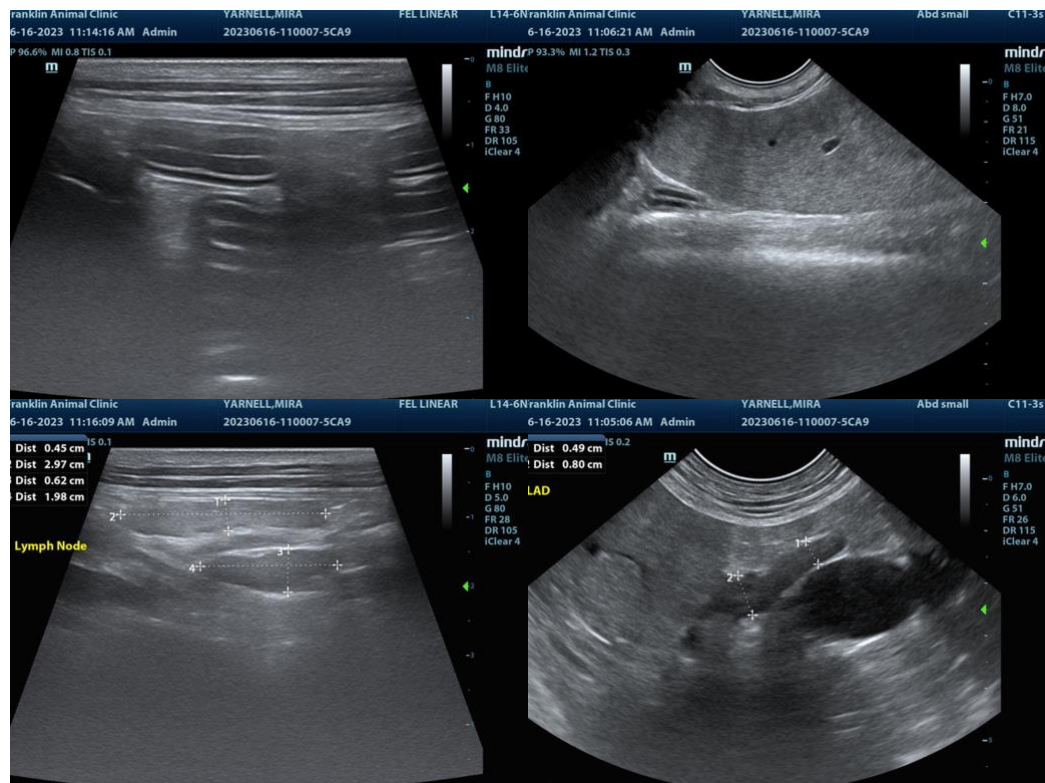
Sam Doverspike

**INVOICE**

22924

**DATE**

6/16/23





**PATIENT**

Mira Yarnell

**SPECIES**

Canine

**BREED**

GSD

**SEX**

Female

**AGE**

2 Years

**WEIGHT**

77 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sam Doverspik

**HOSPITAL NAME**

Franklin AC, Inc.

**REFERRING VET**

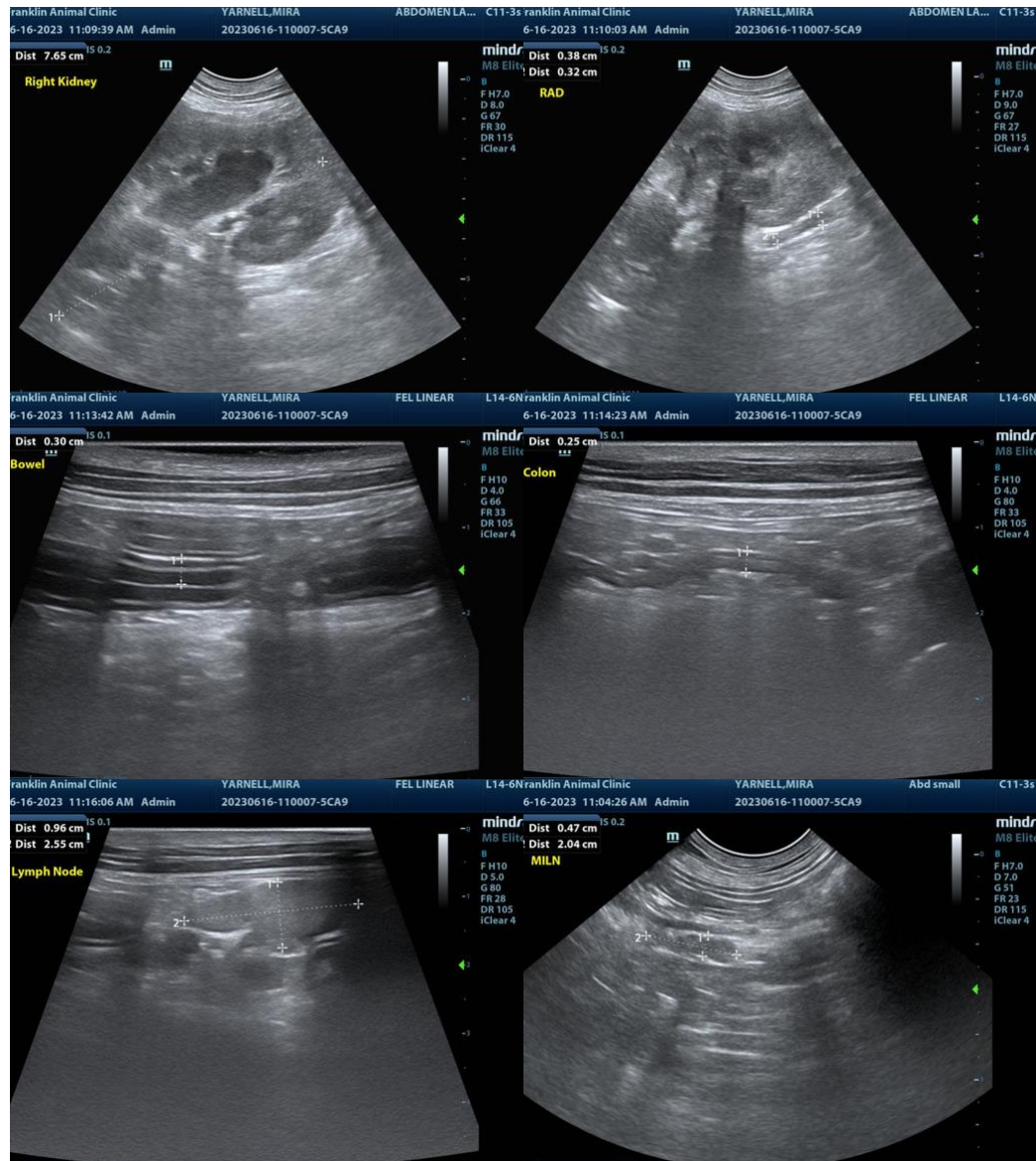
Sam Doverspik

**INVOICE**

22924

**DATE**

6/16/23



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.

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