



**PATIENT**

Mello Good

**SPECIES**

Canine

**BREED**

Pomeranian/Husky

**SEX**

Intact Female

**AGE**

11 Months

**WEIGHT**

13.5

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Danielle Lanz

**HOSPITAL NAME**

New Holland VH

**REFERRING VET**

Dr. Danielle Lanz

**INVOICE**

44207

**DATE**

1/13/23

**PRESENTING CLINICAL SIGNS**

Presented on 12/23 for vomiting with no stool production. Drinking normally. Supportive care was given. O says improved a little bit. Presented again 1/11 for vomiting after eating, increased urination and drinking, occasional diarrhea. HX of eating things.

Abnormal PE/Chem/CBC/UA Results: CBC: MCH 26.3 Chem SDMA 27, creatinine 4.6, BUN 87 P 8.2 Alb 2.6 CK 227 UA SPG 1.012, pH 6.0 6-10 RBC/HPF Rare cocci (<10/HPF) 3+ calcium oxalate dihydrate crystals 4dx: negative

**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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.1 cm. The left kidney measured 4.2 cm with slight pyelectasia noted.

**Adrenal Glands**

Both **adrenal glands** were subnormal in size at 3.0 mm each.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**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**

Some mild soft shadowing material was noted in the **stomach**. The gastric wall was unremarkable. Transit of chyme into the small intestine appeared to be occurring normally. However, soft stool was noted in the colon. Hyperperistalsis noted in the small intestine. No overt obstruction. Large amount of GI artifact was present, obscuring some visibility.



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**Pancreas**

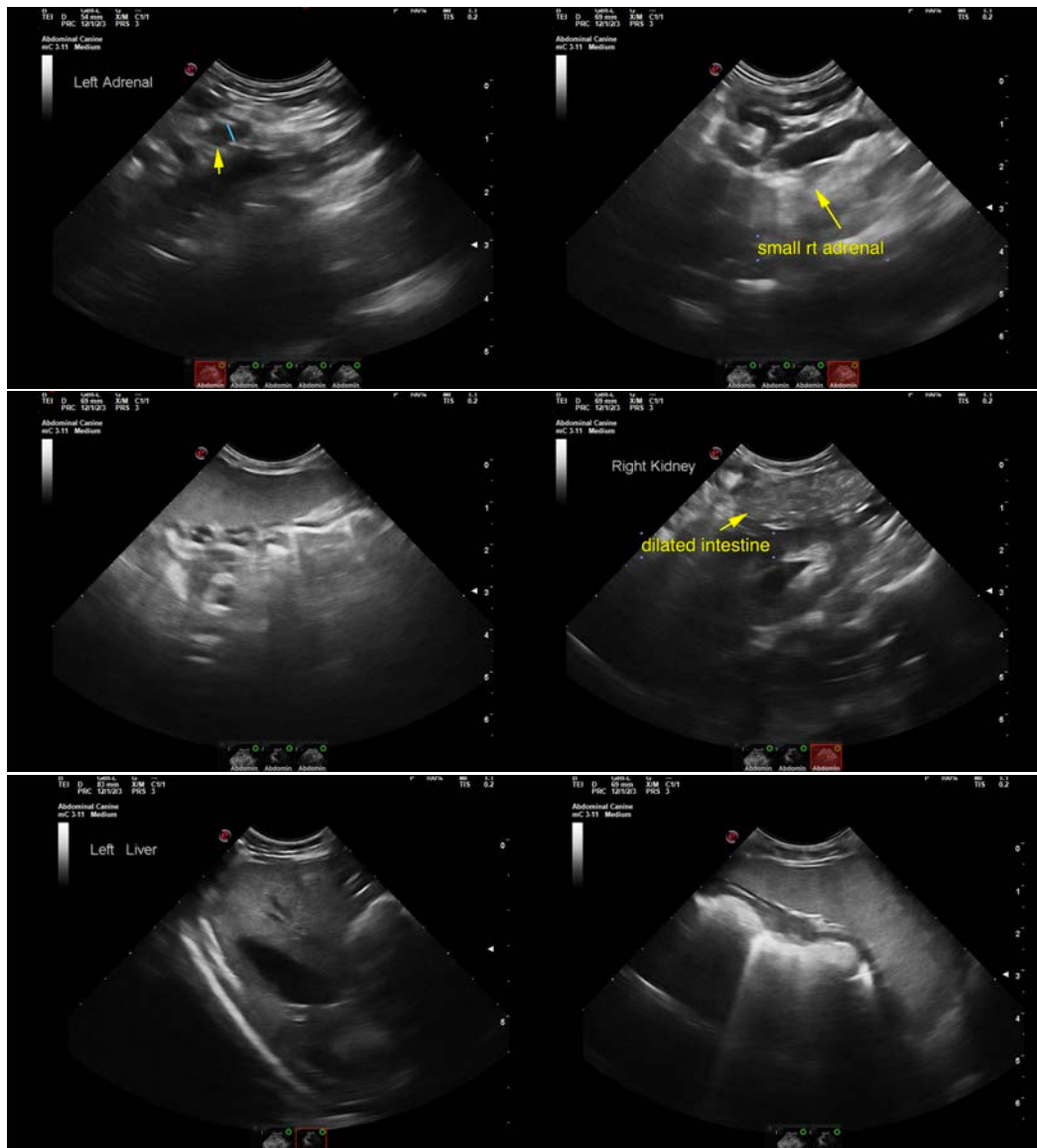
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific gastrointestinal irritation
- Subnormal adrenal size

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the azotemia and vague clinical signs, screening for Addison's indicated with ACTH stimulation. Fecal test recommended. IV fluid support indicated. Assessment for acute renal toxin also indicated, such as Leptospirosis. However, structurally the abdomen was largely unremarkable.





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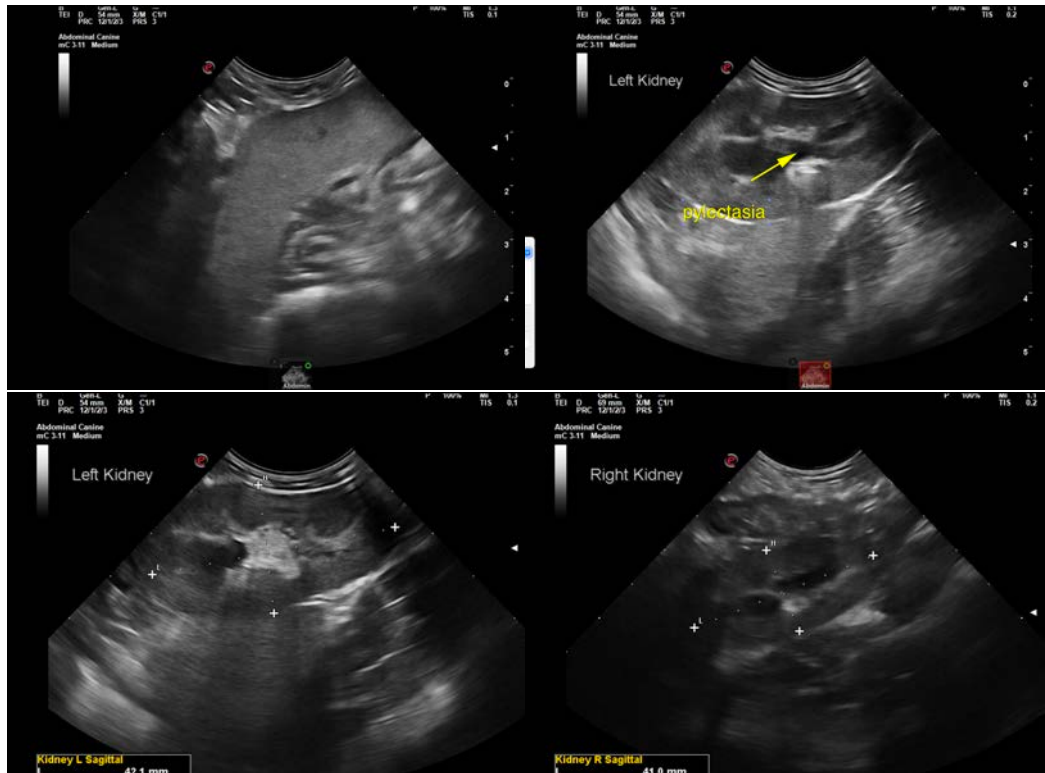
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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