

PATIENT

Otis Macias

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

7 years

WEIGHT

106 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Feldt

INVOICE

91128

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Pet was else where and Dr palpated a mass versus organ enlargement - here for +/- abdominal ultrasound

BAR, P3 amputation left rear healed well, normal LN's. Ab Palp - moderate splenomegaly, no obvious splenic mass. mm pm crt 1-2 sec. H/L WNL

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 was 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 left kidney measured 7.7 cm. The right kidney measured 7.8 cm.

Adrenal Glands

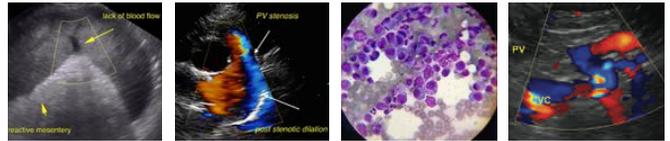
The region of the left **adrenal gland** was unremarkable. The right adrenal gland was uniform and measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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.



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Gastrointestinal

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Upper **gastrointestinal tract** artifact was noted. 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

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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.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

7 years

Excessive gastrointestinal gas.

German Shepherd hypersplenism.

WEIGHT

106 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of masses. The spleen may be what is palpable as it is mildly enlarged, yet typical for the breed.

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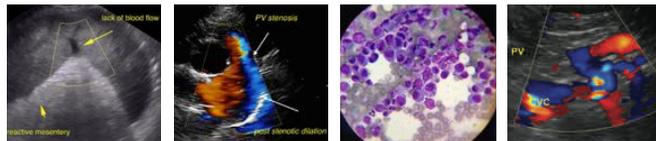


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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