



**PATIENT**

Frankie Butera

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

82 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

Dr. Kim

**INVOICE**

12861

**DATE**

8/30/21

**PRESENTING CLINICAL SIGNS**

History: V/D, bunching of intestines on repeat abd rads, concern for linear FB. Current meds: Cerenia  
Abnormal PE/Chem/CBC/UA Results: n/a Radiographs: excessive GI gas

**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 2.0 cm beyond the cystourethral junction. The prostate was uniform, measuring 1.96 cm, slightly enlarged for a neutered male.

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 6.66 cm. The right kidney measured 6.8 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 2.1 cm x 0.51 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 1.71 cm x 0.66 cm at the cranial pole and 0.63 cm at the caudal pole.

**Spleen**

The **spleen** revealed multifocal poorly circumscribed nodules, measuring up to 1.7 cm. Irregular swelling noted to the spleen with disrupted architecture.

**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**

The upper **gastrointestinal tract** was unremarkable and empty, however, the distal small intestine revealed variable minor thickening with luminal dilation and minor areas of reactive mesentery. No overt evidence of foreign body 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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**Heart**

A rapid view of the **heart** revealed no evident pathology.

**BREED**

German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

- Spleen, irregular swelling with disrupted architecture and multifocal poorly circumscribed nodules
- Distal small intestine, variable minor thickening with luminal dilation and minor areas of reactive mesentery
- Prostate, slightly enlarged for a neutered male

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

8 Years

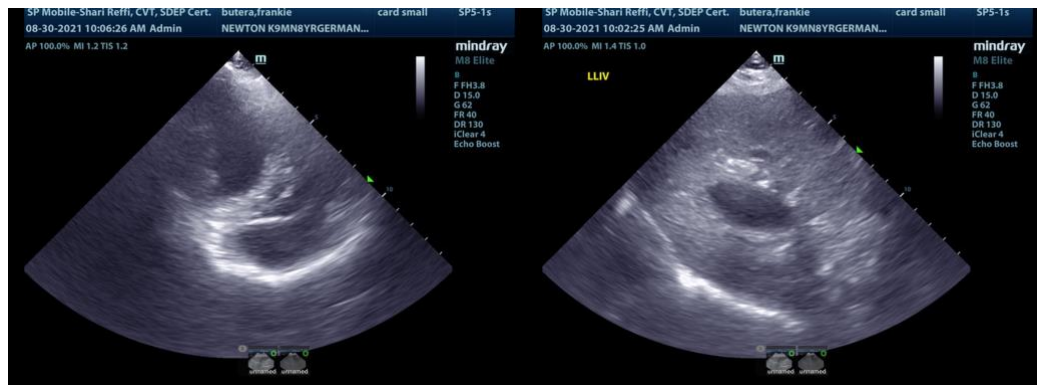
The splenic presentation could be incidental or related to mast cell disease influencing the GI tract. I recommend exploratory surgery in this patient with the objective of obtaining GI biopsies, especially investigating the area of the distal small intestinal luminal dilation, which was minor, however, intestinal biopsies would be ideal. Splenectomy is strongly recommended in this patient given the significant disruption of architecture. The splenic presentation may be benign, however, round cell neoplasia or hemangiosarcoma are strong potentials.

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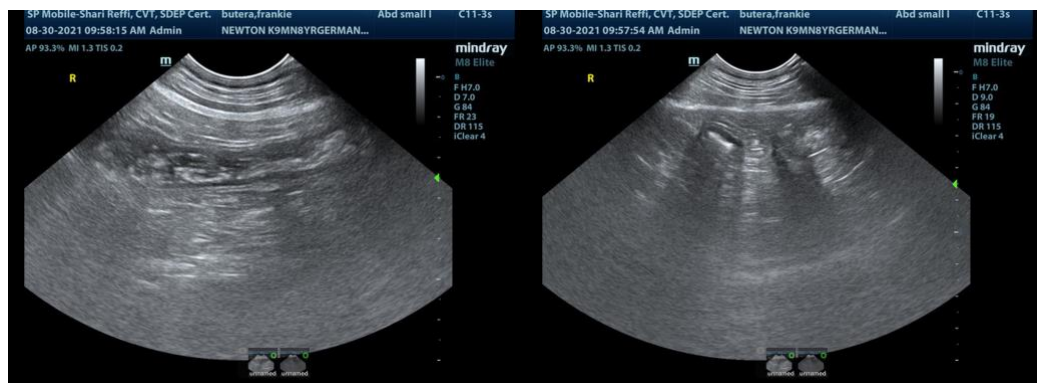


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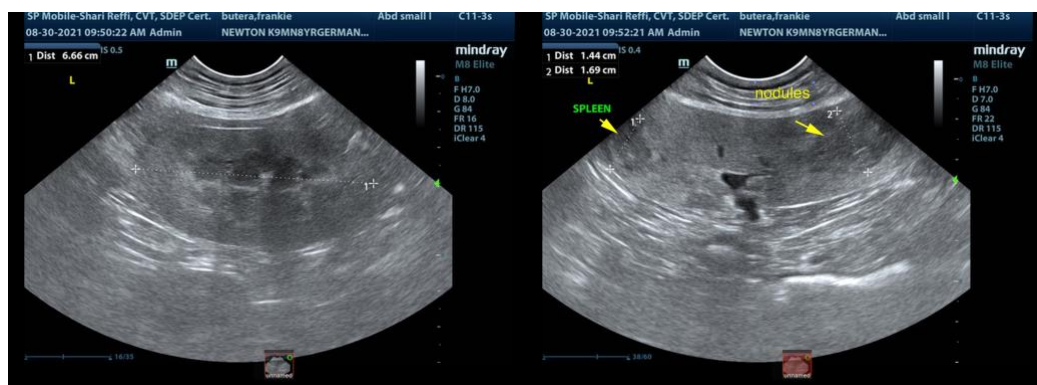
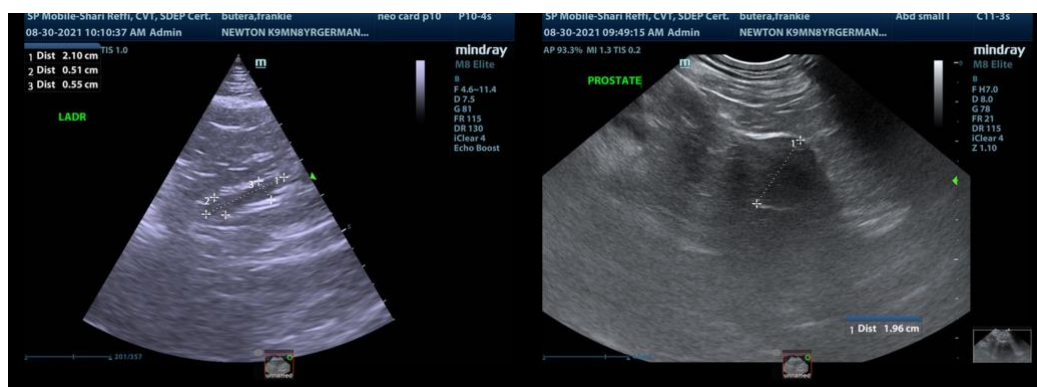
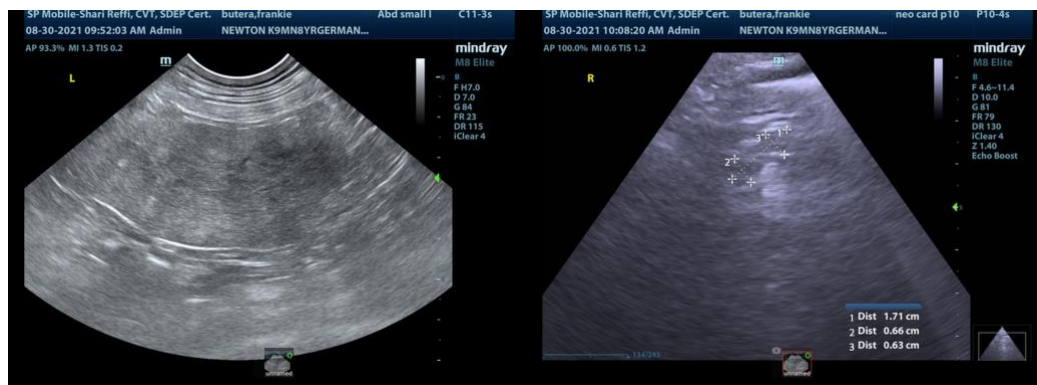
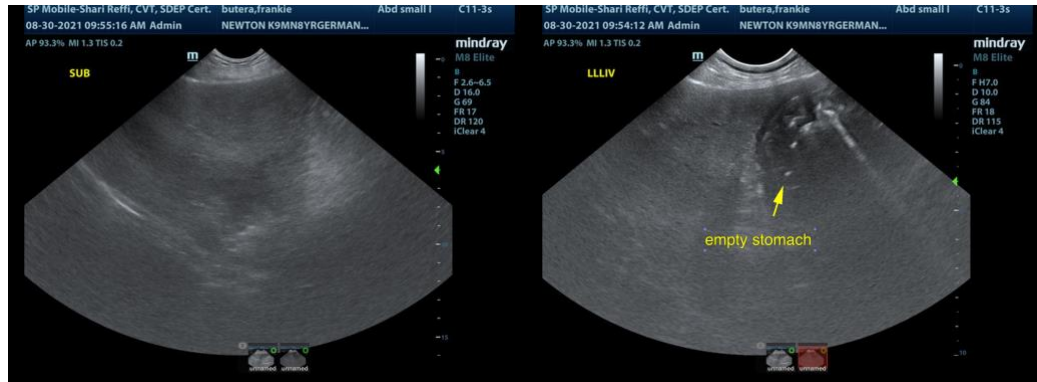
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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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info@SonoPath.com

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