



**PATIENT**

Axle Miller

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

78 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Heather Brenner

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

Dr. Heather Brenner

**INVOICE**

38527

**DATE**

6/8/22

**PRESENTING CLINICAL SIGNS**

Acute onset yesterday, 6/7/22, non weight bearing LR, better with Rimadyl  
Abnormal PE/Chem/CBC/UA Results: Slow conscious proprioception rear legs bilaterally.. Pre-anesthetic bloodwork normal. Radiographs hips mild-moderate dysplastic changes, spondylosis L2-L3, soft tissue mass sublumbar deviating colon and intestines ventrally.

**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 5.0 mm.

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 5.77 cm. The left kidney measured 6.61 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 0.30 cm. The right adrenal gland measured 0.44 cm.

**Spleen**

A 9.2 cm parenchymal mass was noted in this patient, appeared to be deriving from the caudal pole of the **spleen**. Slight free fluid was noted around the mass. An overt connection to the spleen was not able to be made with the image set provided. However, the architecture would suggest splenic origin. The remainder of the spleen appeared unremarkable.

**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**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



**PATIENT**

**Pancreas**

Axle Miller

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

**Free Abdomen**

**BREED**

German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

- Mass suspected to be splenic in origin

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

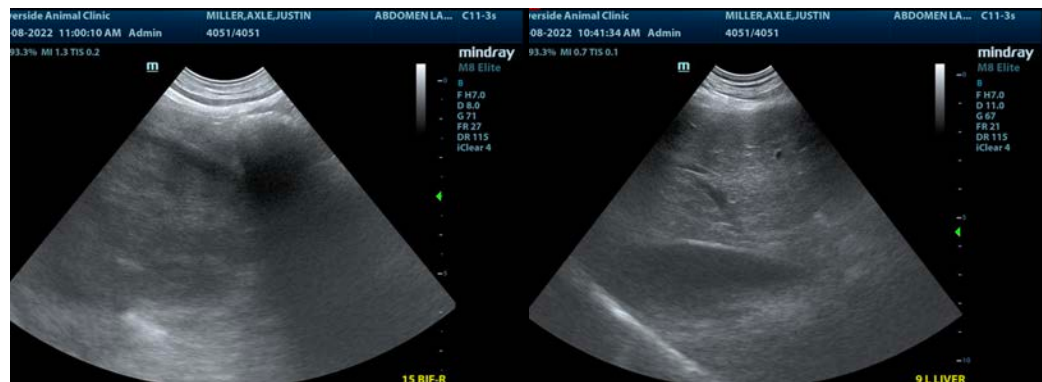
Rapid echocardiogram and 3-view chest radiographs recommended to assess for metastatic disease in the pericardium, right auricle or lung field, followed by exploratory surgery with expectation towards mass removal/splenectomy with liver inspection and biopsy.

**AGE**

10 Years

**WEIGHT**

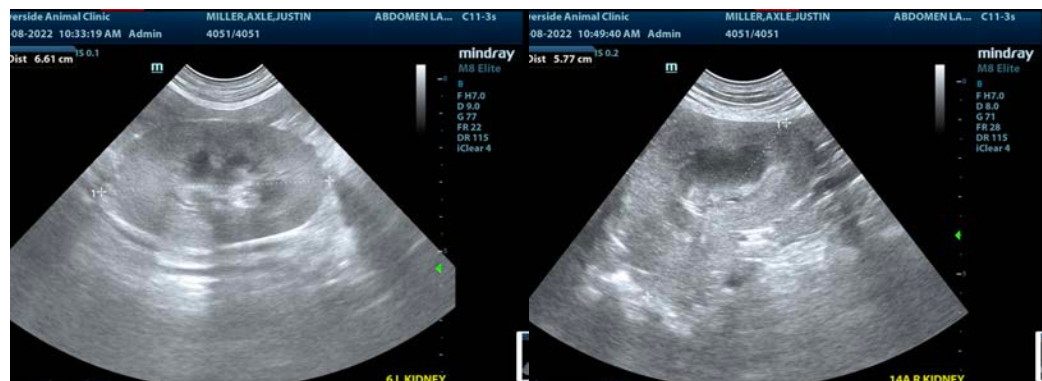
78 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Dr. Heather Brenner

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

Dr. Heather Brenner

**INVOICE**

38527

**DATE**

6/8/22



**PATIENT**

Axle Miller

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

78 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Heather Brenner

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

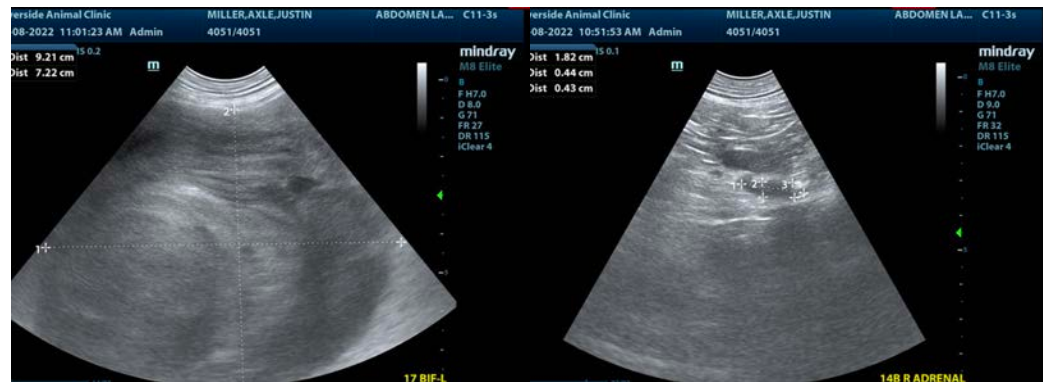
Dr. Heather Brenner

**INVOICE**

38527

**DATE**

6/8/22



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

[info@SonoPath.com](mailto:info@SonoPath.com)