



PATIENT

Nicky Mentzer

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Logan Law

INVOICE

14271

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- P presented 3/11 at 6 am. Nicky had a cyst removed from LH limb via local anesthesia on 3/2. Finished abx and pain meds on 3/9. Yesterday owner noticed that Nicky didn't want to eat his food other than treats. Owner typically takes him for 3 walks and on the second walk Nicky was very slow moving and lethargic but not ataxic. During the evening walk owner said that Nicky was more chipper. This morning 3/11 when owner woke up, Nicky was very lethargic, not wanting to get up and walk and wouldn't even eat treats. Owner also thought that the respirations and heart rate were abnormal. P has history of CHF, and lung mass. P medication combo of spironolactone, benazepril, and Pimobendan.
- outpt treatment: sq fluids, buprenorphine injection, cerenia inj; sent home with emeprev, endosorb, and proviable capsules.
- P returned 3/11 9 pm. P lethargic, blood in diarrhea, anorexia. Owner was unable to give medications as prescribed. admitted for supportive care: ivf, emeprev, metronidazole, unasyn, gabapentin, proviable, endosorb.
- concern for Progressive watery diarrhea - r/o pancreatitis, gastroenteritis, primary GI disease, other; (Historical) elevated liver value; Dull/depressed mentation - r/o pain, systemic illness, pancreatitis; other

3/11 PE: pain 3/4, Moderate Pain, caudal abd palpation - vocalizing, reactive with palpation; tachypnea; abd tense chem: ALT 185 H, ALP 363 H, ggt 16 H pH 7.34 L cbc: wbc 23.36 H, neu 20.86 H rads: mild hepatomegaly, mild splenomegaly, empty stomach, gas and fluid filled, not overtly distended SI loops, gas distended colon cPL: 235.2 abnormal, suspect cortisol (resting): 10.76 chem (repeat): BUN 31.3 H, phos 5.5 H, globulin 3.7 H, ALT 154 H, ALP 347 H, ggt 13 N

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The region of the **right adrenal gland** was imaged with no evident pathology.

The **left adrenal gland** was visualized obliquely measuring 0.70 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



PATIENT

Nicky Mentzer

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Logan Law

INVOICE

14271

DATE

03/12/26

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 mild 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 presented some dependent debris with essentially normal contour. The gallbladder wall was mildly echogenic. The cystic and common bile ducts were normal. 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.

Gastrointestinal

The **stomach** presented with a minor amount of ingesta. Some shadowing was noted in the lumen of the stomach and appeared nonobstructive, however, some visibility of the gastric lumen was not evident. Fluid filled colon was present in this patient. The small intestine revealed some areas of spasming.

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

- Enterocolitis pattern with a gas-filled stomach- cannot completely rule out gastric foreign matter yet not evident nor suspected.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for gastroenteritis should prove effective. If clinical signs are persistent, recheck sonogram is indicated in 24 hours with complete NPO status. Management for enterotoxins, parasites, IV fluid support and GI protectants are all indicated. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



PATIENT

Nicky Mentzer

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

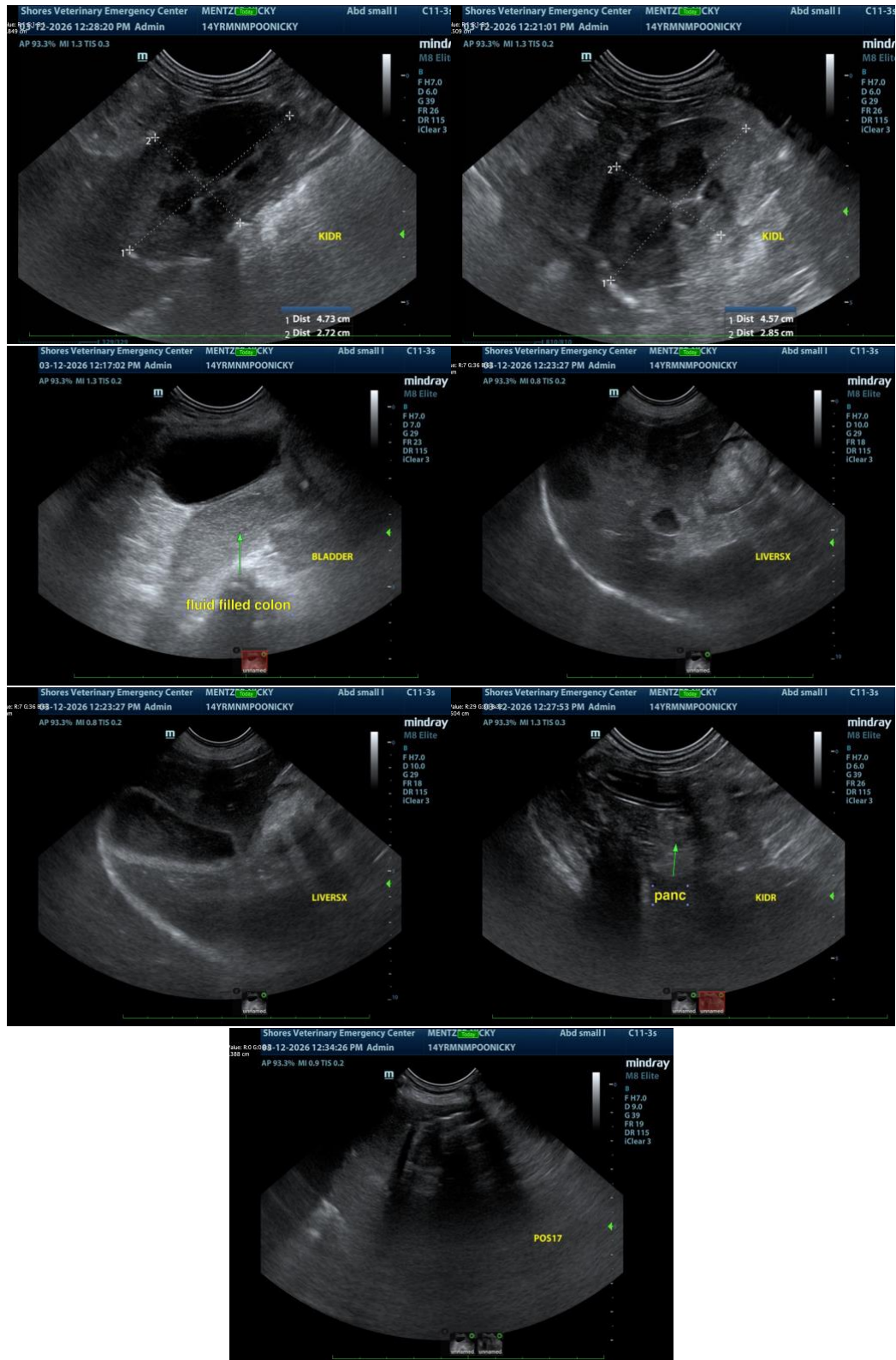
Dr. Logan Law

INVOICE

14271

DATE

03/12/26





PATIENT

Nicky Mentzer

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Logan Law

INVOICE

14271

DATE

03/12/26

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