



**PATIENT**

Stuka Lund-Pearson

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

44.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

16713

**DATE**

7/21/22

**PRESENTING CLINICAL SIGNS**

History: anaplasmosis, weight loss. diarrhea

**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 6.25 cm. The left kidney measured 7.0 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 2.5 cm x 0.69 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

**Spleen**

The **spleen** revealed mild heterogeneous parenchymal changes. Caudal fold of the spleen was noted. FNA indicated if any weight loss is present.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. Nondisruptive hepatic nodule noted, measuring 1.0 cm.

The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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.

**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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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy
- Heterogeneous nodular splenic changes with splenic fold

**BREED**

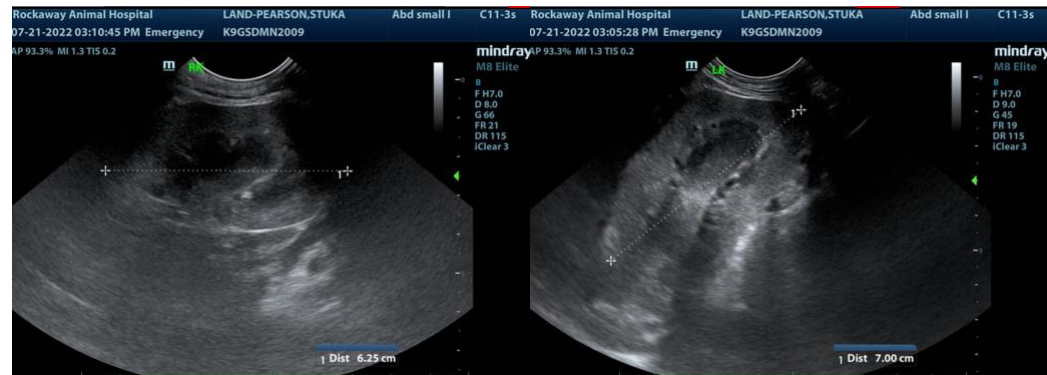
German Shepherd

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of both spleen and liver would be ideal for further definition, especially given the weight loss. Splenic hyperplasia versus round cell neoplasia are primary concerns.

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Neutered Male



**AGE**

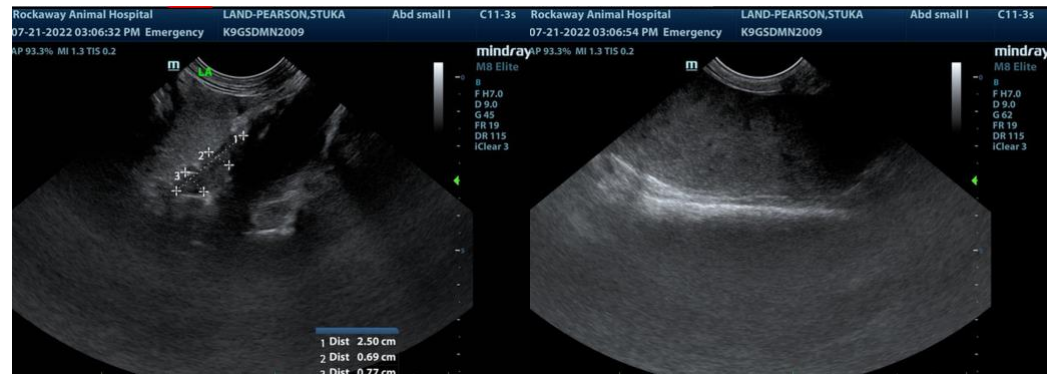
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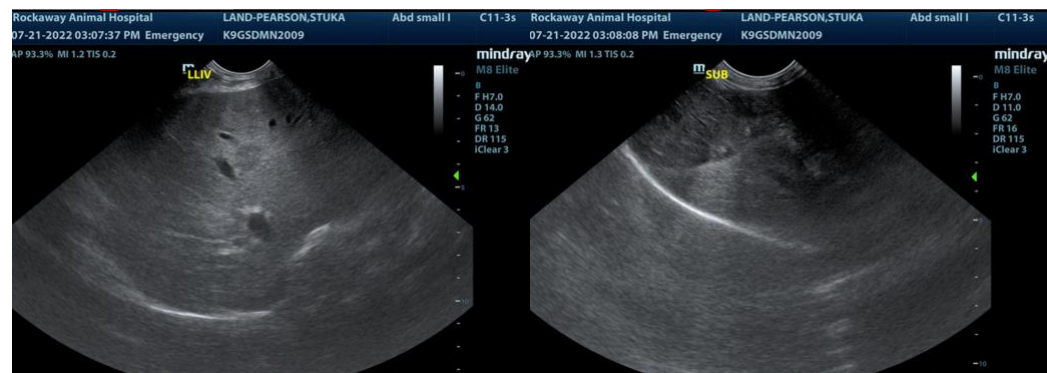


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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  
info@SonoPath.com

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