



**PATIENT**

Spike Rod

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

98 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Finder

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Finder

**INVOICE**

41412

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS**

neck pain, unexplained hypotension, previously diagnosed and treated for pancreatic abscess

Abnormal PE/Chem/CBC/UA Results: cPLI was normal, BW largely unremarkable ALP 170 (20-150), GLU 113 (60-110), LYM 0.86 (1-4.8)

**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 **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 6.0 cm.

**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 0.50 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

**Spleen**

The **spleen** was slightly enlarged with minor scalloping contour and a hypoechoic nodule.

**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 **stomach** presented stasis. The small intestine and coloin were unremarkable.

**Pancreas**

The **pancreas** revealed mild irregular contour on the left limb, largely isoechoic to surrounding fat. No evidence of abscessation.

**Other**

Transdiaphragmatic view revealed potential pleural effusion. However, this may be artifactual.



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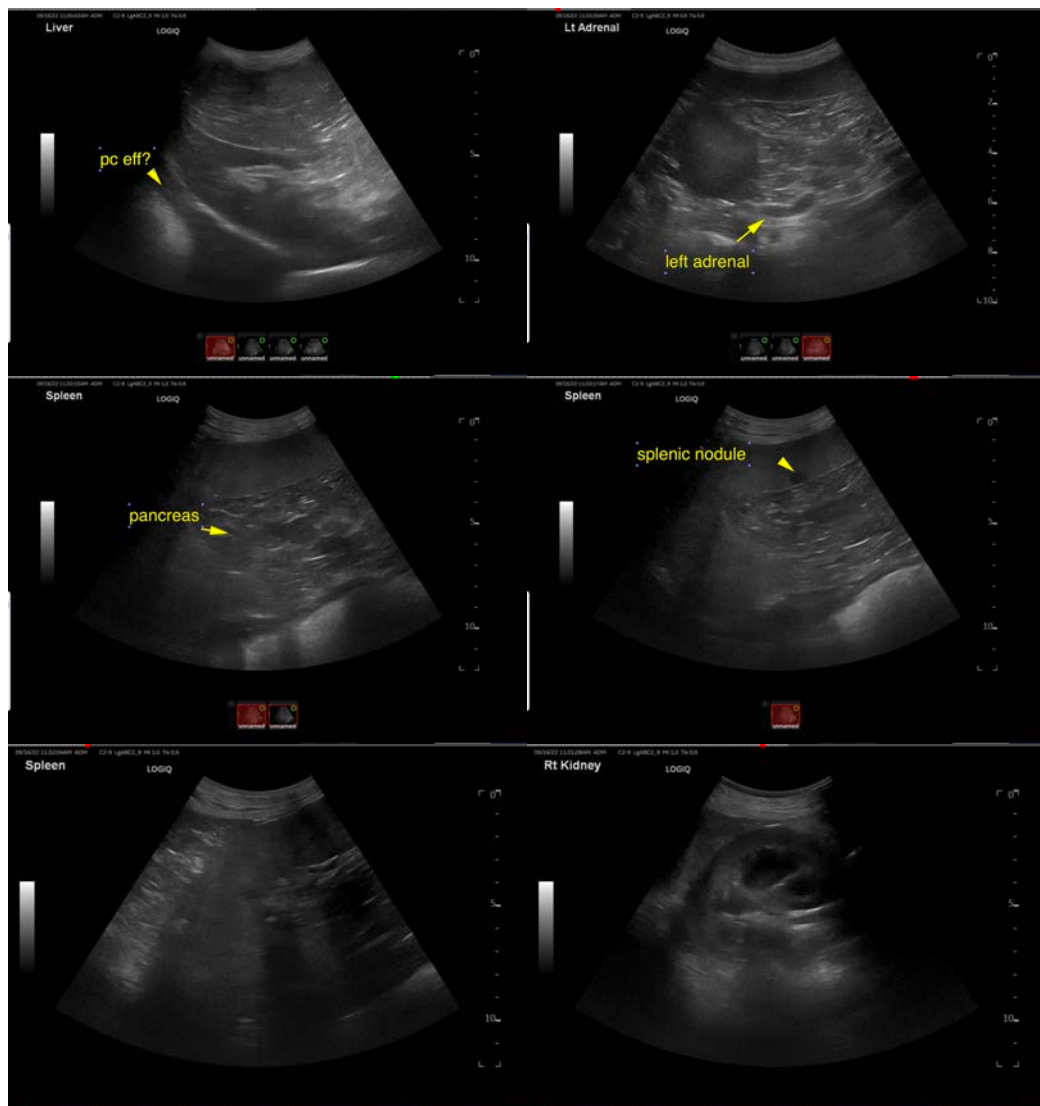
Dr. Finder

**ULTRASONOGRAPHIC FINDINGS**

- Slight irregular spleen with hypochoic nodule
- Minor pancreatic remodeling
- Mild gastric stasis of unknown cause – metabolic ileus or possible pyloric foreign matter.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen warranted, given the patient history. Chest radiographs +/- thoracic ultrasound may be appropriate. Diagnosis is open.



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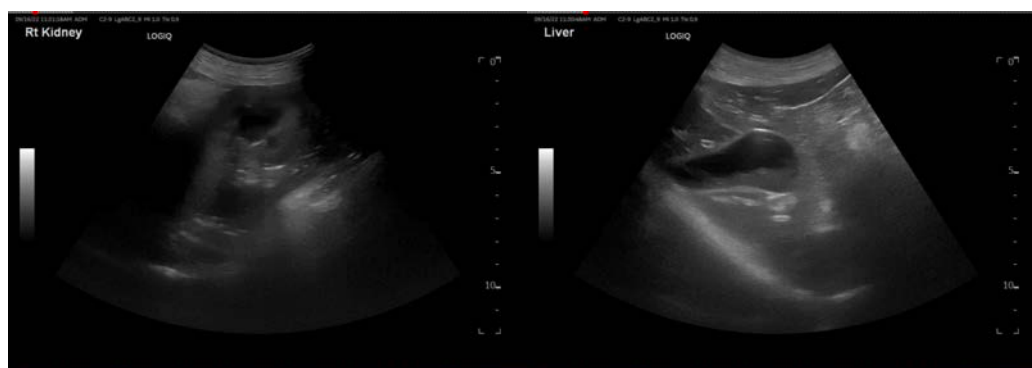
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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