



**PATIENT PRESENTING CLINICAL SIGNS**

Bullet Almeida      Prev splenic torsion, sx performed, recheck sever ileus, u/s to make sure all ok

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine 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.

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

3 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 8.26 cm. The right kidney measured 7.6 cm.

**Adrenal Glands**

**WEIGHT**

93 Pounds

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 right adrenal gland measured 2.68 cm x 1.6 cm at the cranial pole and 1.08 cm at the caudal pole. The left adrenal gland measured 2.97 cm x 0.59 cm at the caudal pole and 0.64 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Spleen**

The region of the **splenic fossa** was mildly heterogeneous, likely owing to reorganization of fat/omentum. No evidence of return of masses or significant pathology.

**IMAGING PERFORMED BY**

Jessica Miller

**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.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

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**

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.



**PATIENT**

**Free Abdomen**

Bullet Almeida

Some midline reorganization of fascia and body wall edema noted. Recommend limiting activity in this patient.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

German Shepherd

- Post-surgical remodeling of the splenic fossa
- Body wall edema post-surgical/laparotomy site

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck sonogram in 4-7 days. Antibiotics warranted. Recommend limiting activity.

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

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**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

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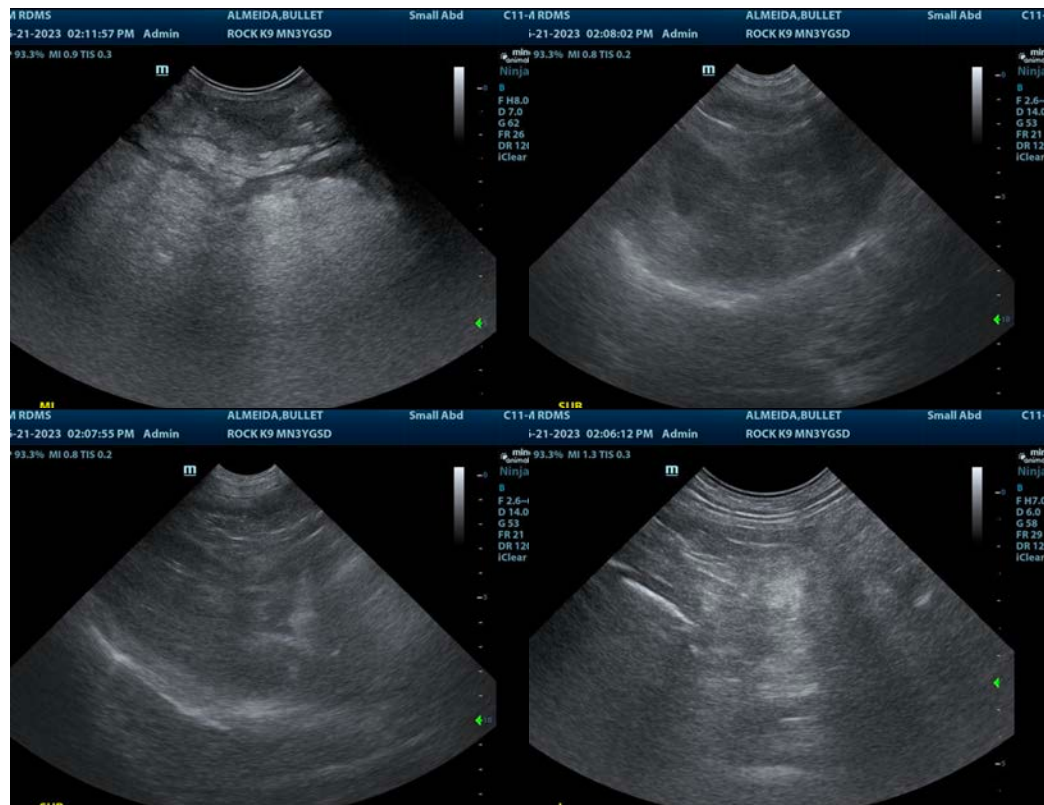
Dr. Maniar

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**PATIENT**

Bullet Almeida

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

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**AGE**

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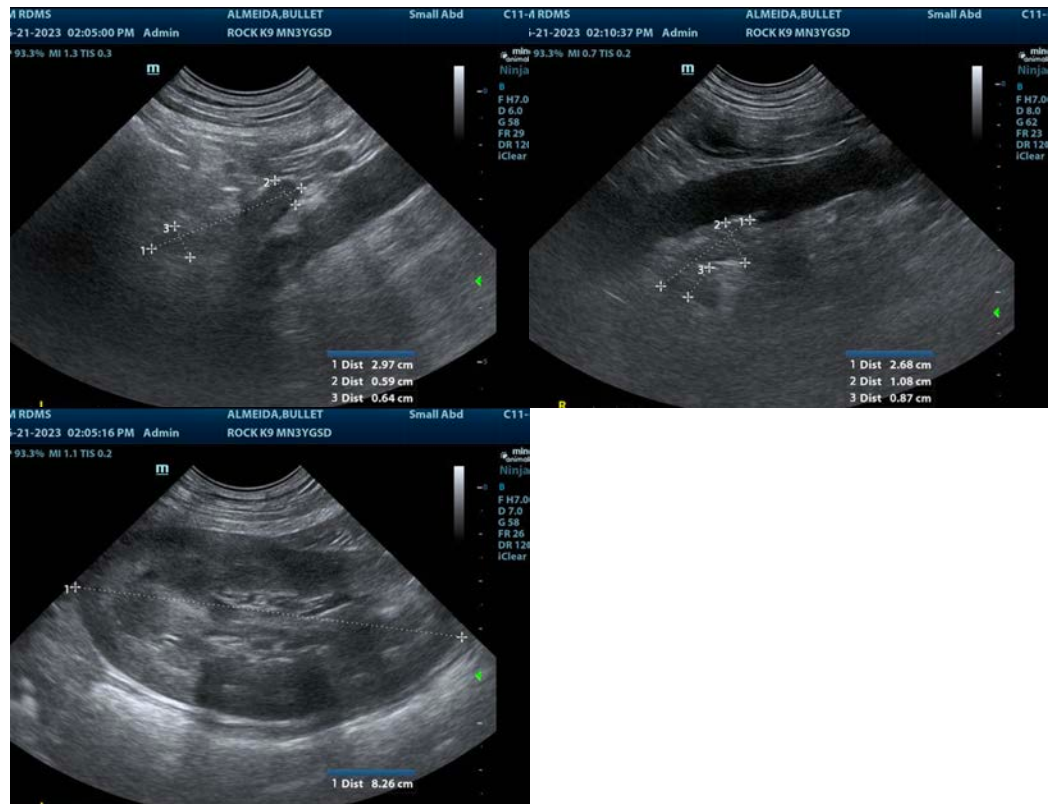
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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