



## PATIENT

Cookie Mosley

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Female

## AGE

7 Months

## WEIGHT

7 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom VI

## REFERRING VET

Michael Humphrey,  
DVM

## INVOICE

36188

## DATE

3/10/26

## PRESENTING CLINICAL SIGNS

- Pet presented on 2/27/2026 for examination to be spayed. Pets ALKP was found to be at 726 and bile acid came back at pre 11.1 and post feeding at 52.9. Abdominal ultrasound was recommended
- FNA of liver taken for cytology today

## 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. A minor amount of suspended debris was noted. 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 2.9 cm. The right kidney measured 3.46 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. The right adrenal gland measured 1.3 cm x 0.83 cm at the cranial pole and 0.38 cm at the cauda pole. The left adrenal gland measured 1.02 cm x 0.31 cm at the caudal pole and 0.24 cm at the cranial 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** was slightly subnormal in size. The gallbladder and common bile duct were unremarkable. Intrahepatic and extrahepatic vascularity appeared normal. The portal vein to vena cava ratio was 1:1.

### *Gastrointestinal*

A minor amount of shadowing luminal material was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

### *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

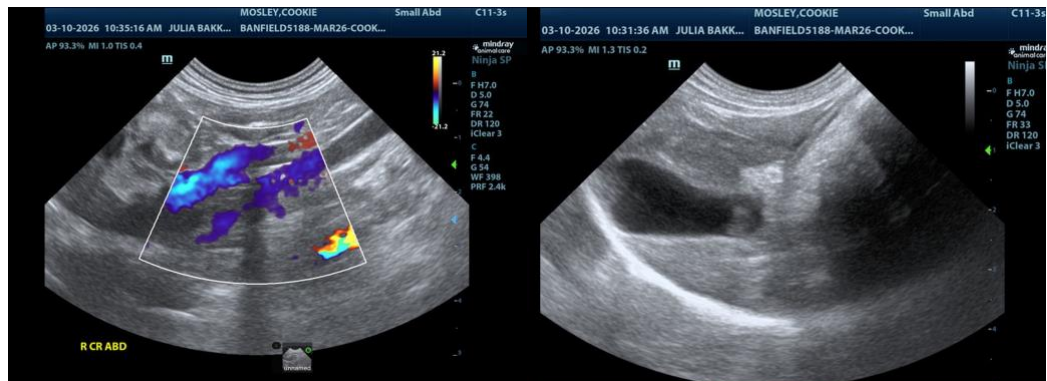
- Structurally unremarkable liver, other than minor subnormal size. Normal macroscopic vascularity.
- Minor shadowing luminal material in the stomach
- No other evidence of pathology

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cannot rule out portal vein hypoplasia/microvascular dysplasia.

### Hepatic Support for Bile Acid Elevation +/- Hepatic Encephalopathy

**Royal Canin Hepatic Support diet or Hills L/D, Metronidazole (7.5 mg/kg PO bid) over the next 14 days, Lactulose (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a high-quality protein supplement of minor amount of yogurt or cheddar cheese.** Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. SAME and nutraceuticals as needed. **Ursodiol (10-15 mg/kg p.o. q24h)** can be considered as hepatoprotectant and to enhance bile flow. **Zinc** serum level keep between 200–500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day. Gastrointestinal protectants are recommended if the patient is anorexic.





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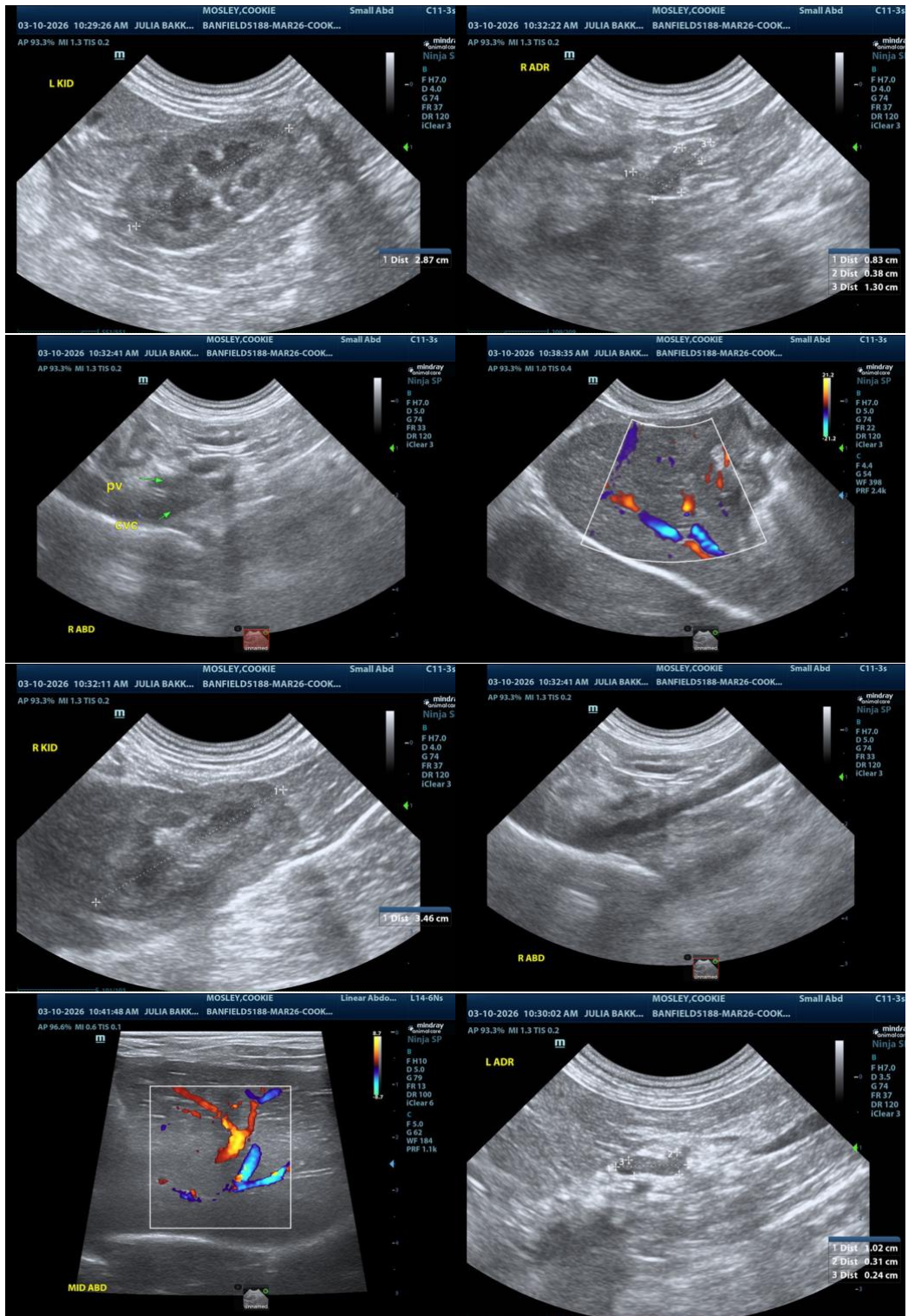
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)