



PATIENT

Mollie Sturm

SPECIES

Canine

BREED

Chinese Pug

SEX

Intact Female

AGE

2 Years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care
Veterinary Center

REFERRING VET

Dr. Patrick Spivey

INVOICE

72879

DATE

12/30/25

PRESENTING CLINICAL SIGNS

A runt. RDVM reported that she was not doing well and had the same thing happen last December, not eating but drinks water well (ate this morning), has tarry stools.

Abnormal PE/Chem/CBC/UA Results: Radiographically appears to have enlarged kidneys and a smallish liver. Increased hepatic enzymes (SAP, ALT). Decreased BUN (4). CBC neutrophilic leukocytosis and monocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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 iliac trifurcation was unremarkable.

The **kidneys** were mildly swollen with some loss of corticomedullary definition. Right kidney measured 5.4 cm. Left kidney measured 5.4 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. Parenchyma was uniform. The gallbladder presented minor excessive debris/coalesced bile. The portal vein was subnormal in size compared to the vena cava. Strong concern for portosystemic shunting. Portal vein measured 0.23 cm. Vena cava measured 0.47 cm. Aorta measured approximately 0.60 cm. This would suggest a potential azygos shunt.

Gastrointestinal

In one view, the **stomach** revealed a 2.7 cm gastric structure. Feeding history should be evaluated in light of this, as a gastric foreign body is possible. The small intestine and colon were unremarkable.

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.



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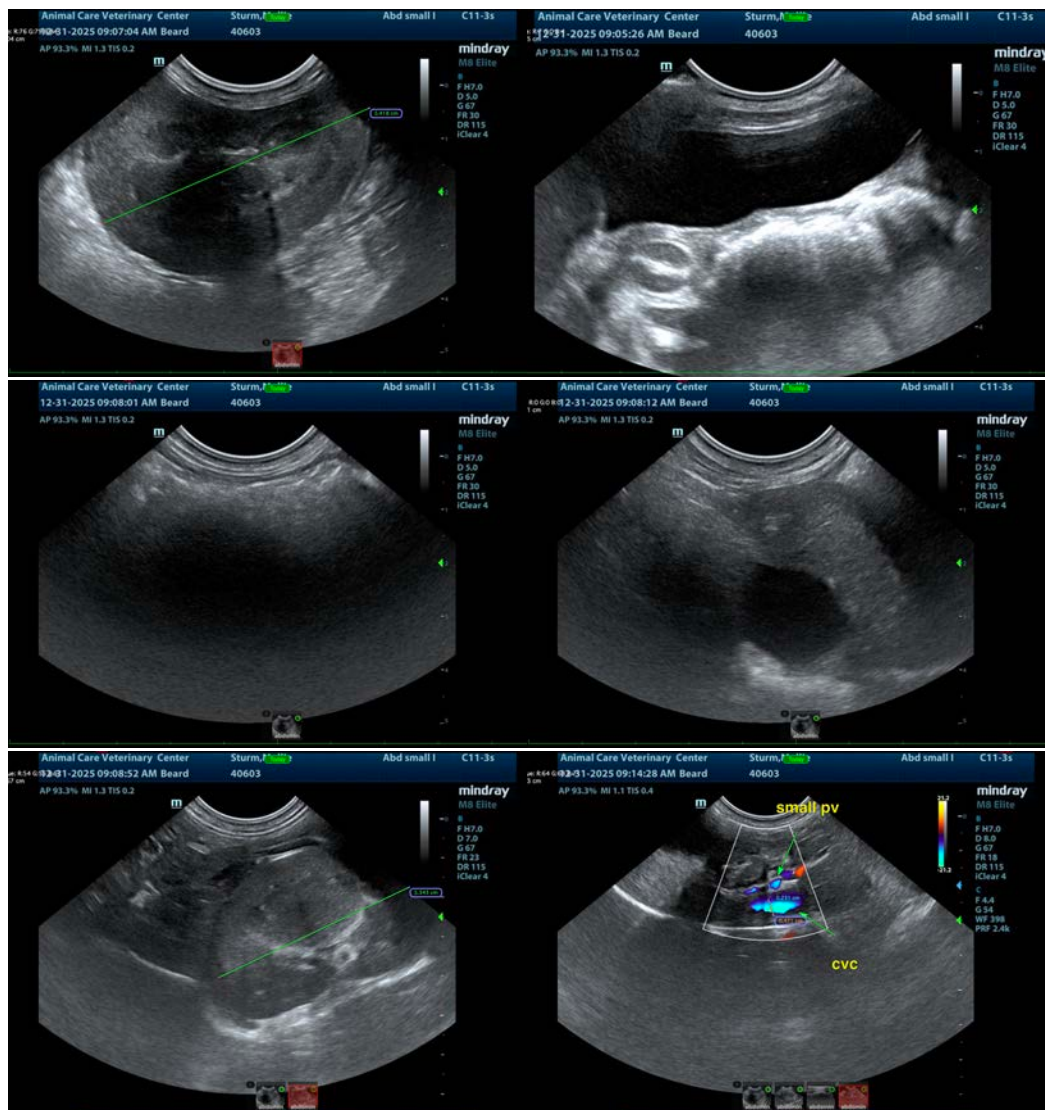
12/30/25

ULTRASONOGRAPHIC FINDINGS

- Potential spleno-azygos shunt.
- Possible gastric foreign body.
- Swollen kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two separate issues in this patient. Potential for extrahepatic portosystemic shunting, as well as a 2.8 cm gastric foreign body possible depending on when the patient ate prior to the sonogram. Further imaging necessary. Bile acid profile warranted +/- further ultrasound imaging in the region of spleno-azygos shunting, or abdominal CT with contrast indicated. If the patient was not NPO at the time of the sonogram, recheck imaging of the cranial abdomen (SDEP 11-14 in particular) recommended to assess both the shadowing gastric material as well as the portal hilus and potential for extrahepatic portosystemic, particularly suspicious for a spleno-azygos shunt.





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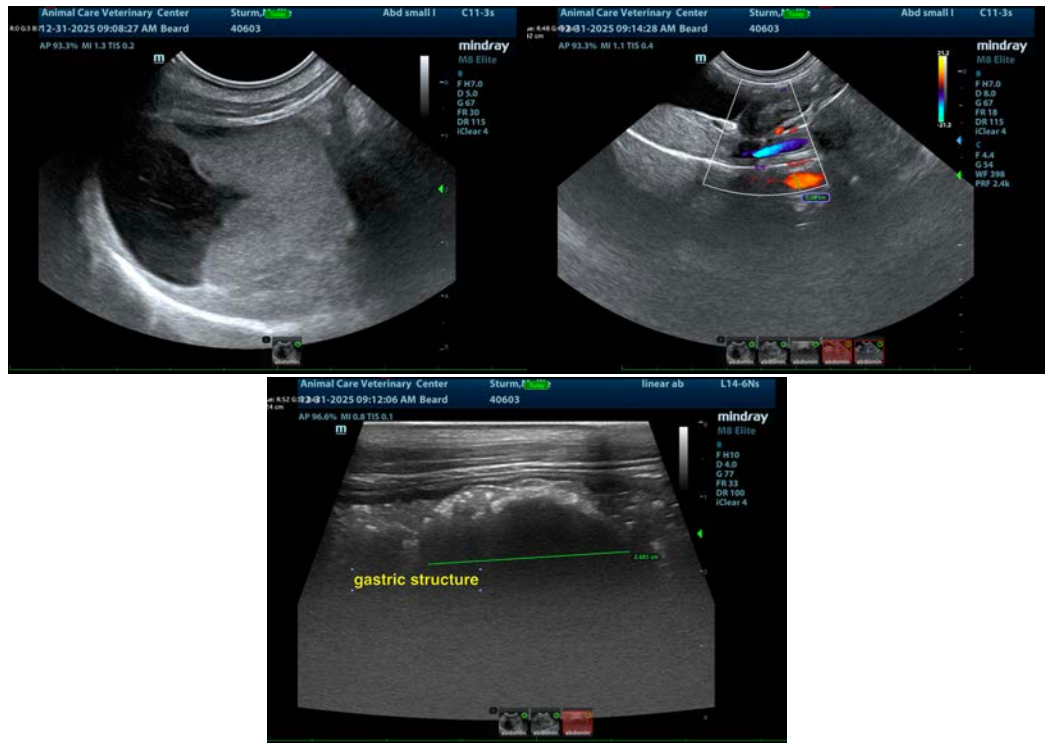
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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