



**PATIENT**

Liberty Schroeder

**PRESENTING CLINICAL SIGNS**

History: Had been vomiting and not eating. Vomiting stopped and diarrhea started for about a day but resolved. Radiographs concerned for splenic torsion.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

German Shepherd

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.

**SEX**

Spayed female

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 kidneys measured 6.0 cm.

**AGE**

5 ½ years

**WEIGHT**

81.5 lbs

**Adrenal Glands**

The left **adrenal gland** was 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 0.4 cm. The right adrenal gland was not visualized.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was folded upon itself cranially, but had a uniform parenchyma. There is no evidence of regional inflammation. The splenic vasculature presented normal flow on color flow Doppler. There was no evidence of torsion or thrombosis. The spleen was mildly enlarged, which is typical for the breed.

**IMAGING PERFORMED BY**

Dr. Finder

**HOSPITAL NAME**

Craig Road AH

**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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**INVOICE**

32475

**Gastrointestinal**

**DATE**

8/23/22

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

Mild hypersplenism.

**SEX**

Spayed female

Otherwise, unremarkable abdomen.

**AGE**

5 ½ years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

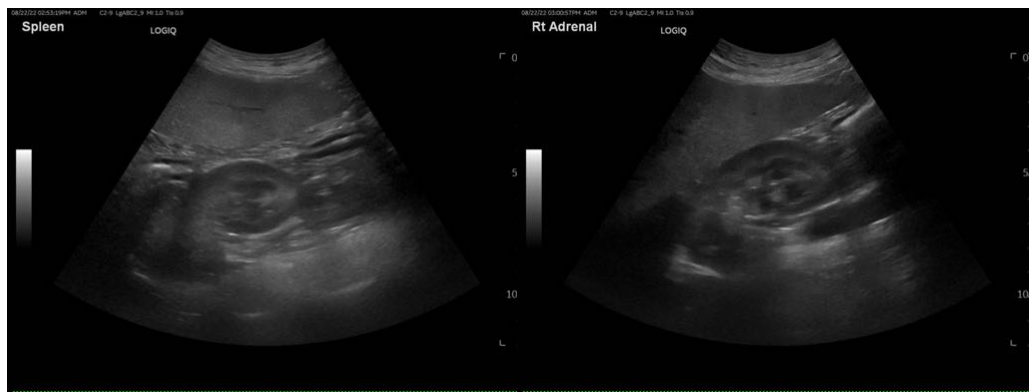
There is no evidence of splenic torsion or other significant pathology. The spleen is essentially normal for this age. Screening for Addison's is warranted. Supportive care is otherwise indicated.

**WEIGHT**

81.5 lbs

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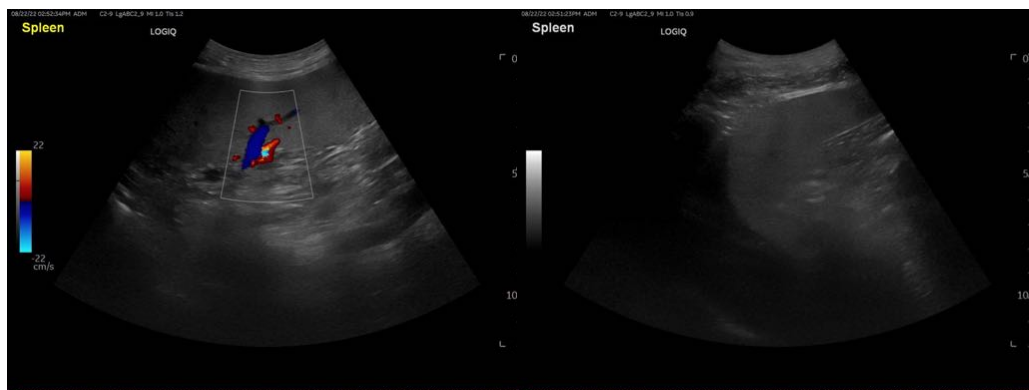


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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