



**PATIENT**

Gabe Silvernaile

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

74.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Brenner

**HOSPITAL NAME**

Riverside Animal Clinic

**REFERRING VET**

Dr. Brenner

**INVOICE**

32163

**DATE**

8/4/22

**PRESENTING CLINICAL SIGNS**

History: May 31, 2022 pitting edema Left rear leg from mid femur and distally. Lamé LR on and off. FHO Left hip July 15, 2020 due to dysplasia. Pannus OU August 18, 2020. Current medication Deramaxx 100mg 1/2 tablet once a day. Tacrolimus 0.02% BID OU. Adequan SQ every 2 weeks. Gabapentine 300mg 1 BID.

Abnormal PE/Chem/CBC/UA Results: LR Pitting edema mid femur distally to toes noticed May 31, 2022. CBC and Chemistry normal from May 31, 2022. Declined CT scan. Radiographs LR leg normal. August 4, 2022 LR edema almost completely resolved.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The iliac trifurcation was unremarkable with no evidence of metastatic disease.

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 each.

**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 1.76 x 0.7 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

The **spleen** revealed multi-focal, hypoechoic, expansive target nodules. This is strongly suggestive for round cell neoplasia. Reactive mesentery was noted around the splenic pathology.

**Liver**

The **liver** was uniform with no obvious evidence of metastatic disease. The liver may have micrometastasis. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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## 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

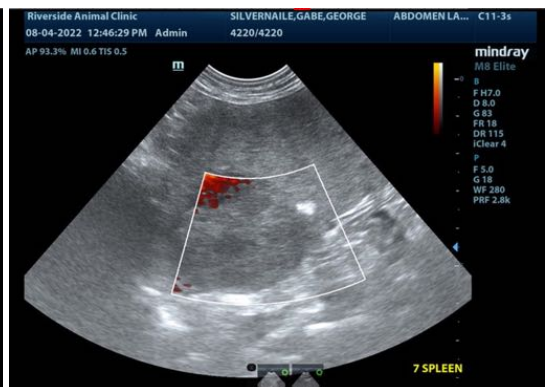
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Multi-focal, splenic masses and target nodules.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious metastatic disease. However, micrometastasis to the liver is a potential. Chest radiographs with cranial mediastinal imaging to assess for metastatic disease is indicated. Ultrasound-guided screening FNA of the spleen and liver can be considered +/- CT to assess for micrometastasis. However, this may be a focal manifestation of a multi-focal process. The prognosis is guarded. Round cell neoplasia is suspected. Hemangiosarcoma is less likely. Fungal disease or splenitis is less likely.





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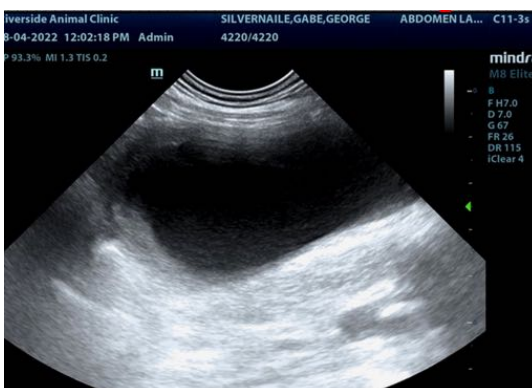
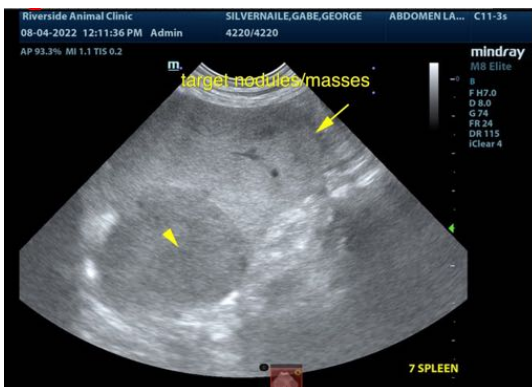
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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