



PATIENT

Mia Skidmore

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

11

WEIGHT

8.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Ugorji

INVOICE

35929

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Mia is an 11-year-old FS Pomeranian presenting for vomiting for approximately 5-6 days, occurring 1-2 times daily, usually in the morning, after a diet change one week ago. Owner reports refusal of dog food, but good appetite for boiled chicken; vomited boiled chicken this morning. Owner reports increased drinking and urination. Owner notes tenesmus with uncertain stool production and perceives weight loss over the past week. Halitosis noted and reportedly worse. No diarrhea reported by owner.

Abnormal PE/Chem/CBC/UA Results: * BUN >140 mg/dL (ref 9-29), * Creatinine 5.2 mg/dL (ref 0.4-1.4), * Phosphorus >15 mg/dL (ref 1.9-5.0), * Calcium 14.4 mg/dL (ref 9-12.2), * ALT 472 U/L (ref 0-120), * ALP >993 U/L (ref 0-140), * GGT 30 (ref 0-14) * Elevated, Bilirubin 1.7 mg/dL (0.0-0.5).

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 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 moderate 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. Mineralization was noted in the kidneys. The left kidney measured 3.6 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. This is a moderate change. The left adrenal gland measured 0.85 cm. The right adrenal gland measured 0.87 cm at the cranial pole and 0.89 cm at the caudal pole.

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. Caudal folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed minor excessive dependent and suspended debris.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The descending colon revealed a mildly thickened submucosa layer, consistent with colitis. No overt loss of mural detail. Mucosal striations were noted in the intestinal tract with hyperperistalsis, consistent with nonspecific gastroenteritis/colitis.

Pancreas

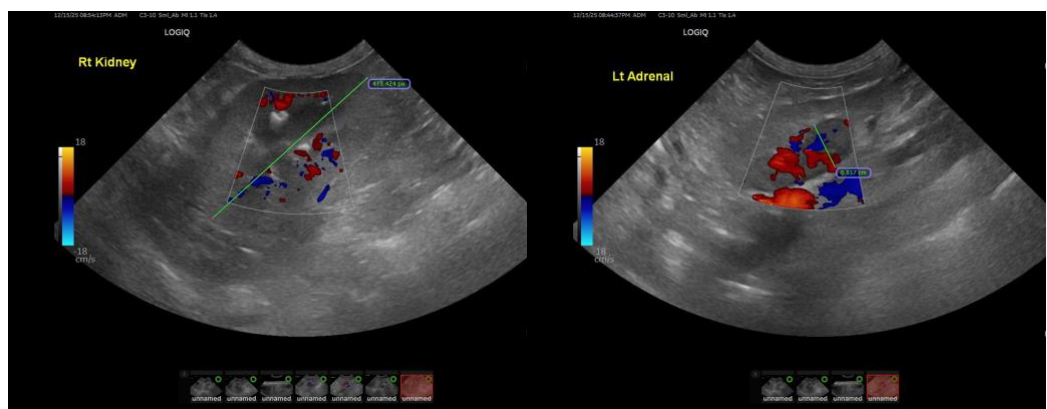
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonobstructive renal mineralization
- Prominent adrenal glands
- Minor excessive gallbladder debris
- Gastroenteritis/colitis
- Minor degenerative renal changes
- Caudal splenic fold
- Age-related abdominal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear to have only minor degenerative changes, therefore, acute renal insult, such as leptospirosis, should be considered, or toxin exposure. FNA of the liver, leptospirosis titers, IV ampicillin, and plasma expanders are all indicated. Eventual work up for hypercalcemia is indicated after the azotemia has been addressed medically. No evidence or suspicion of neoplasia.





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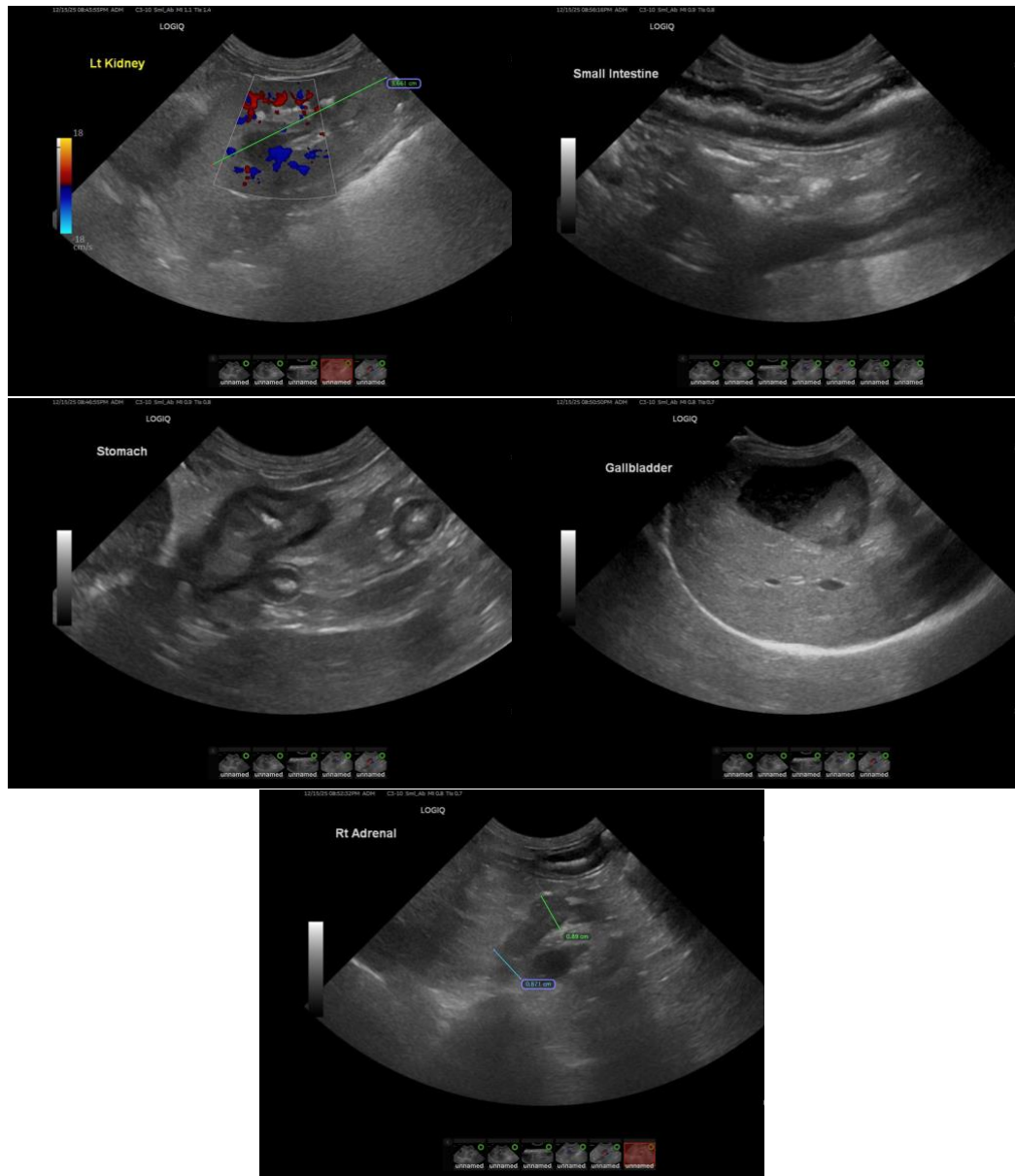
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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