



PATIENT

Cassie Pomeranz

SPECIES

Canine

BREED

Mini Golden Doodle

SEX

Spayed Female

AGE

3 Years 2 Months

WEIGHT

13.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Anthony Krawitz DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Andrew Turkell
DVM

INVOICE

12552

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Presented for an abdominal US as she was diagnosed with suspected pancreatitis this week. She vomited several times after Thanksgiving and the CPL was 1723. Panoquel, Cerenia, Famotidine, Entyce and Hills ID food used for therapy as well. History of diarrhea in the past and had Giardia and Hookworms, however no diarrhea this time. She also likes to eat little things lying around. She seems to be doing well at this time

Abnormal PE/Chem/CBC/UA Results: CPL 1723

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 **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 3.1 cm in length. The right kidney measured 3.5 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 1.28 cm x 0.50 cm width at the cranial pole and 0.46 cm width at the caudal pole. The right adrenal gland measured 1.58 cm x 0.43 cm width at the cranial pole and 0.32 cm width 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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed an empty stomach, mild pyloric hypertrophy and slight duodenal spasming. The distal small intestine and colon were unremarkable.

Pancreas

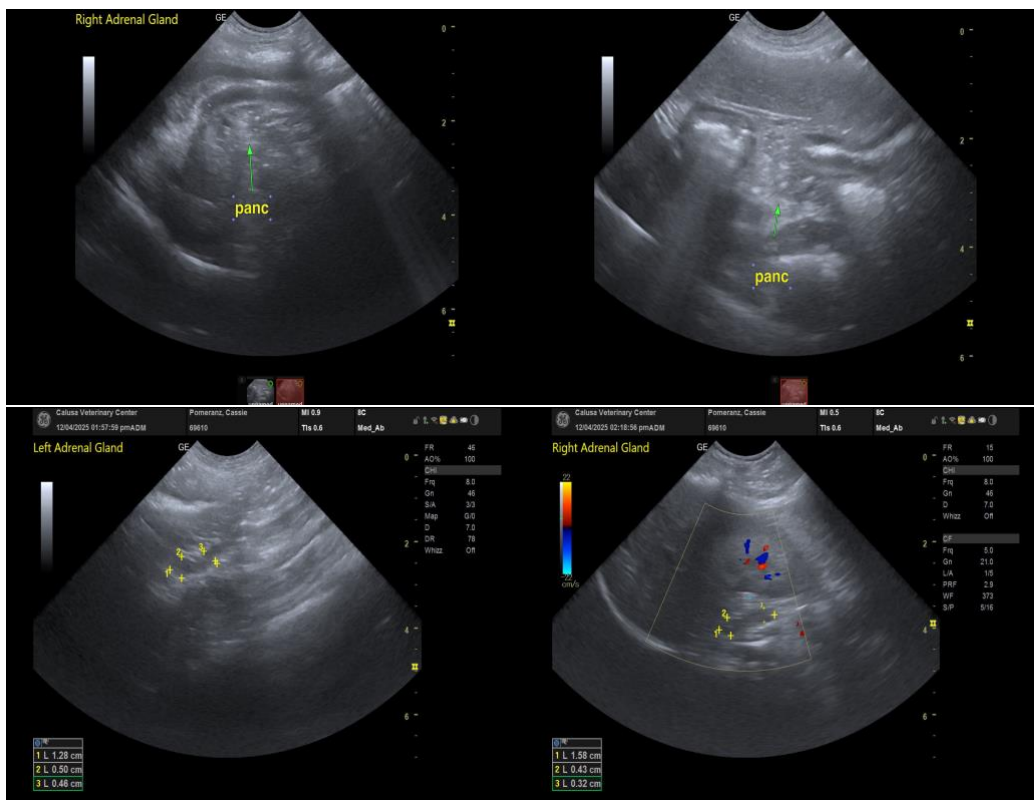
The right limb of the **pancreas** presented slightly heterogenous and mildly irregular with suspect low-grade pancreatitis or resolving pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Irritable bowel/enteritis pattern with possible low-grade right base pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended. No other evidence of pathology. Supportive care should prove effective. 24-hour NPO, GI protectants, antiparasitic management and hydrolyzed diet all may be fruitful in this patient. No evidence of foreign bodies or neoplasia.





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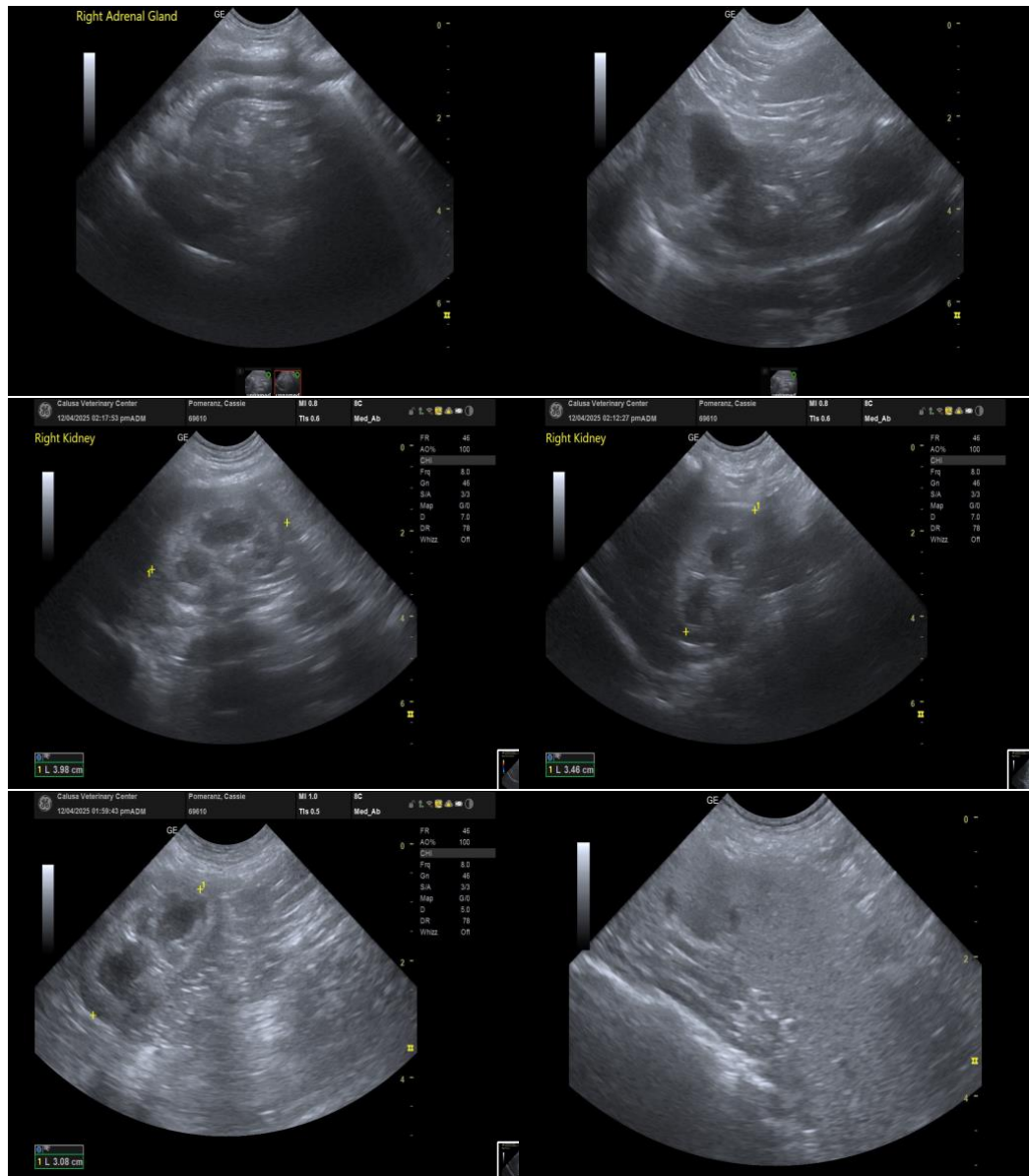
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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