



**PATIENT**

Gemma Leve

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

6.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Orchard Grove Animal  
Hospital

**REFERRING VET**

Dr. Cassano

**INVOICE**

72665

**DATE**

12/17/25

**PRESENTING CLINICAL SIGNS**

Hx of addison's, recent liver enzyme elevation, concern for possible GB mucocele formation Current meds: Prednisolone, Thyrotabs

Abnormal PE/Chem/CBC/UA Results: BUN 34, ALT 194, ALP 448, GGT 17, Lipase 2654

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. An accumulation of bladder sand was noted up to 1.3 cm, non-obstructive at the time of the sonogram. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pelvic mineralizations noted on the right kidney. The right kidney measured 3.16 cm. The left kidney measured 3.5 cm. Degenerative changes were moderate.

**Adrenal Glands**

The **adrenal glands** were flattened and isoechoic. Right measured 1.0 cm x 0.55 cm at the cranial pole and 0.20 cm at the caudal pole. Left measured 1.15 cm x 0.23 cm at the caudal pole and 0.24 cm 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.

**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 was mildly overdistended. Mild excessive gallbladder debris, consistent with emerging mucocele. Dependent debris noted.

**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**

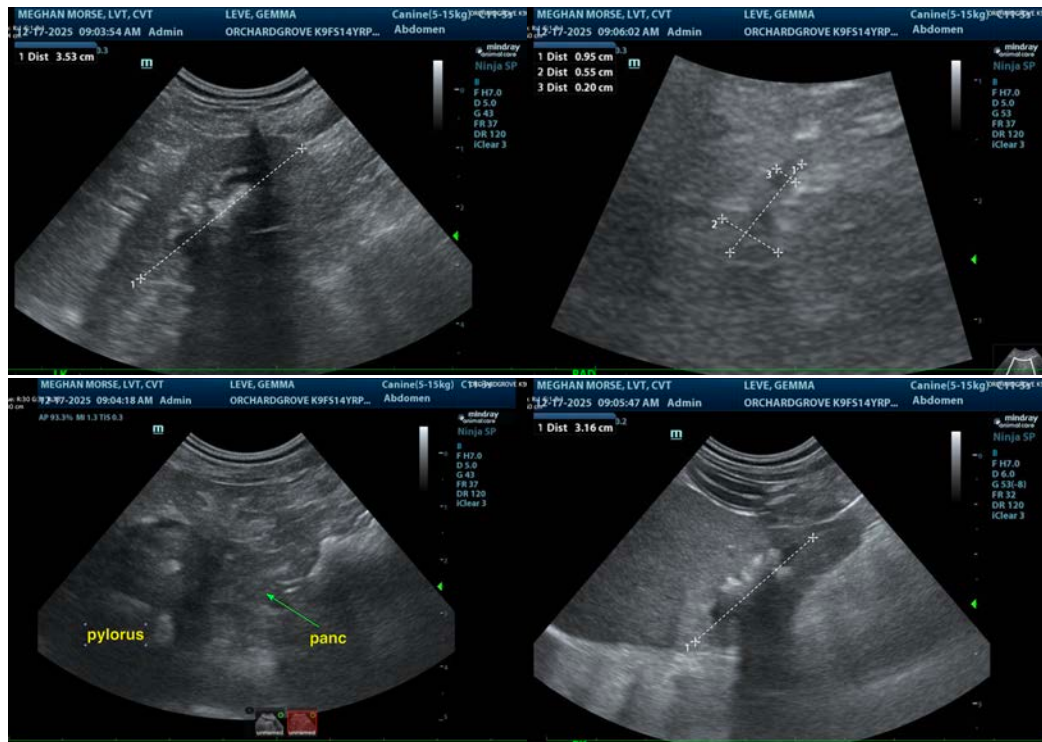
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Flattened adrenal glands, expected for Addisonian state.
- Emerging gallbladder mucocele, stable.
- Moderate degenerative renal changes with nephrolithiasis, non-obstructive.
- Urinary bladder sand.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient is likely passing calculi periodically. Cystotomy, sand analysis and culture indicated. Gallbladder motility study may be optimal in this patient if gallbladder continues to dilate. Ursodiol therapy warranted as a preventative.





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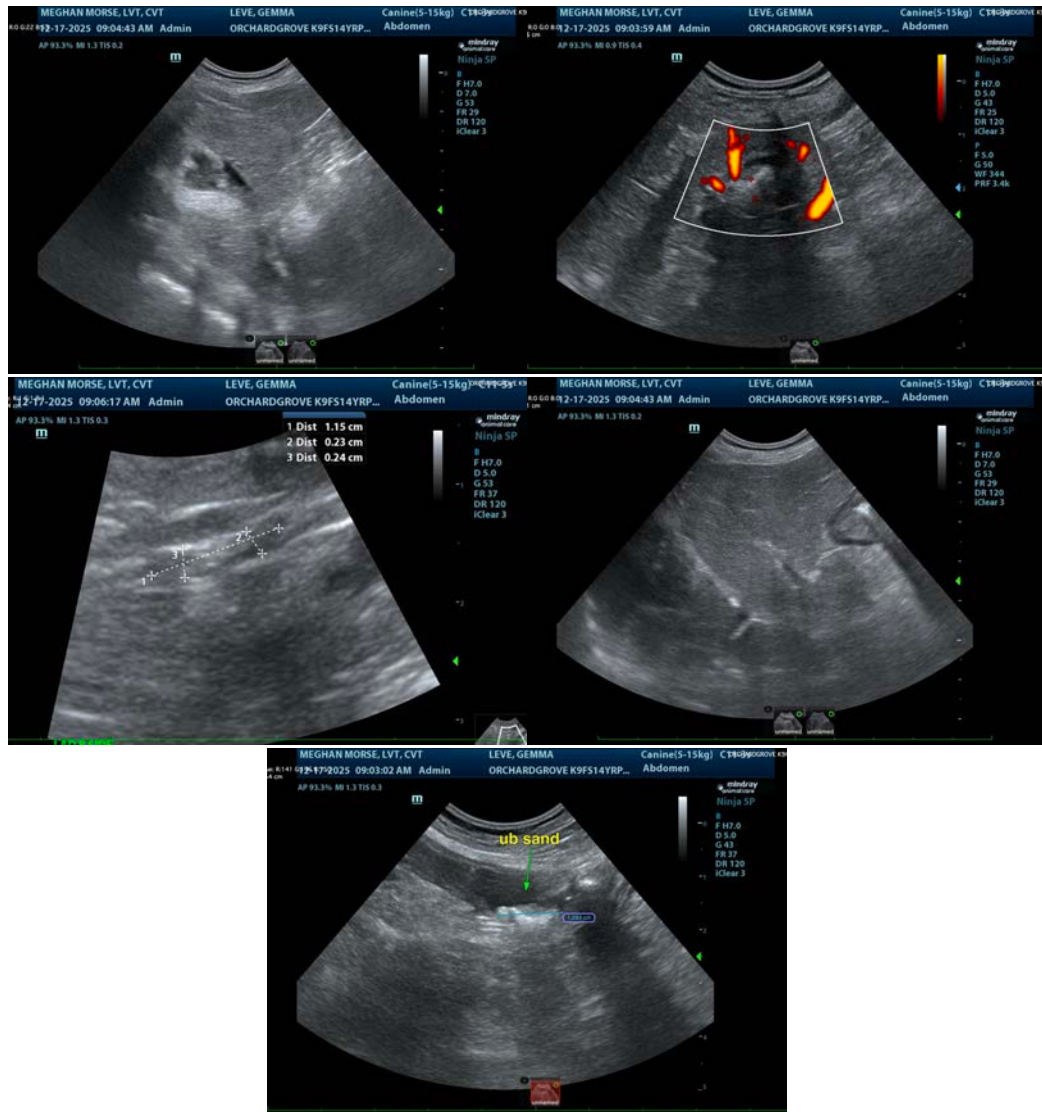
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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