



PATIENT

Boss Regnier

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Neutered male

AGE

14 years

WEIGHT

3.24 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Haefliger

HOSPITAL NAME

Parkland VH

REFERRING VET

Dr. Stigter

INVOICE

71318

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Weight loss, muscle loss
- Mild anemia, high normal creatinine, mildly elevated BUN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall revealed minor, apical ventral thickening at 0.36 cm. The urine was anechoic. The ureters were not visible which is normal. A minor amount sand was noted measuring up to 0.3 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 2.6 cm.

Adrenal Glands

The right **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 right adrenal gland measured 0.56 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland was not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen measured 0.93 cm.

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 over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



PATIENT

Gastrointestinal

Boss Regnier

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach revealed a 1.5 cm shadowing structure. This is consistent with ingesta and a post prandial presentation. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

BREED

Pomeranian Mix

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Neutered male

AGE

14 years

WEIGHT

3.24 kg

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with hepatic remodeling.

INTERPRETED BY

Non-obstructive, nephrolithiasis.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Small bladder calculi.

IMAGING PERFORMED BY

Sarah Haefliger

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. Cystotomy and stone analysis and culture or dissolution protocol is indicated. The cause of anemia is unclear in this patient. It may have been caused by passage of calculi. There was no evidence or suspicion of neoplasia.

HOSPITAL NAME

Parkland VH

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

REFERRING VET

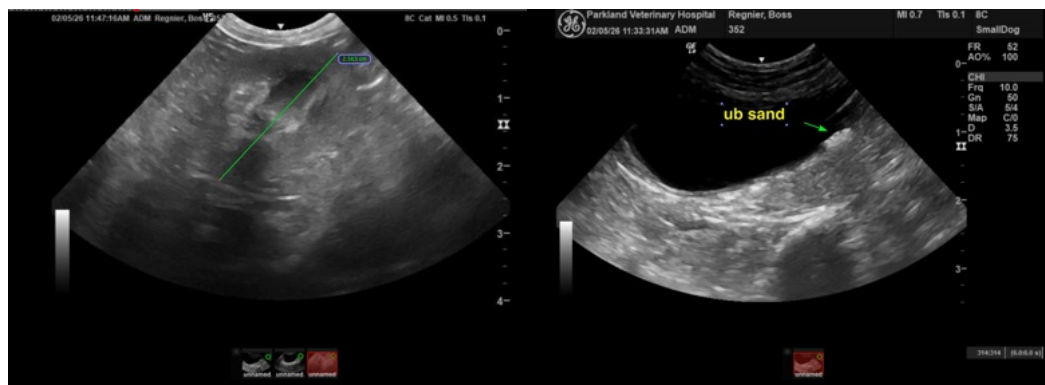
Dr. Stigter

INVOICE

71318

DATE

2/5/26





PATIENT

Boss Regnier

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Neutered male

AGE

14 years

WEIGHT

3.24 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Haefliger

HOSPITAL NAME

Parkland VH

REFERRING VET

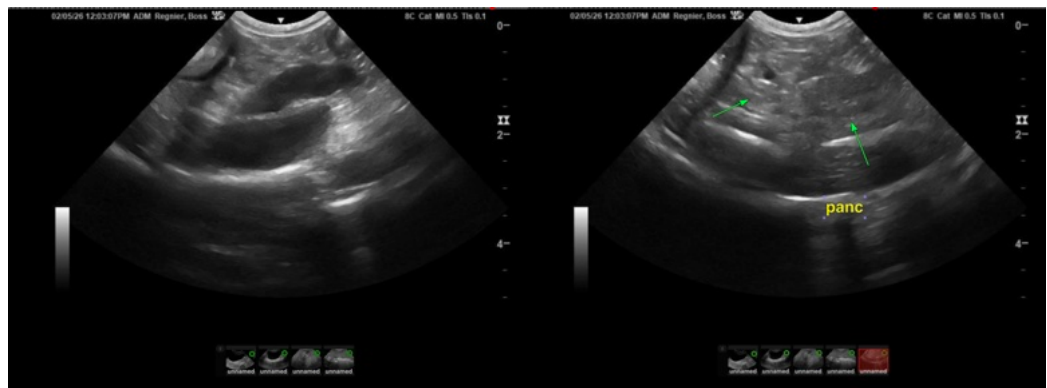
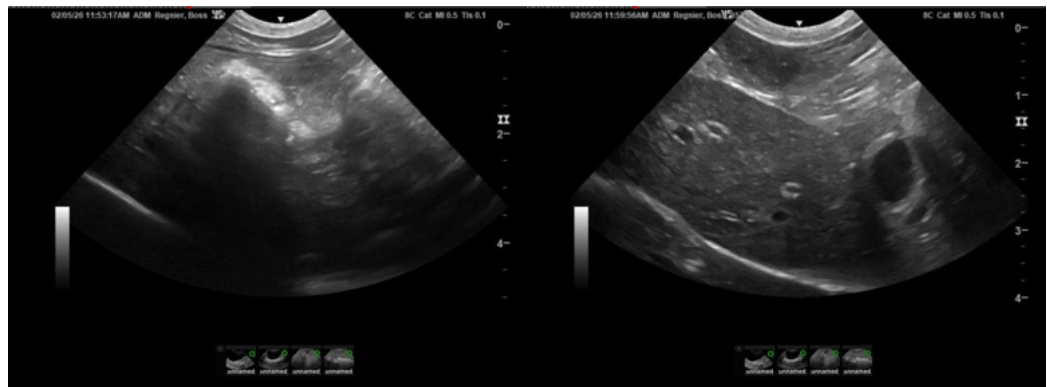
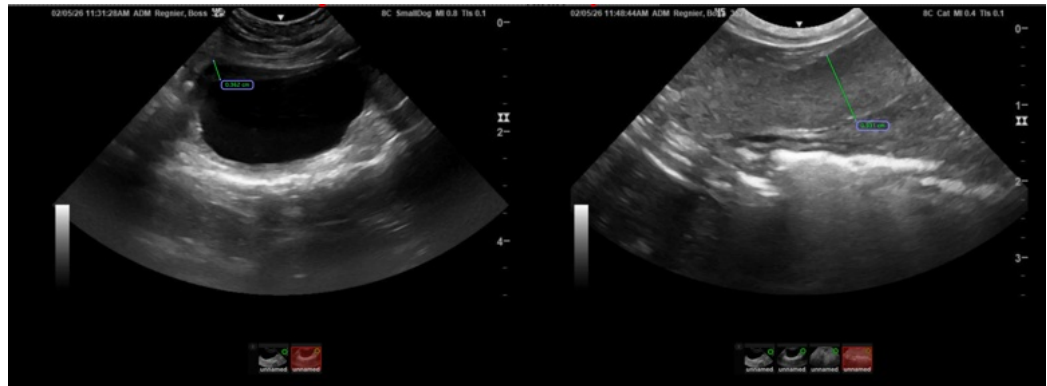
Dr. Stigter

INVOICE

71318

DATE

2/5/26





PATIENT

Boss Regnier

SPECIES

Canine

BREED

Pomeranian Mix

SEX

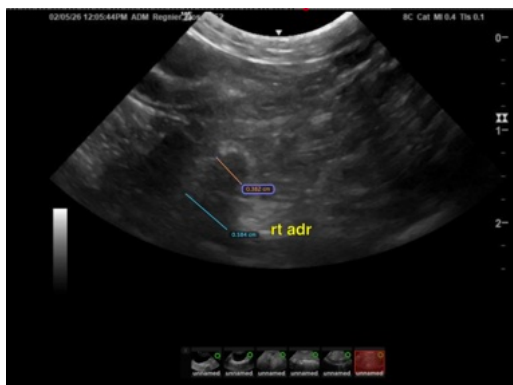
Neutered male

AGE

14 years

WEIGHT

3.24 kg



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 of SonoPath.com

info@SonoPath.com

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Haefliger

HOSPITAL NAME

Parkland VH

REFERRING VET

Dr. Stigter

INVOICE

71318

DATE

2/5/26