



## PATIENT

Smokey Blanton

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Male

## AGE

1 Year

## WEIGHT

3.9 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Burns

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Ebert

## INVOICE

72085

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

O found p in backyard hypersalivating and lethargic with an increased resp rate. He had chewed up a swiffer pad at some point. He had diarrhea at some point which was matted to hind end at rDVM.

Abnormal PE/Chem/CBC/UA Results: P was transfer. At rDVM his temp was low at 97.4 degrees. Cardiovascular- Left sided heart may be systolic click or bigeminal rhythm. Less noticeable than on right. Pulses are thready in femoral region. BCS- 2/5- seems on the thin side overall rDVM 11/25: 1. Unremarkable thorax. A cause for the reported respiratory distress is not identified radiographically. An upper airway lesion, allergic reaction or pulmonary thromboembolism are possible. 2. Mildly smaller than expected hepatic silhouette. The hepatic size may be normal for this patient, however, the possibility of a portosystemic shunt or other hepatic atrophy cannot be ruled out. CBC: Moderate neutrophilia, mild monocytosis (stress, inflammation, infection) Chem: ALP 148 (H), ALT 374 (H), AST 335 (H), BUN 41.7 (H), P 9.2 (H)

## 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. Trace amount of suspended debris noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. The left kidney measured 4.1 cm. The right kidney measured 4.3 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### 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** was slightly subnormal in size yet uniform parenchyma. The gallbladder and common bile duct were unremarkable.

### 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

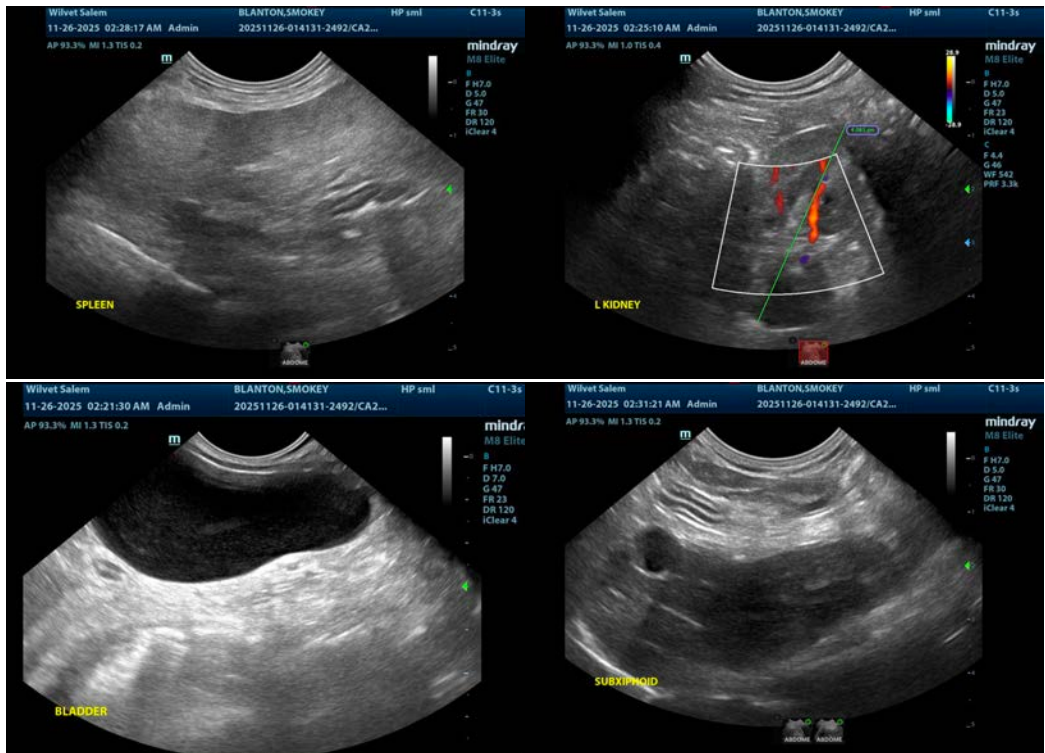
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Minor microhepatica.
- Potentially small adrenal glands.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Structurally unremarkable abdomen. Screening for Addison's warranted. Acute infectious or toxin exposure suspected. Aggressive/intensive supportive care should prove effective depending upon the inciting cause.





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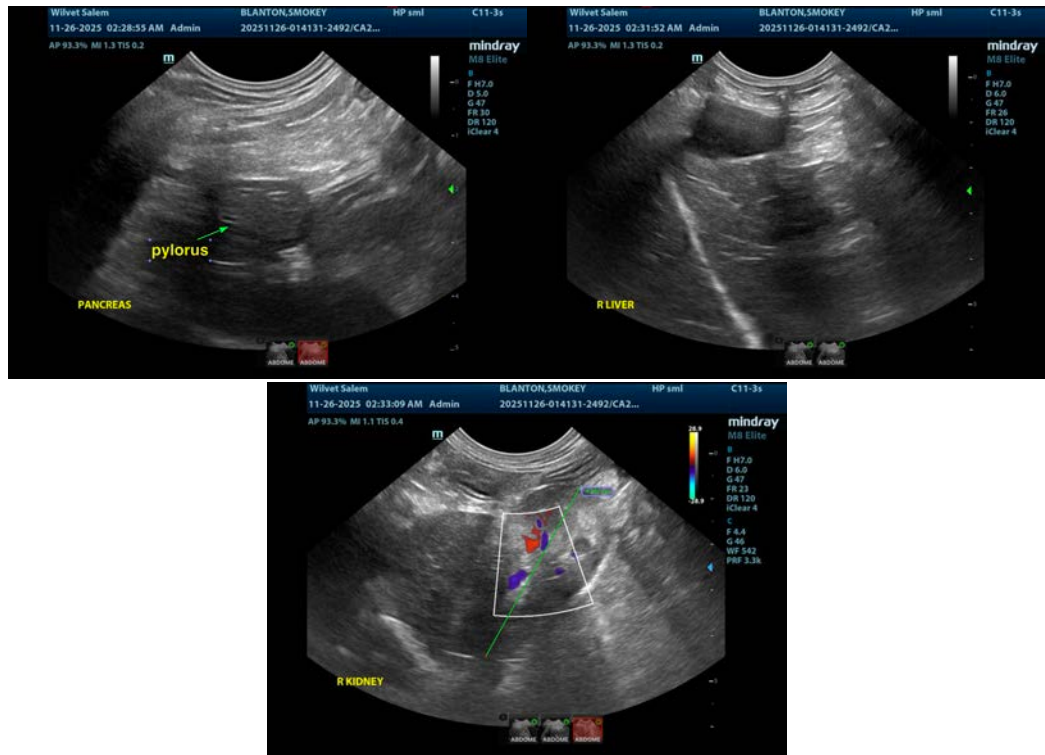
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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