



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Trixie Stone

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

4.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Miller

**INVOICE**

92295

**DATE**

10/11/21

History: Presented at our hospital for vomiting, didn't eat right away this am. O took to Rossmoyne, they transferred to Shores for and Ultrasound and hospitalization for pancreatitis. Previous Health Concerns: Pancreatitis (few times), heart murmur, collapsing trachea, seizures (since 6 mo old) Current Medications: Gabapentin Suspension, Zonisamide, Pimobendan, Prednisone. Meds normally given at 7:30am and between 4-6 pm. She did not have her evening medications. Appetite/When did they eat last: Ate this am  
Bloodwork: ALT 3087; Lactate 4.66; pH 7.461; LYM 0.69; GGT 67; GLOB 4.1; PHOS 5.6; TBIL 1.8; ALKP >993; CPL abnormal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.4 cm. The left kidney measured 4.0 cm.

**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 1.38 x 0.45 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.8 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** revealed slight coarse architecture with mildly increased portal markings. Multi-focal, hypoechoic nodular changes were noted in the liver. The nodules were non-disruptive. The largest of which measured 1.3 cm. The gallbladder was unremarkable with a minor amount of debris and over distension. This is a non-specific presentation. The common bile duct measured 0.3 cm.



**PATIENT**

**Gastrointestinal**

Trixie Stone

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.

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**Pancreas**

The **pancreas** was hypoechoic and irregular primarily in the right limb.

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**ULTRASONOGRAPHIC FINDINGS**

Subjectively benign hepatopathy with mild remodeling and undefined nodular changes. Differentials include nodular hyperplasia, abscessation and neoplasia.

**AGE**

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Minor right-limb pancreatitis.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is strongly recommended both the general parenchyma and the nodules from SDEP 12 or 13 approach. Treatment for pancreatitis and assessment for Leptospirosis and FNA of the liver is indicated.

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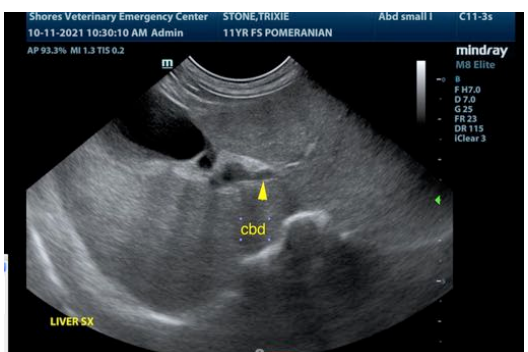
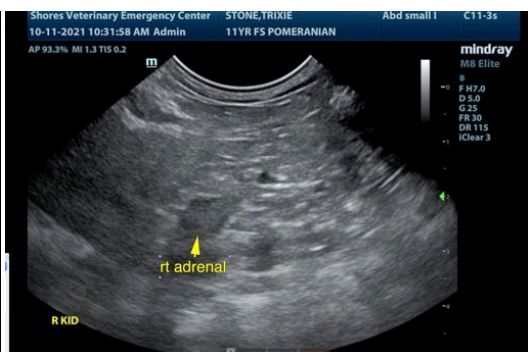
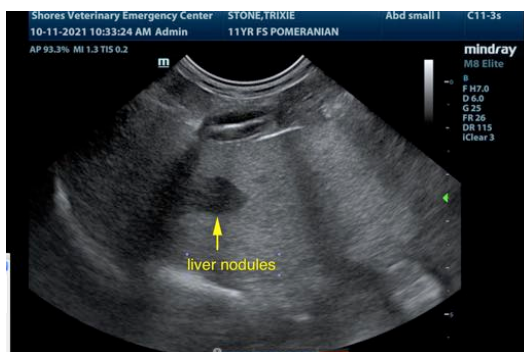
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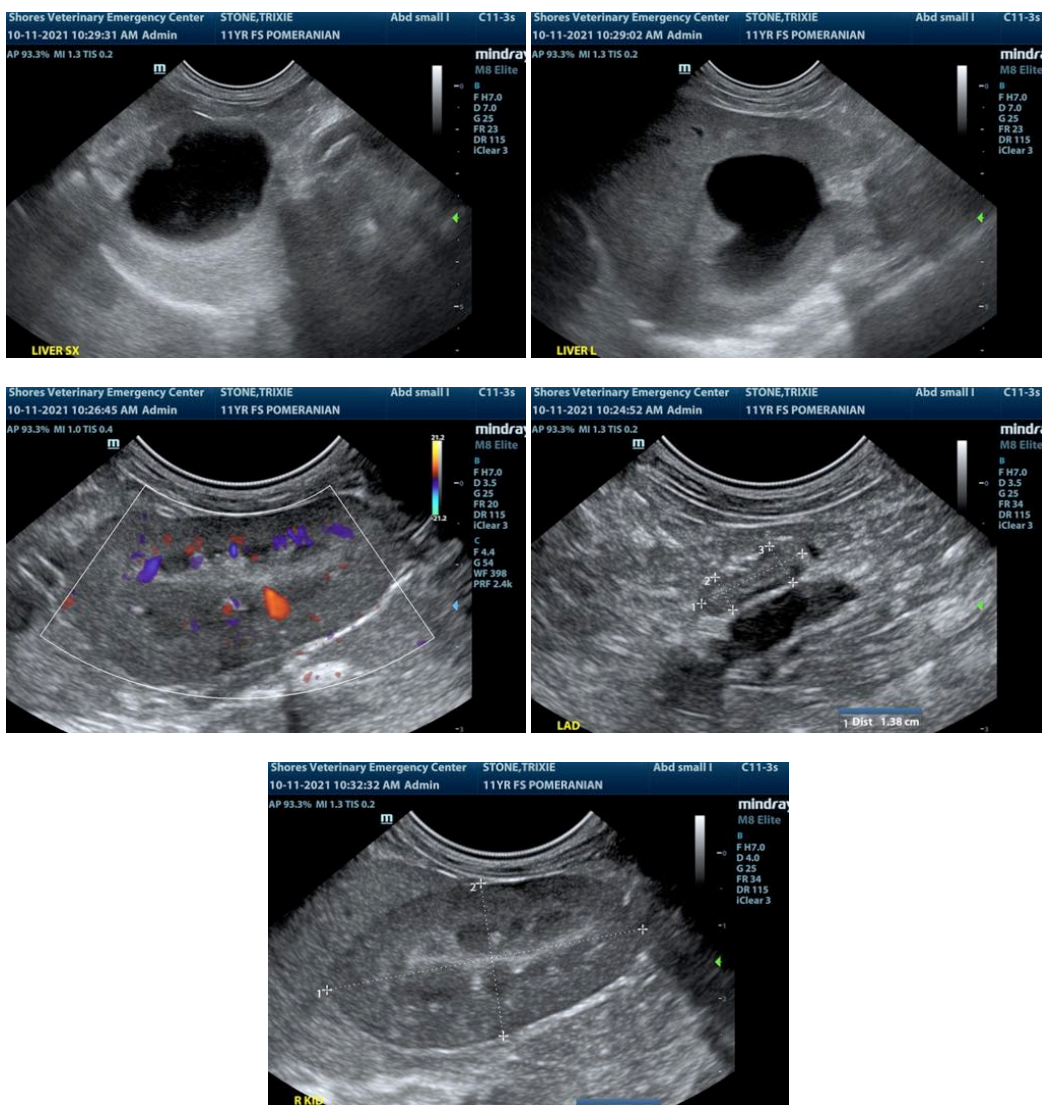
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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