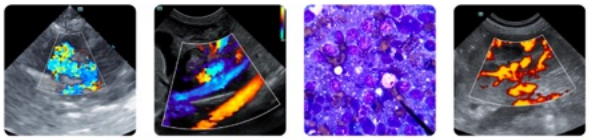


PATIENT

Pompi O'Hare

SPECIES

Canine

BREED

Pomeranian

SEX

Intact male

AGE

3 years

WEIGHT

6.78 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Ugorji

INVOICE

68854

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: presenting for evaluation following elevated liver enzymes found on preoperative blood work (11/05) for planned correction of medial luxating patellae, and for evaluation of muzzle lesions. O reports intermittent episodes of bilious vomiting. History includes Cytopoint injection and ear treatment on 10/21 at another clinic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.03×1.73 cm, and the thickness of the cortex is 0.29 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia or hydronephrosis, although very early, mild lithiasis may be developing. Color Doppler is slightly saturated.

The right kidney is normal in shape and size: 3.14×1.90 cm, and the thickness of the cortex is 0.29 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia or hydronephrosis. Also with incipient nephroliths. Color Doppler shows a normal pattern.

The prostate measured 1.78×1.24 cm, homogeneous, normal for an intact male.

Adrenal Glands

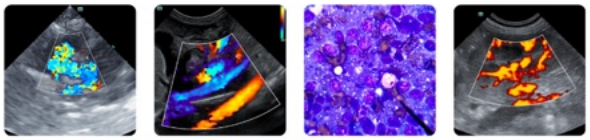
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.24 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland was not observed; instead, only the left adrenal gland could be partially visualized again.

Spleen

Splenic thickness is 0.93 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver appears subjectively small relative to the stomach; however, X-ray or further dynamic assessment would be necessary to confirm this. It has sharp edges and a regular contour. The liver parenchyma looks uniform and is isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with gas, mural thickness (1.81 mm), and preserved wall layering.

The pylorus: 3.12 mm. Duodenum: 2.07 mm. A mild amount of liquid in the lumen is observed. Jejunum: 2.63 mm. Ileum: 1.75 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: transverse 1.02 mm, empty; descending 0.63 mm, with more formed feces.

Pancreas

The pancreatic areas evaluated did not show evident signs of inflammation.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Very early nephrolithic mineralization in both kidneys.
- Subjectively small liver (suspected but not confirmed).
- Mildly thickened pylorus (3.12 mm) and mild amount of liquid in the duodenum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys demonstrate minimal, incipient mineralization, a change that can occur in small-breed dogs such as Pomeranians and may reflect benign cortical mineral deposition, idiopathic hypercalciuria, or mild intermittent dehydration.

The pylorus is mildly thickened, which may correlate with the history of intermittent bilious vomiting and could reflect pyloric functional irritation, mild gastritis and duodenitis, or fasted-state contraction.

The liver's small size on ultrasound may reflect functional microhepatia or positional factors, including the influence of gastric distension at the time of imaging. The hepatic echotexture, vasculature, and biliary structures appear normal. While ultrasound provides supportive information, it cannot independently confirm or exclude a vascular anomaly.

Differential diagnoses:

- Reactive hepatocellular injury, medication-associated hepatic changes.

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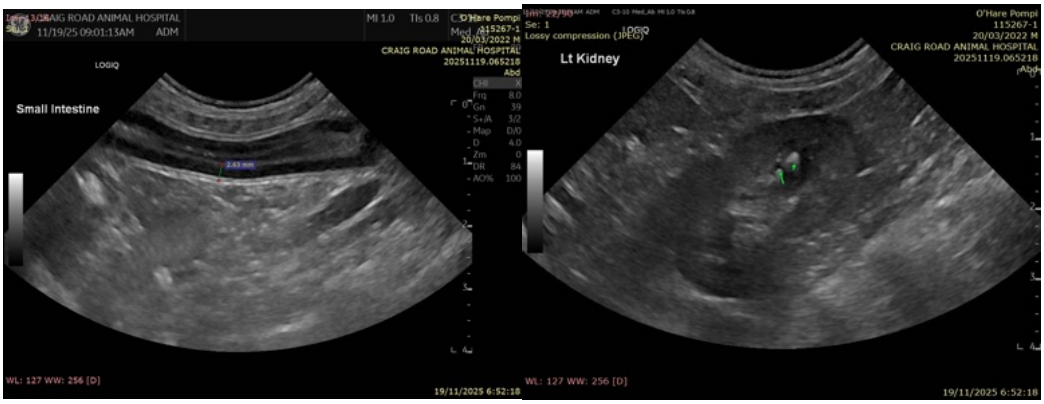
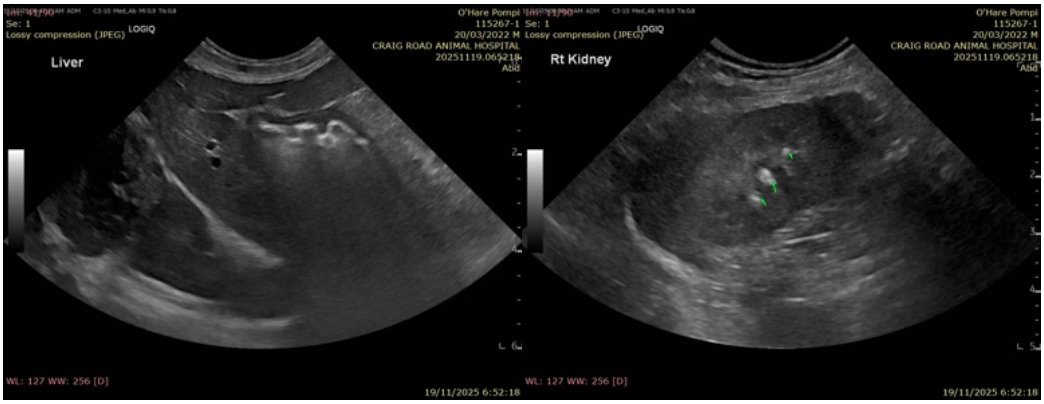
- Congenital portosystemic shunt (less likely). Remains a consideration due to breed predisposition; however, the biochemical profile does not strongly support this diagnosis, and the ultrasonographic appearance is not typical of shunting.

The biochemical profile shows a marked ALT elevation and a mild increase in GGT, changes more consistent with reactive hepatocellular injury, medication-related effects, or secondary inflammatory processes. Typical biochemical abnormalities associated with congenital portosystemic shunts—such as low BUN, low albumin, low cholesterol, hypoglycemia, and markedly elevated bile acids—are not present in this patient.

Recommendations

- Functional hepatic testing: Pre- and post-prandial bile acids provide a reliable screening tool.
- Repeat ALT and GGT in 2–3 weeks after stopping al medication.





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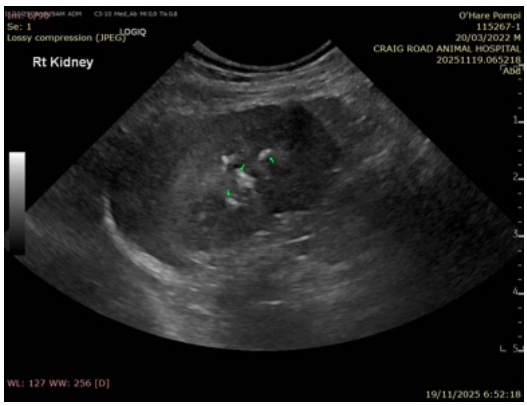

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com