



## PATIENT

Chewy Ross

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

6.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Erin Wicks

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Miller

## INVOICE

72814

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

Vomiting, unable to keep food down. BW showed high bilirubin. Outpatient SQF's and Cerenia were given, sent home with Cerenia, entyce, and Omeprazole. P did fine until he ran out of cerenia and began vomiting again. Recheck on 2-2-26 at Pets. BW was wnl. Sent home with Gabapentin, cerenia, omeprazole. Was not vomiting until he ran out cerenia. Today began diarrhea, continued vomiting several times.

Previous Health Concerns: Luxating patella, neck injury

Current Medications/Supplements/OTC: Gaba, cerenia, omeprazole, proviable, Ondansetron

Appetite/When did they eat last: Decreased, this evening

Abnormal PE/Chem/CBC/UA Results: previous labs: cbc normal; chem: alp 315, epoc normal cpl normal at 54 Bloodwork 2/8/26 epoc; normal, liver: albumin 4.2 alp 333 ggt 28 T bili 1.6; cpl normal 60 Radiographs: moderate hepatomegaly, irregular stomach lining, spondyloses at T 12- T 13

## 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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralizations noted in both kidneys. Left kidney measured 4.22 cm. Right kidney measured 4.33 cm.

### 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. Left measured 0.58 cm. Right measured 0.90 cm at the cranial pole and 0.59 cm 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



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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**

Some retention of ingesta noted in the **stomach**. The upper duodenum was empty as was the majority of the small intestine. Some spastic bowel noted. Soft stool noted in the colon. No overt evidence of foreign body.

**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.

**Free Abdomen**

An enlarged cranial abdominal lymph node was noted measuring 2.6 cm x 1.3 cm.

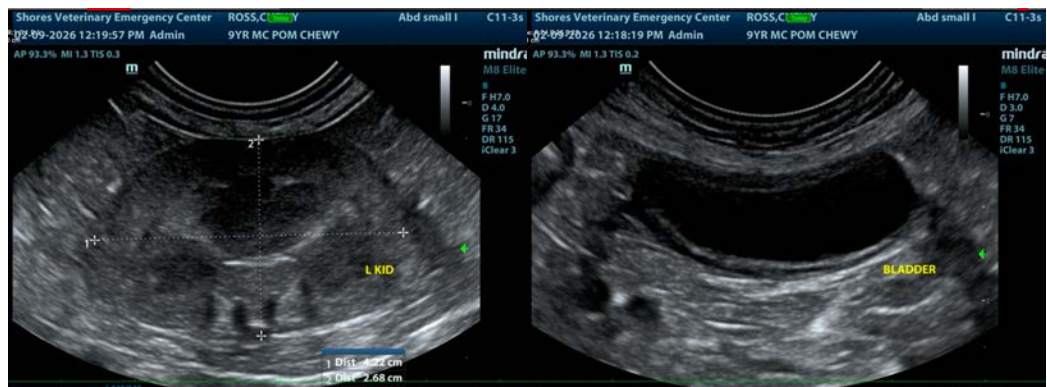
An enlarged hepatic lymph node was noted measuring 2.8 cm x 1.2 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis pattern.
- Cranial abdominal lymphadenopathy.
- Age related renal changes with mineralization.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Management for gastroenteritis indicated. I'm concerned for an emerging neoplasia/round cell neoplasia, given the lymphadenopathy. However, lymphadenitis is entirely possible. Ultrasound guided FNA with cytology and culture of the lymph nodes indicated.





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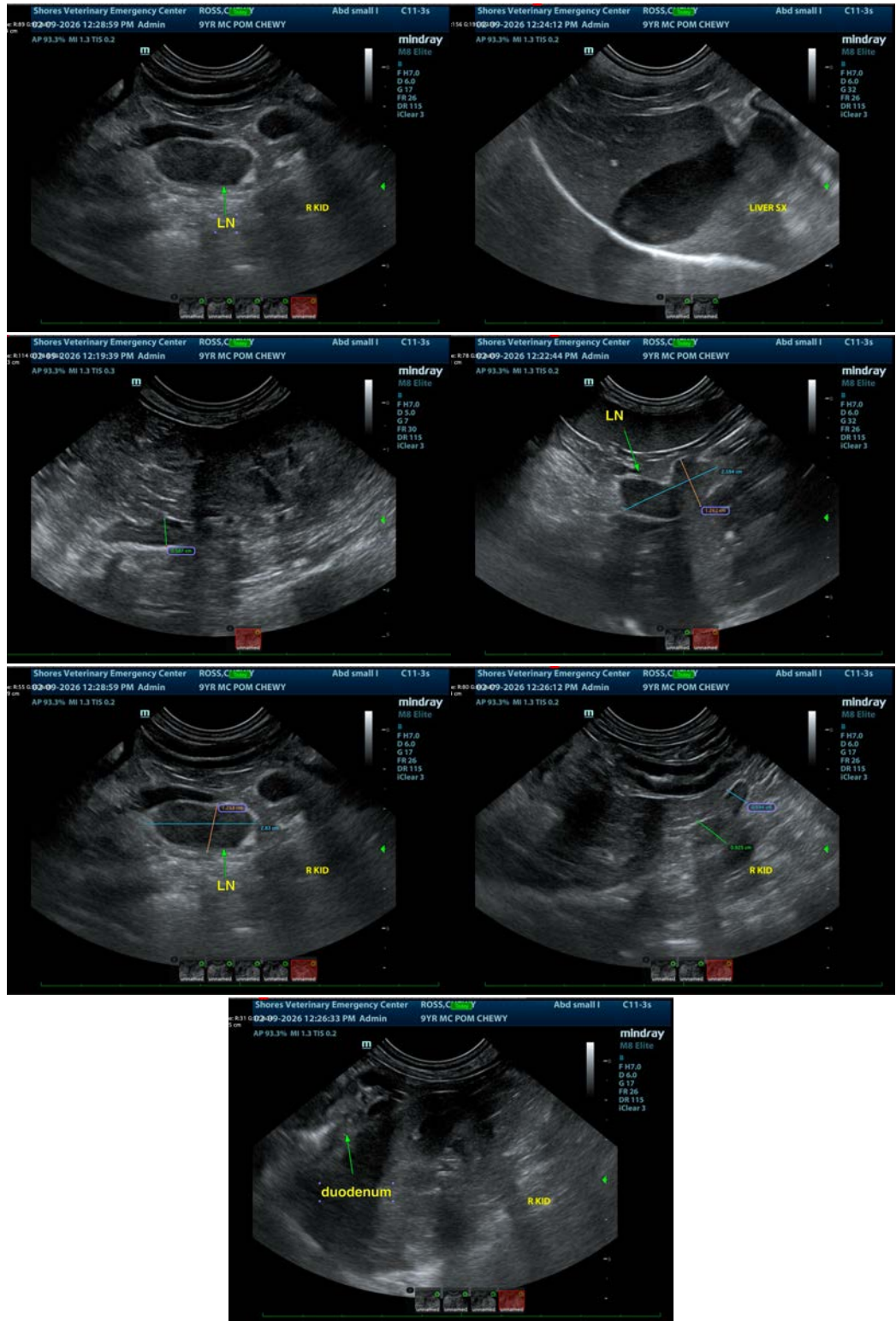
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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