

**DATE PRESENTING CLINICAL SIGNS**

1/22/26 **Patient History:** Abdominal pain, not eating, not doing well. Also concerned about heart function.

**PATIENT** **Current Medications:** Cerenia injectable 10mg/ml 1/19/26, Mirtazapine 15mg tablet 1/19/26.  
**Labwork Results:** Labwork attached.

Oz Bear Pohl **Date of Previous IntraPet Ultrasound:** No previous.  
**Sedation:** Not required to complete full diagnostic ultrasound.

**SPECIES** **Stat Report:** Not requested.  
**Imaging Performed by:** Rachel Brillhart, RDMS.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

Golden Retriever x 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

**SEX**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

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. Left kidney measures 7.06 cm. Right kidney measures 6.43 cm.

**AGE**

4/21/13

**WEIGHT**

85.4 lbs

**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. Right measures 2.75 cm x 0.65 cm at the caudal pole and 0.73 cm at the cranial pole. Left measures 2.9 cm x 0.55 cm at the caudal pole and 0.38 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Everhart Veterinary  
Hospital

**REFERRING VET**

Dr. Goodman

**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.

**INVOICE**

72391

### ***Gastrointestinal***

There was some residual chyme and gas was noted in the **stomach**. This is consistent with end post prandial presentation. Some gastric hypertrophy was present. Some areas of mucosal striations present. Variable intestinal thickening with muscularis hypertrophy noted. No evidence of neoplasia.

### ***Pancreas***

The **pancreas** was enlarged up to 3.0 cm and mildly heterogeneous. No evidence of masses or active inflammation. This is most consistent with hyperplasia, likely owing to prior episodes of pancreatitis.

### ***Other***

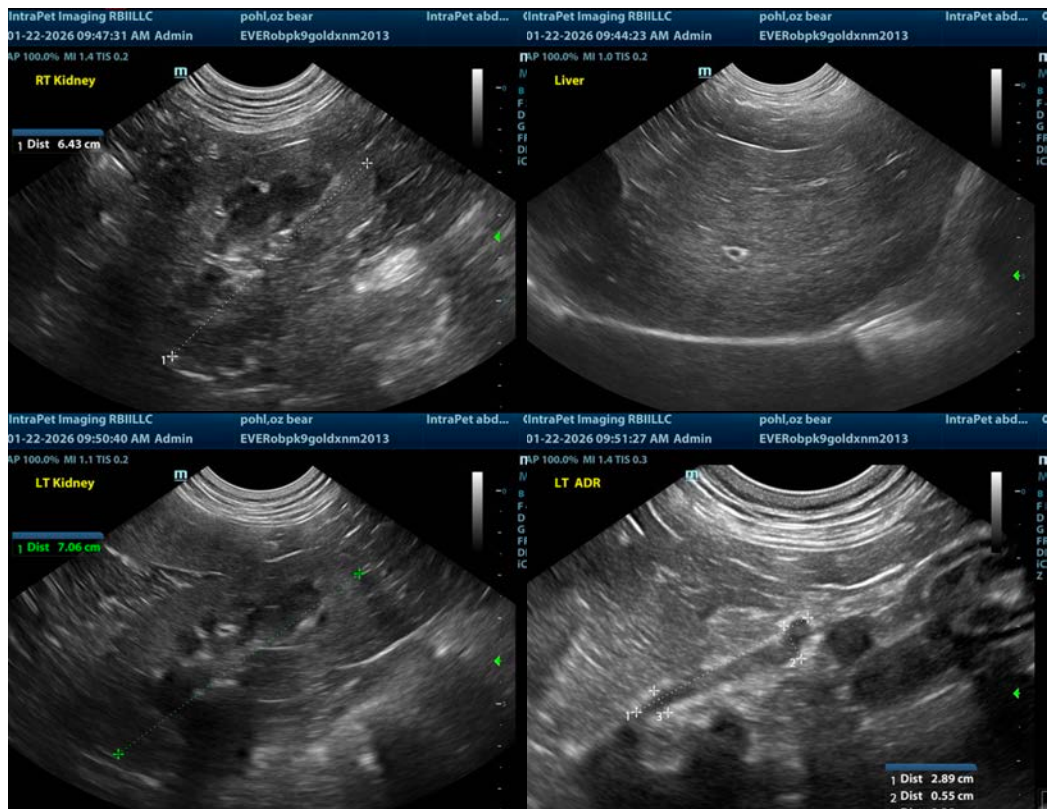
Rapid view of the heart revealed no evident pathology.

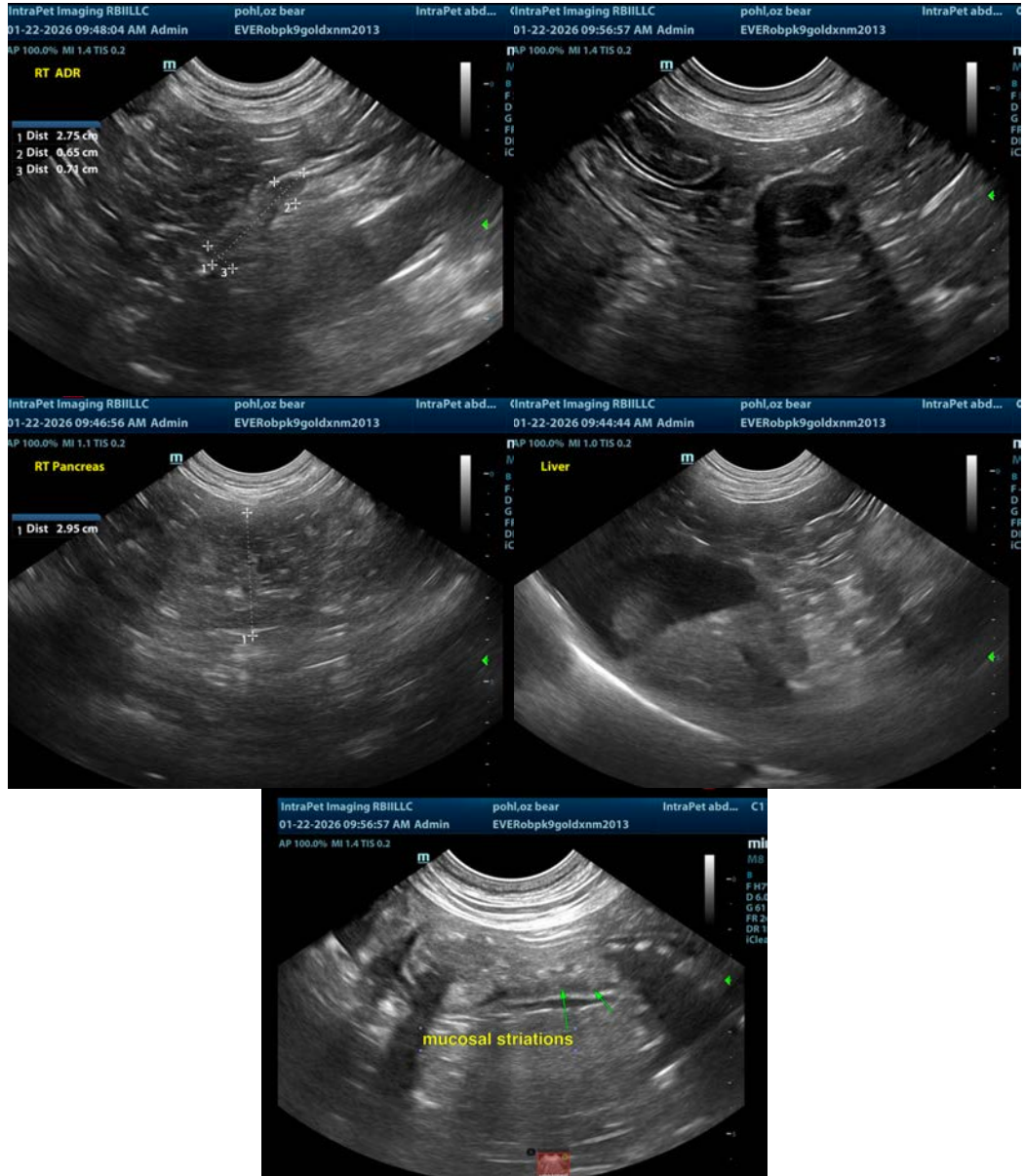
## **ULTRASONOGRAPHIC FINDINGS**

- Prominent pancreas.
- Variable gastrointestinal thickening

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect early protein losing enteropathy as cause of albumin loss. Potential early lymphangiectasia. Ruling out occult Addison's with baseline cortisol and protein losing nephropathy also indicated if not already performed. Assessment for proteinuria indicated if not already performed.





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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)