



PATIENT

Obi Dennis

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

9 years

WEIGHT

16.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Bisset

INVOICE

69993

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Obi is a 9 y/o MN Pomeranian who presented in August of 2025 for an evaluation of mouth due to dental pain. BW at this time showed: glucose 121 H, creat 1.8 H, BUN 39, TP 8 H, Glob 4.2 H, ALP 250 H, Cholesterol 641 H, Lipase 477 H, CK 748 H, WBC 4.9 L, neutrophils 2940 L, RBC 5.60 L, HGB 13.3 L, HCT 36.5 L, UPC 2.4. Discussed with owner these can be attributed to dental disease or Cushing's vs other. Owner elected to pursue a dental cleaning and see if patient labs change. Patient has significant dental disease (9 extractions). About two weeks later on recheck exam, his BP was 190. His bloodwork in 9/25: creatinine 2.0 H, BUN 29 N, ALT 215 H, ALP 378 H, RBC 5.39 L, HGB 13.4 L, HCT 37.4 L, cystatin B 411 H, UPC 1.9. Patient was started on Telmisartan at this time and an AUS was recommended. Owner had P on Telmisartan for about 2 months and patient has not been on medication since. Per owner, patient is currently PUPD and some diarrhea.

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. Grouping of calculi were noted and measured 1.7 cm as a grouping. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. Slight cystourethral junction thickening and prostatic urethral sand. The prostate itself measured 0.7 cm with minor apical thickening noted.

The **kidneys** presented significant polycystic cortical changes and disrupted architecture with a moderate amount of remodeling. Mineralization was noted in the both kidneys. The left kidney measured 5.8 cm. The right kidney measured 5.5 cm. Blood flow to the kidneys appeared to be adequate.

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 0.5 cm. The **right adrenal gland** was nodular and heterogenous at the cranial pole and measured 1.3 cm and 0.68 cm at the caudal pole.

Spleen

The **spleen** revealed multiple, microcystic changes and areas of mineralization. The largest cyst measured 0.76 x 0.6 cm at the cranial pole.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and



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subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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

Polycystic kidneys with moderate degenerative changes.

Renal mineralization.

Nodular right adrenal gland.

Bladder calculi.

Splenic cystic changes.

Gallbladder sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. Anti-hypertensives are warranted. Urine culture and IV fluid support over a 72 hour period is recommended to correct any azotemia. I am concerned for long term viability of the kidneys as emerging renal failure is likely complicated by the urolithiasis. Urine metanephrine level can be considered to assess for minor possibility of right adrenal pheochromocytoma, yet the changes are most consistent with nodular hyperplasia.



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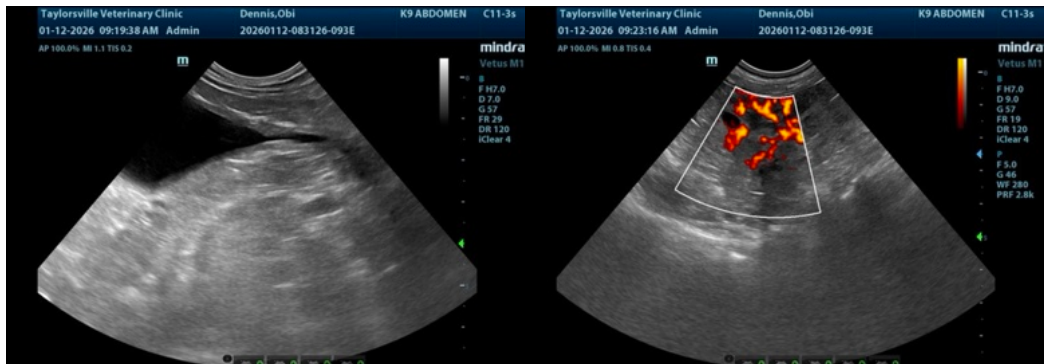
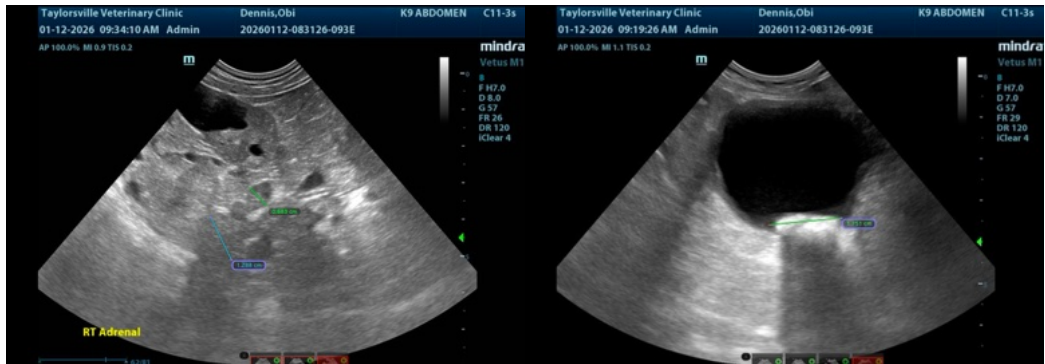
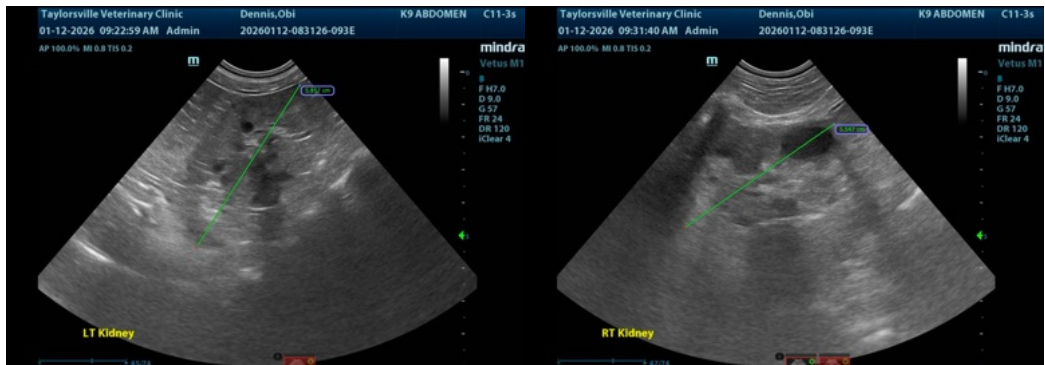
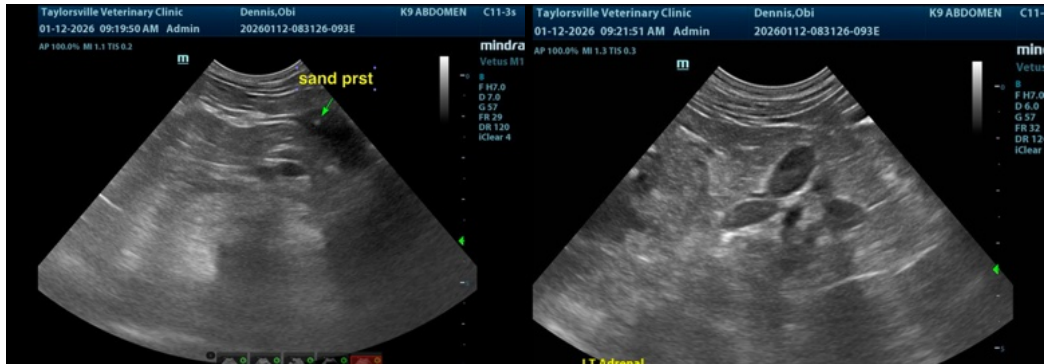
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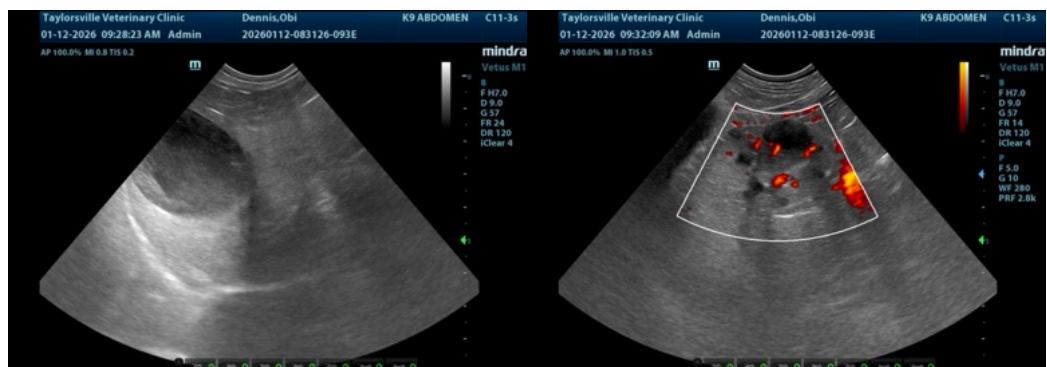
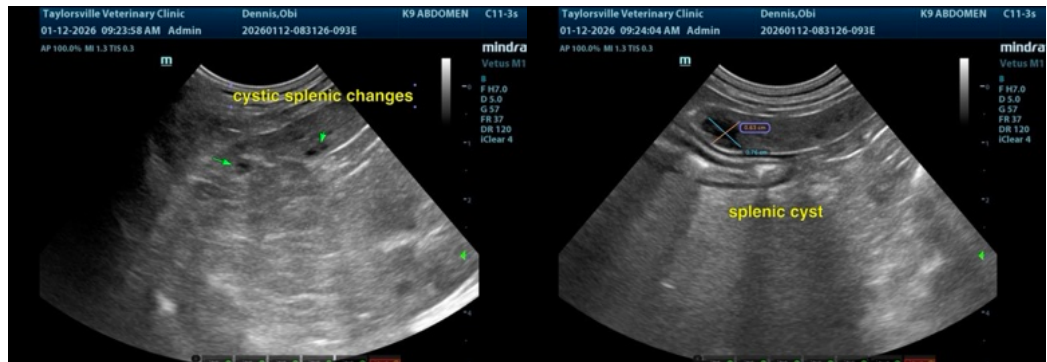
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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