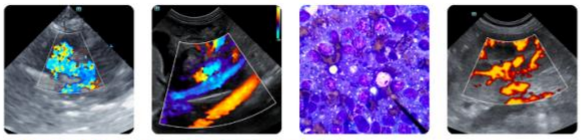


DATE

12/16/25

PATIENT

Winston Kendig

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

1/22/2016

WEIGHT

16.3 pounds

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall Animal Hospital

REFERRING VET

Dr. Hatzigiannakis

INVOICE

12695

PRESENTING CLINICAL SIGNS

Patient History: Presented for vomiting and diarrhea on 12/13. Has a history of developing pancreatitis as well as proteinuria, heart murmur with pulmonary hypertension, systemic hypertension, tracheal collapse, stage I CKD, and gallbladder mucocele. BW done at appointment showed increasing liver values and concern for worsening gall bladder issues. Symptomatic care elected at that time.

Current Medications: Pimobendan 2.5mg SID, Amlodipine 2.5mg - 1/2 SID, Ursodiol 250mg - 1/2 SID, Gabapentin 75mg - 1 BID, Atropine 2.5mg 1 BID, Dasuquin SID, Probiotic SID. Started 12/13: Clavamox 125- 1 PO BID, Metronidazole 250mg- 1/2 PO BID, Cerenia 16mg- 1 PO SID
Labwork Results: Diagnostics not attached, reported as: Work up on 12/13/25- CBC: elevated RBC (9.04), leukocytosis (16.78) with neutrophilia (14.14) and basophilia (0.14). CHEM: elevated BUN (32), creat 1.0 (WNL), SDMA 10 (wnl), hyperglobulinemia (4.7). Elevated liver enzymes: ALT 579 (prev 51), ALP 351 (prev 320), GGT 20 (prev 0), T-Bili 1.4 (prev 0.2). Pancreatic Lipase high (203). Radiographs: Conclusion 1. Suspect gastroenteritis due to nonspecific etiologies. Systemic disease such as pancreatitis or nondescript infectious process can cause bowel atony resulting in a similar radiographic change. 2. Mild hepatomegaly. Nonspecific hepatopathy, endocrinopathies, nodular regeneration or hepatic neoplasia would be primary differentials. 3. A cystic calculus cannot be completely ruled out but is more highly suspected the mineralization superimposed over the bladder is in the peritoneal space. 4. Moderate generalized cardiomegaly likely due to valvular degenerative disease. 5. No evidence of heart failure. 6. Tracheal and mainstem bronchial collapse. 7. Mild chronic lower airway disease likely due to allergic bronchitis. Recommendations- An abdominal ultrasound could be done for further assessment as a screening exam if clinically indicated. The hepatobiliary system and bladder could be further assessed at that time. In the interim, symptomatic treatment for gastroenteritis could be implemented. A definitive surgical lesion is not seen at this time. If sonographic findings are equivocal and clinical signs persist, an upper GI may be beneficial both for diagnostic and therapeutic purposes. An echocardiogram could be done for further assessment to obtain a baseline on the degree of heart disease present as clinically indicated.
Date of Previous IntraPet Ultrasound: 4/1/25. See attached.
Sedation: IV.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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.

The **prostate** was largely uniform, however, focal areas of mineralizations were noted.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Multifocal cortical cysts and minor pyelectasia (0.38 cm) was visualized with the largest cyst measuring 1.28 cm. The left kidney measured 4.5 cm in length. The right kidney measured 5.27 cm in length.

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 2.0 cm x 0.47 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland measured 2.27 cm x 0.47 cm width at the caudal pole and 0.61 cm width at the cranial 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. The spleen was folded upon itself caudally.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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** presented over distended with immobile striating bile. Lung access 6.4 cm x 3.4 cm. The common bile duct was dilated up to 0.78 cm. The common bile duct was followed to the duodenal papilla. No overt obstruction, however, the common bile duct was significantly enlarged and dilated most consistent with mucoduct. Minor inflammatory pattern was noted around the gallbladder.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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.

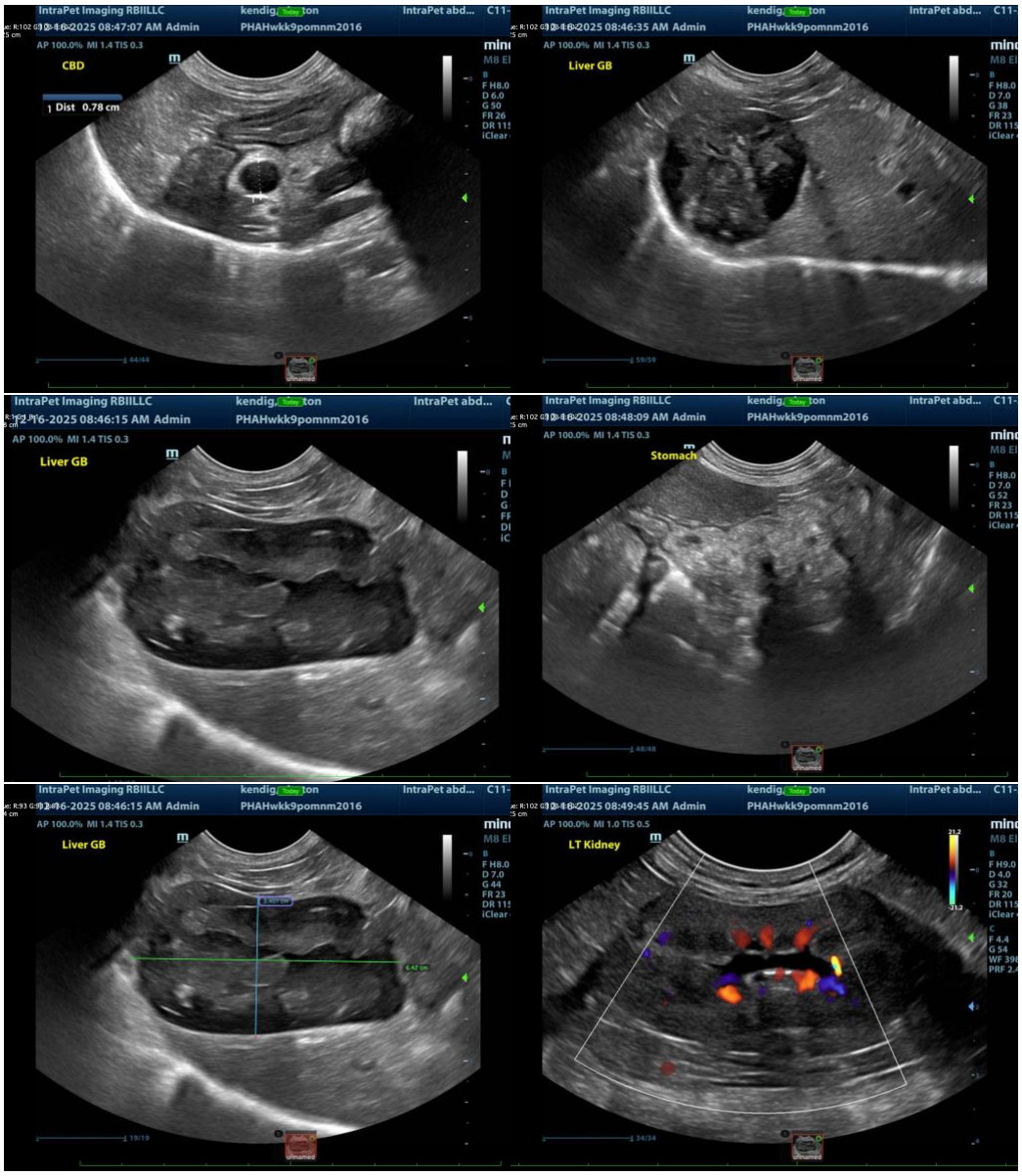
ULTRASONOGRAPHIC FINDINGS

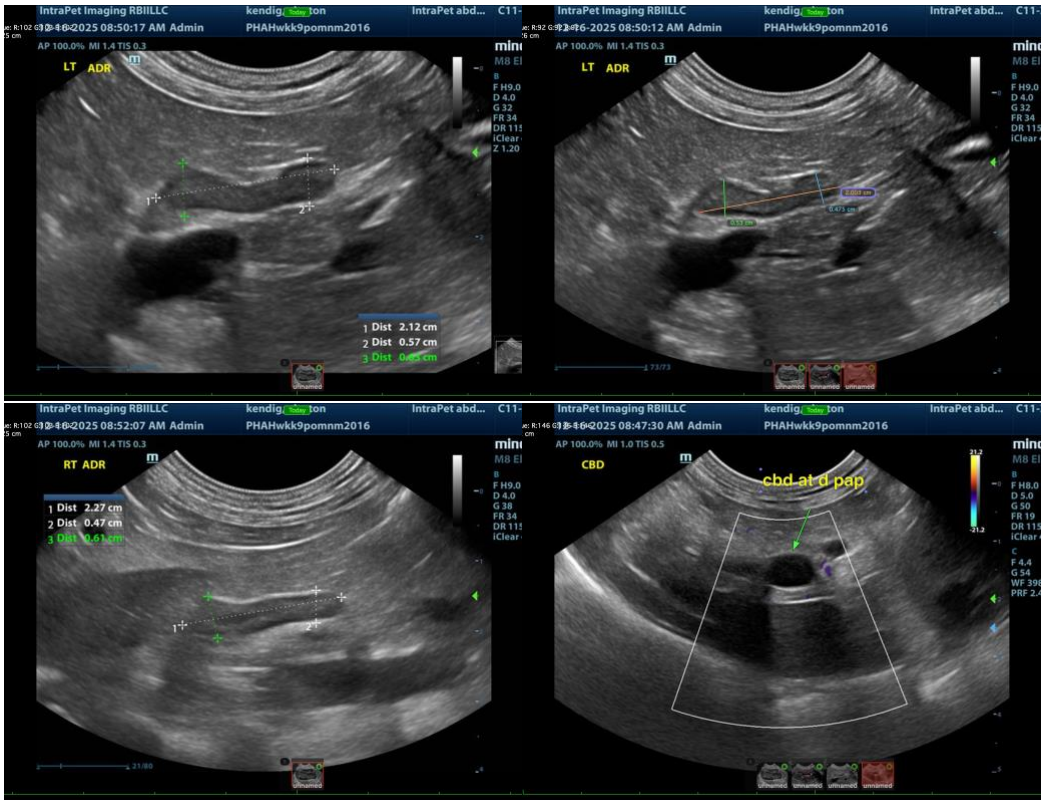
- Gallbladder mucocele with common bile duct dilation/mucoduct.
- Moderate degenerative renal changes with polycystic cortices.
- Folded spleen.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly recommend cholecystectomy and common bile duct lavage. Common bile duct deviation may be

necessary depending upon surgical findings. Full urinalysis is warranted with culture and sensitivity if any inflammatory sediment is present. The patient may be passing calculi and cannot rule out potential for emerging carcinoma (though not suspected).

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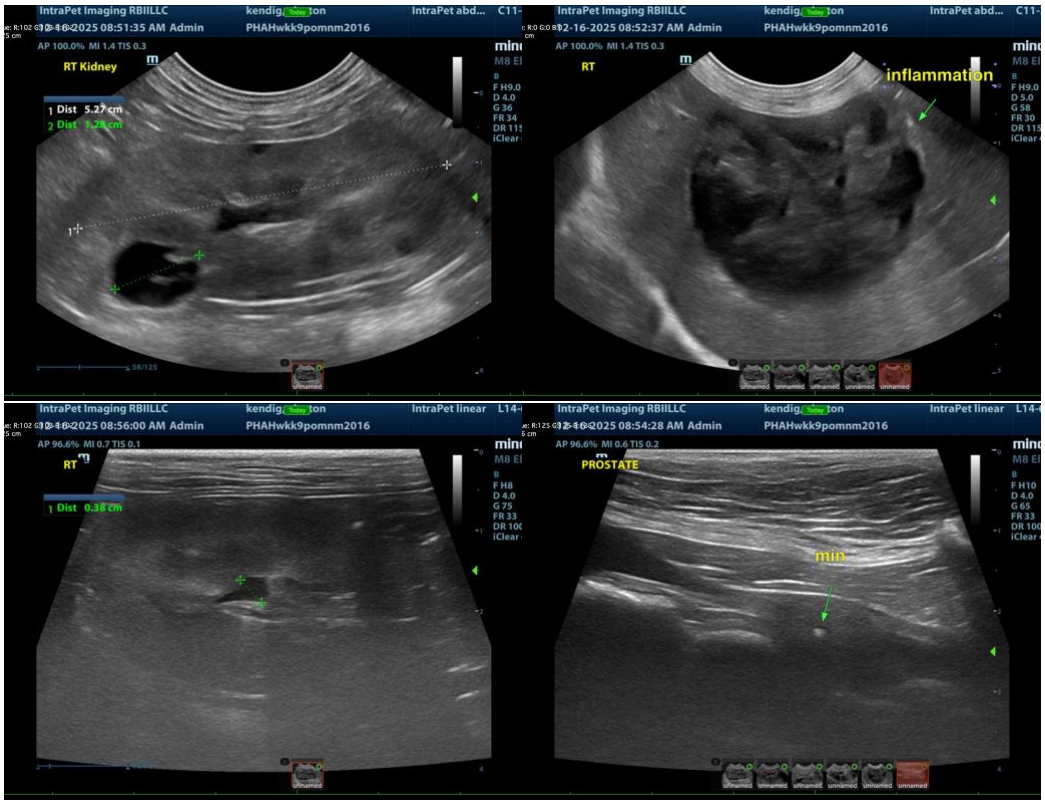

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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