



**PATIENT**

Thumbalina Carter

**PRESENTING CLINICAL SIGNS**

presented for dental , increased liver enzymes on BW canceled dental

**SPECIES**

Canine

**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.

**BREED**

Pomeranian

The **kidneys** presented moderate degenerative changes. Increased cortical echogenicity and remodeling noted, consistent with fibrosis. The right kidney measured 2.92 cm. The left kidney measured 3.53 cm.

**SEX**

Spayed Female

**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 1.51 cm x 0.55 cm at the caudal pole and 0.64 cm at the cranial pole.

**AGE**

13 Years

**Spleen**

**WEIGHT**

6 Pounds

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.

**INTERPRETED BY**

Eric Lindquist, DMV

**Liver**

DABVP, Cert. IVUSS

The **liver** presented coarse architecture and increased portal markings, consistent with inflammatory hepatopathy. The gallbladder was overdistended with suspended, largely immobile debris. Echogenic gallbladder wall noted. This is consistent with emerging mucocele. Some mural fibrosis was noted in the gallbladder with a slight amount of biliary sand.

**IMAGING PERFORMED BY**

Jenn

**Gastrointestinal**

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Maniar

**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.

**INVOICE**

35124

**ULTRASONOGRAPHIC FINDINGS**

**DATE**

1/27/22

- Inflammatory hepatopathy with emerging mucocele and chronic cholangitis
- Moderate degenerative renal changes



**PATIENT**

Thumbalina Carter

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bile acid profile warranted prior to any dental procedure. Gallbladder motility study would be ideal. Enrofloxacin/Metronidazole over a 10 day period with Ursodiol over the next 6 weeks and recheck of the gallbladder at that time recommended. Dental procedure anesthesia largely depends upon renal profile and bile acid profile. No evidence of neoplasia.

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**HOSPITAL NAME**

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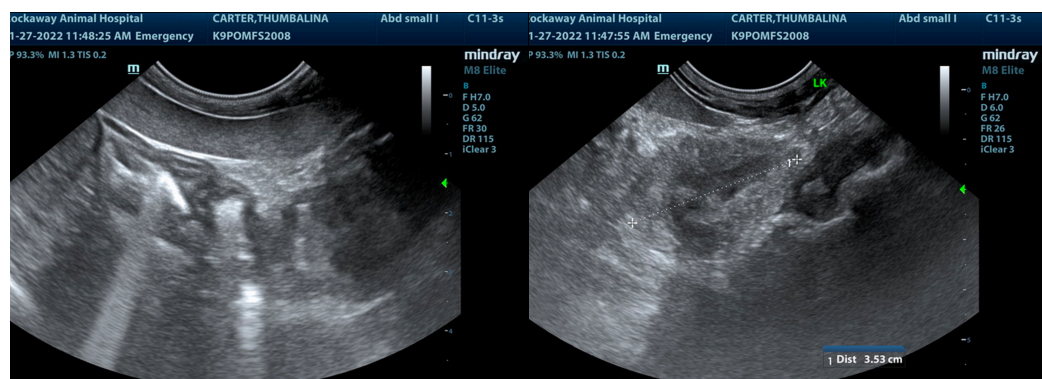
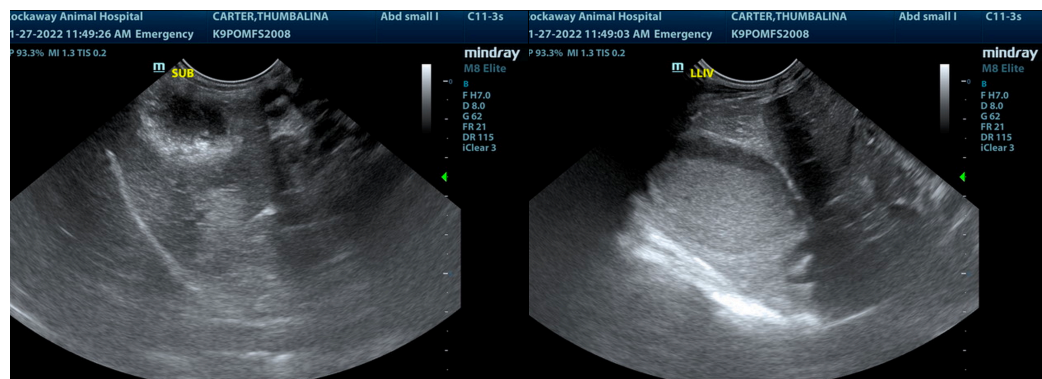
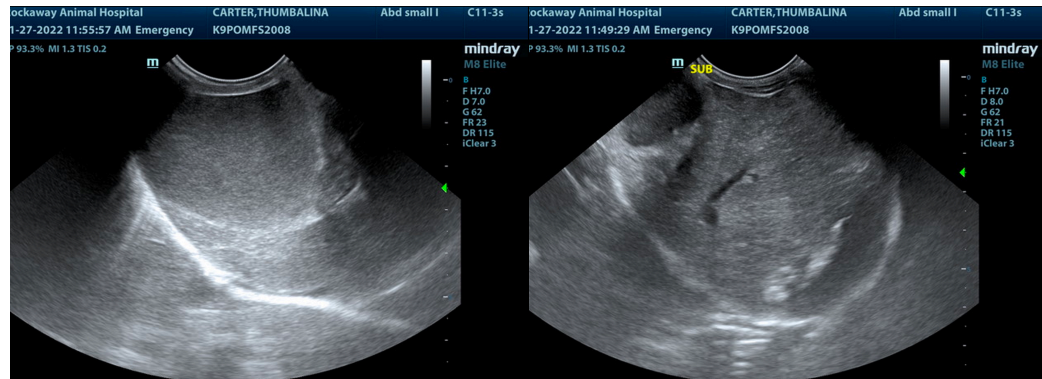
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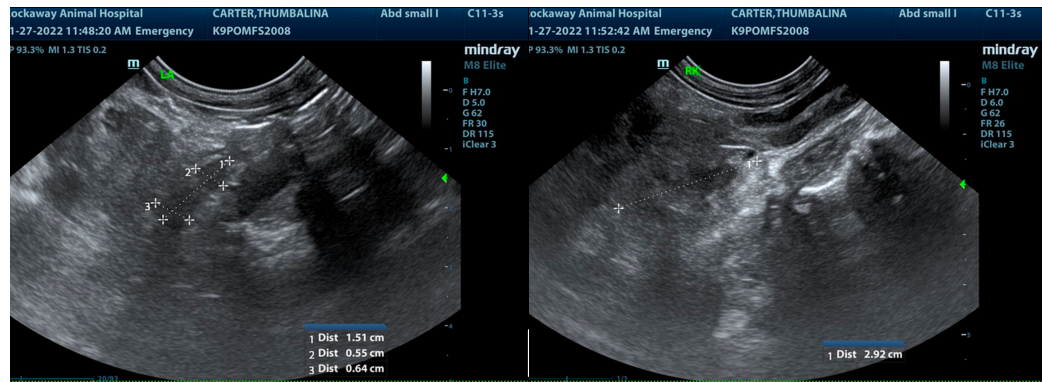
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)