



## PATIENT

Lexi Martin

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Spayed female

## AGE

10 years

## WEIGHT

75 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Ginny Dodd DVM,  
DABVP (CFP)

## HOSPITAL NAME

Monroe Road AH

## REFERRING VET

Dr. Fackrell

## INVOICE

77974

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

History: Last Thursday Lexi was panting, shaking like when frightened, clingy, drinking more water lately, after treatment with fluids SC, antibiotics she felt better and Cerenia r-back yard

Abnormal PE/Chem/CBC/UA Results: CBC normal CHEM- wnl Lat R and L thorax- no cardiomegaly or lung lesions bd rads- spleen appears enlarged and either folded or possible nodule effect between liver and spleen, not pylorus

## 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 left kidney measured 7.4 cm. The right kidney measured 7.98 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 2.53 x 0.59 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 3.22 x 0.79 cm at the cranial pole and 0.55 cm at the caudal pole.

### *Spleen*

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease. The spleen measured 3.03 cm.

### *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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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.

**Heart**

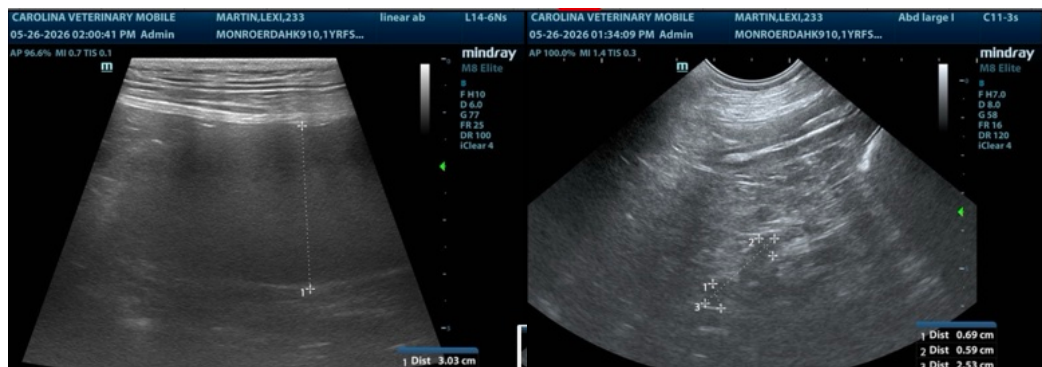
Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

**ULTRASONOGRAPHIC FINDINGS**

- Hyperplastic and folded spleen, typical for the German Shepherd.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. If the patient has discomfort on palpation of the spleen, then proactive removal can be considered.





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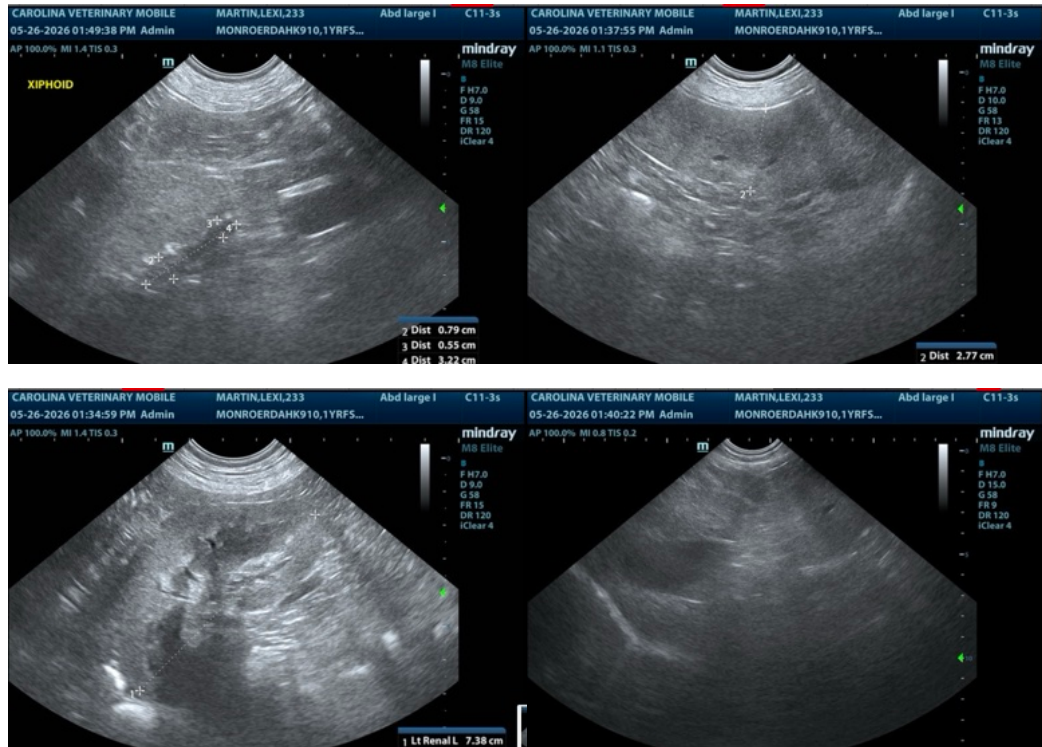
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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