



PATIENT PRESENTING CLINICAL SIGNS

Dax Melhaff
Owner out of town for two weeks. Caretaker presented him with complaint of lethargy, panting, and discolored urine. Exam reveals large abdominal mass that starts in caudal half of abdomen and continues underneath the ribs, no obvious pain. Patient normally exuberant, today is calm and easily winded.

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

2.5 Years

WEIGHT

76 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones

INVOICE

44461

DATE

8/4/23

Abnormal PE/Chem/CBC/UA Results: rbc 4.52 l wbc 56.7 H TP- 8.3 H Glob- 5.5 H AST 274H Bili total-0.4 H Unconjugated-0.3H Creatine kinase 325H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate was uniform at 1.0 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 left kidney measured 7.4 cm. The right kidney measured 7.4 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 2.36 cm x 0.48 cm at the caudal pole and 0.42 cm at the cranial pole.

Spleen

The **spleen** was enlarged with subtle micronodular changes and scalloping contour. Surrounding free fluid noted. A hypoechoic portion of the caudal two thirds of the spleen noted with enhanced mesentery. Blood flow was minimal.

Liver

The **liver** was largely uniform, no evident pathology. The gallbladder was unremarkable.

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.



PATIENT *Pancreas*

Dax Melhaff 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.

SPECIES

Canine

Free Abdomen

The heart revealed hypocontractility. Strong concern for shock. No pericardial effusion.

BREED

German Shepherd

ULTRASONOGRAPHIC FINDINGS

SEX

- Reticular splenic pattern with enhanced mesentery – strong concern for splenic torsion.
- Bladder debris
- Hypocontractility of the heart

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Recommend chest radiographs and immediately exploratory surgery for splenic torsion. Underlying splenic neoplasia possible yet less likely.

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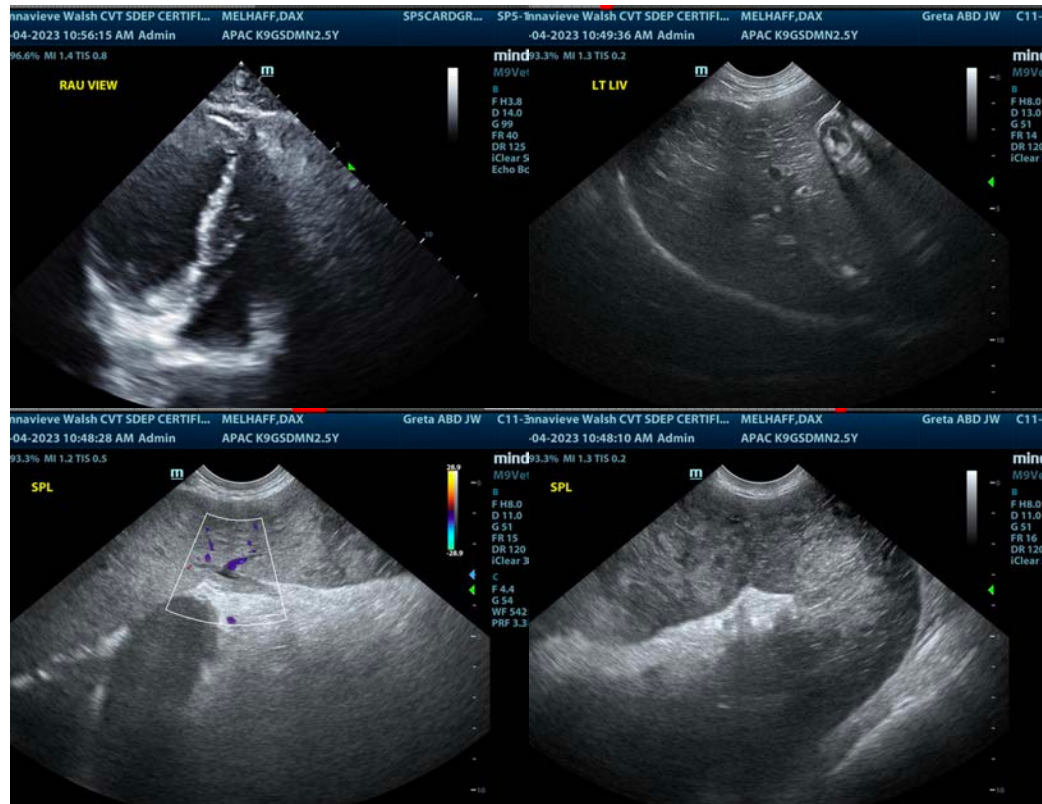
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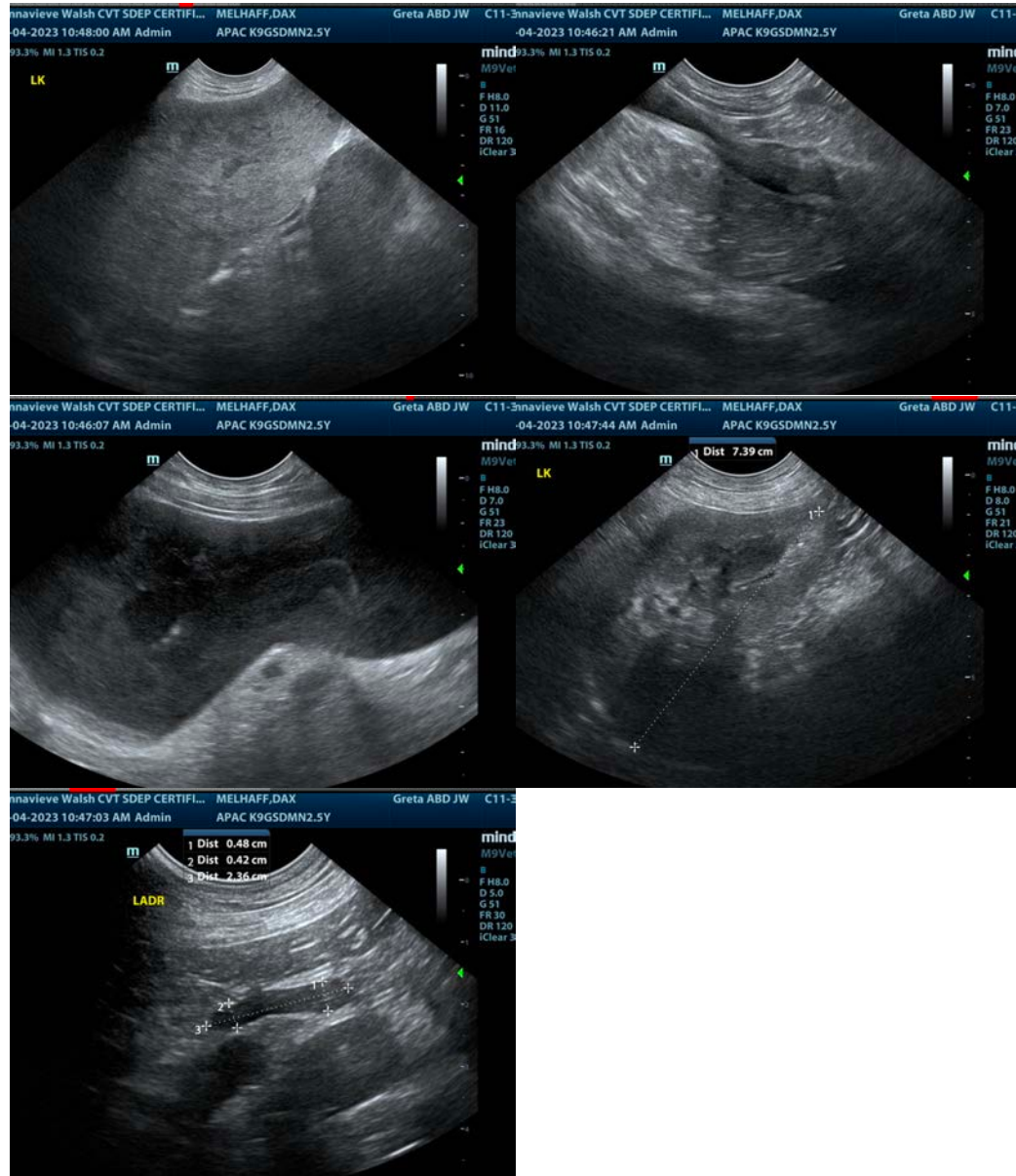
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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