

## PATIENT

Merlin Nelson

## SPECIES

Canine

## BREED

Samoyed

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

12.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Animal Care Clinic of  
Flanders

## REFERRING VET

Dr. Casulli

## INVOICE

12593

## DATE

12/05/25

## PRESENTING CLINICAL SIGNS

Reported to be 18 years of age but note that the organs do not appear to be geriatric in nature. Recommend reassessing the 18 year old reported history.

Weight loss, occasional v, hyporexia, nsf but walks up to food to eat and then walks away, FX or worn bilateral carnassial thyroid, librela, Galliprant (O hasn't given since Sunday)

Abnormal PE/Chem/CBC/UA Results: Isosthenuria USG - 1.009

## 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 **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 6.7 cm in length. The right kidney measured 5.5 cm in length.

### Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

### 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

Mild **gastric** hypertrophy was noted with a hypertrophied muscularis. The small intestine and colon were unremarkable and empty. Some spastic small intestine was noted.

### Pancreas



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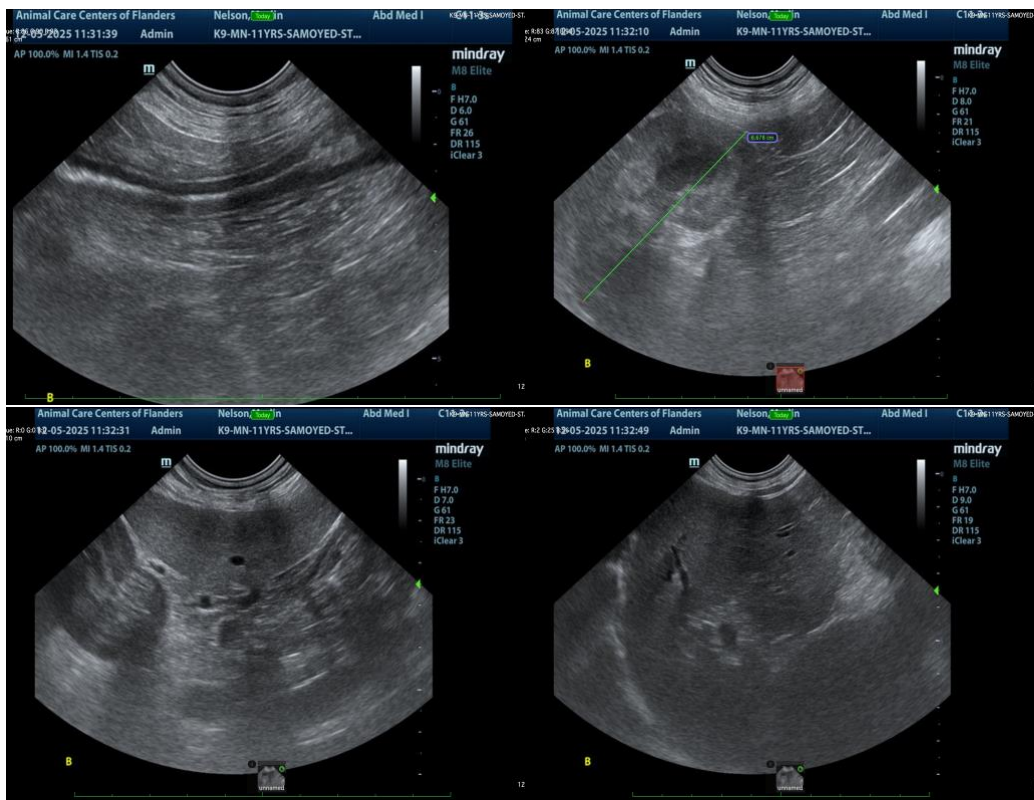
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Minor GI irritability pattern.
- Structurally unremarkable abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease directly related to the clinical signs. Screening for underlying Addison's is indicated given the vague clinical signs and lack of overtly visible adrenal glands. Oral or esophageal disease should be considered as a potential. Full CNS examination is warranted to assess for primary disease that may be reported to the clinical signs.





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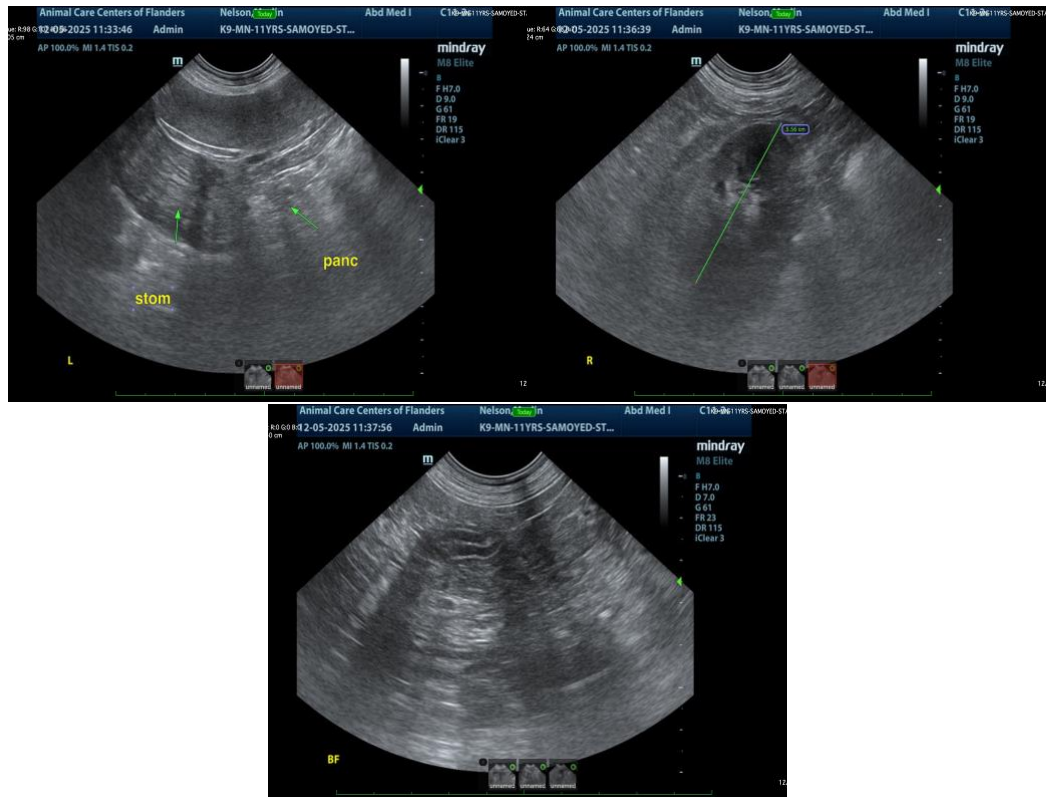
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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