



**PATIENT**

Gemma Leve

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

6.2 pounds

**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**

13955

**DATE**

02/24/26

**PRESENTING CLINICAL SIGNS**

- Recheck mucocele since starting Ursodiol. Hx of Addison's.
- Current meds: Thyrozine, Prednisolone, Ursodiol, Denamarin, Zycortal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed persistent nonobstructive sand measuring up to 0.80 cm as a grouping. Appears to be subjectively reduced compared to the prior sonogram.

The **kidneys** presented with persistent nephrolithiasis. Pelvic calculi was present within the left kidney measuring 0.53 cm and 0.60 cm. The left kidney measured 3.03 cm in length. The right kidney measured 2.73 cm in length. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

**Adrenal Glands**

The **right adrenal gland** was flattened and isoechoic, similar to the prior sonogram measuring 0.23 cm in width.

The **left adrenal gland** was 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 0.22 cm width.

**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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

The gallbladder is significantly improved with no evidence of mucocele formation. The gallbladder contained minor dependent coalesced bile.

**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**

- Improved gallbladder presentation with minor coalesced bile.
- Bilateral nephrolithiasis.
- Flattened right adrenal gland.
- Nonobstructive sand in the urinary bladder.
- Age-related hepatic changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subjectively, the kidneys appear to have progressed to some extent. Renal values and blood pressure and urinalysis should be. Evaluated frequently in this patient. No further need for Ursodiol in this patient based on the sonogram.

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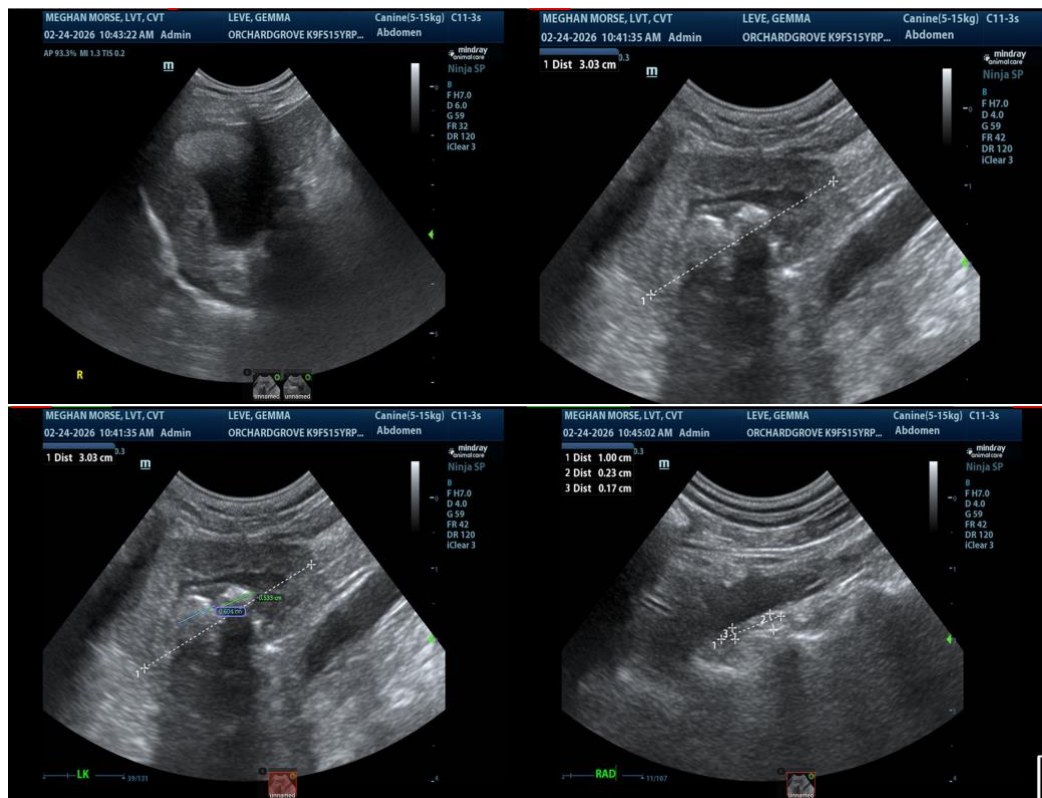
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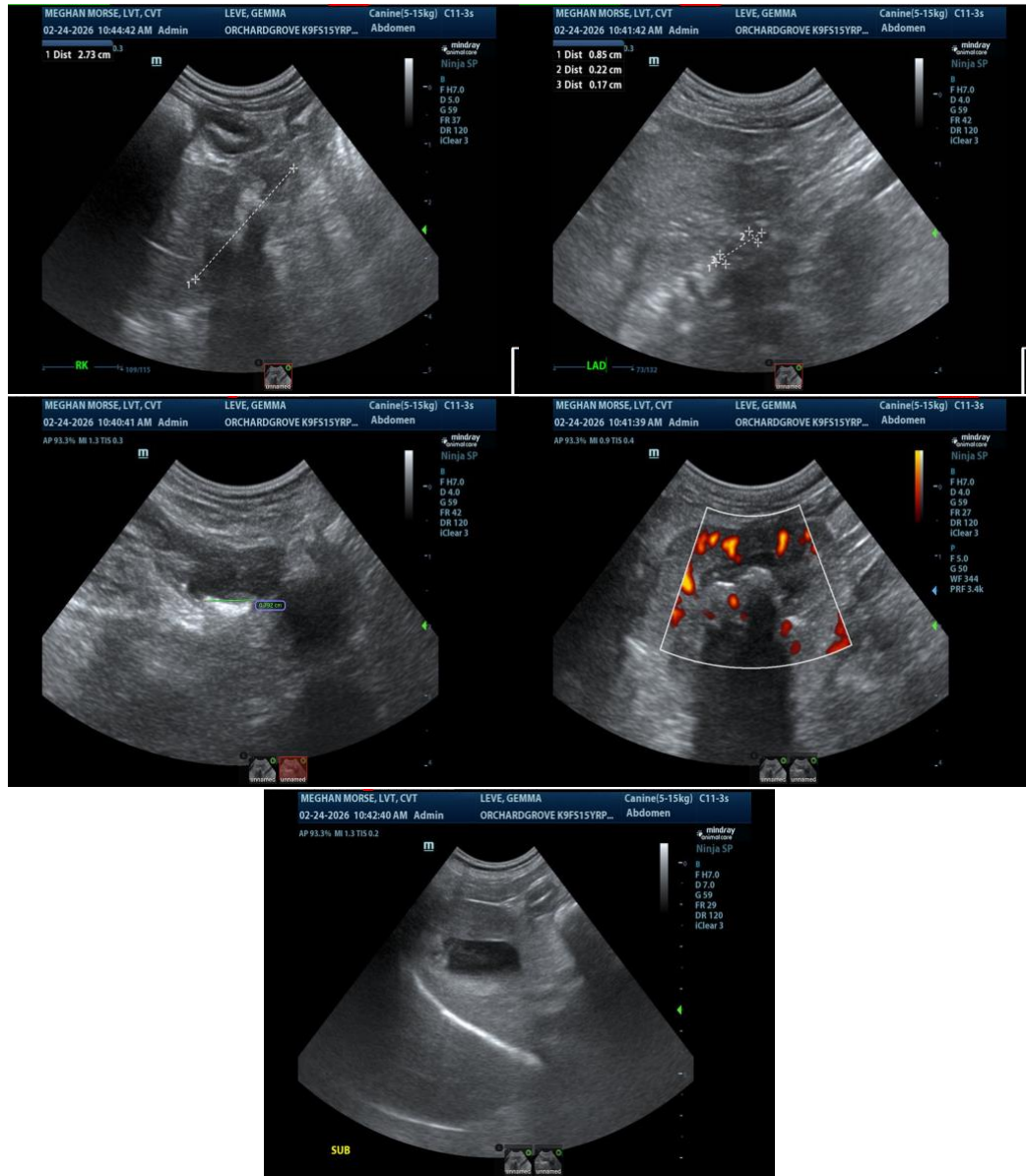
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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