


PATIENT

Stryker Nied

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

11 months

WEIGHT

81.1 lbs

INTERPRETED BY

 Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

91212

DATE

8/13/21

PRESENTING CLINICAL SIGNS

History: V/D since 8/7/21, not improving w/outpatient care. Trypsinogen >50 on maldigestion panel. Cpl normal. Not eating. Current meds: Metronidazole, Cerenia, Fortiflora, Sucralfate, Omeprazole. Eos 1.71, HCT 58.3, Phos 5.8, Trypsinogen >50, CPL normal.

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 prostate was uniform and measured 1.28 cm.

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 6.92 cm. The left adrenal gland measured 3.26 x 0.32 cm at the cranial pole and 0.37 cm at the caudal pole.

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 right adrenal gland measured 2.73 x 1.51 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

The **spleen** was enlarged and folded upon itself. Minor, heterogenous parenchymal changes were noted. This is largely typical for the breed.

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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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. The mesenteric lymph nodes were reactive and measured 2.4 x 1.03 cm.

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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.

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ULTRASONOGRAPHIC FINDINGS

Splenic enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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The splenic enlargement is likely induced by sedation. The cause of anorexia is unclear in this patient. Palpation of the spleen is warranted. If discomfort is present then the splenic position enlargement may be contributing to the clinical signs.

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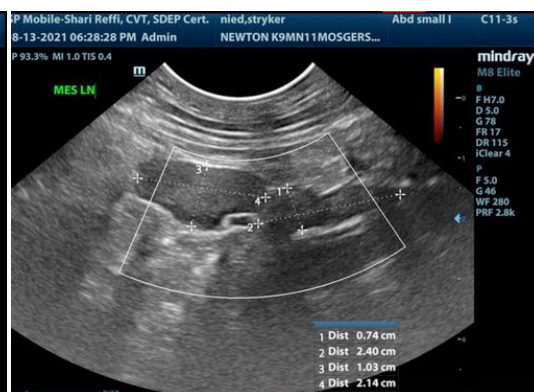
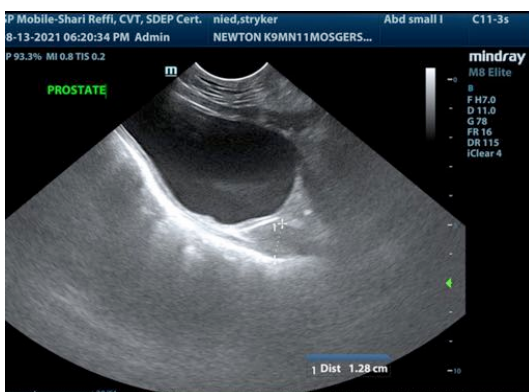
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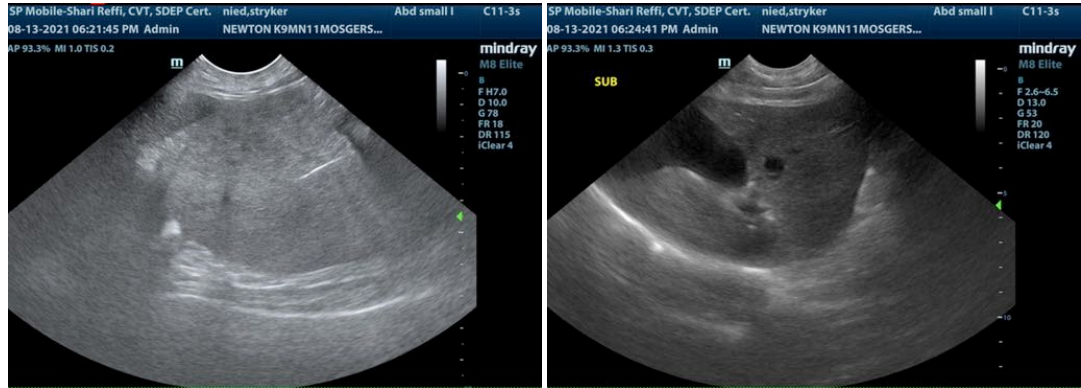
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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