



PATIENT

Pacman Heilbult

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

9

WEIGHT

83 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Olivia Mellgren

HOSPITAL NAME

VROAM, Inc.

REFERRING VET

Dr. Olivia Mellgren

INVOICE

73675

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Lethargy and unusual behavior x 6 days, very dumpy. Limited appetite x 6 days (very unusual for pt). Suspect cutaneous mast cell lump noted today, HCT 38% today, was 53% in January of 2026, mild leukocytosis characterized by neutrophilia, chem panel, electrolytes, total T4 have NSF today, on carprofen and fluoxetine regularly.

Abnormal PE/Chem/CBC/UA Results: HCT 38% today, was 53% in January of 2026 • mild leukocytosis characterized by neutrophilia

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The residual prostate was uniform at 1.0 cm.

The iliac trifurcation was unremarkable.

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. Left kidney measured 7.3 cm. Right kidney measured 6.2 cm.

Adrenal Glands

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. Left measured 0.50 cm.

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

Spleen

The **spleen** was folded upon itself caudally. It 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. The gallbladder was edematous, without overdistention. Minor amount of coalesced bile present. Some hepatic vein dilation noted.



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Gastrointestinal

The **stomach** revealed gastric overdistention with luminal fluid. Reactive mesentery noted around the pyloric outflow. Localized free fluid also present. Some heterogeneous mucosal changes were noted in the stomach. The small intestine and colon were unremarkable and empty.

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. Reactive mesentery noted around the pancreas.

Free Abdomen

Free fluid noted in the abdomen.

Comet tail lung pattern noted throughout the diaphragm. Potential pericardial effusion also noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Minor passive congestion liver pattern with secondary ascites and gallbladder edema.
- Gastritis pattern with gastric stasis.
- Folded spleen.
- Comet tail lung pattern.
- Potential pericardial effusion, given the minor anemia and visibility of what appears to be slight fluid in the pericardial space in one view.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The material within the stomach is most consistent with cyme or possible blood clots. The free fluid adjacent to the pylorus and portal hilus is concerning and should be monitored carefully. The gallbladder presentation is most consistent with cholecystitis or possibly immune mediated gallbladder edema.

Chest radiographs and echocardiogram warranted to assess for potential pericardial effusion and secondary passive congestion of the liver causing the free fluid. GI protectants warranted in the meantime.





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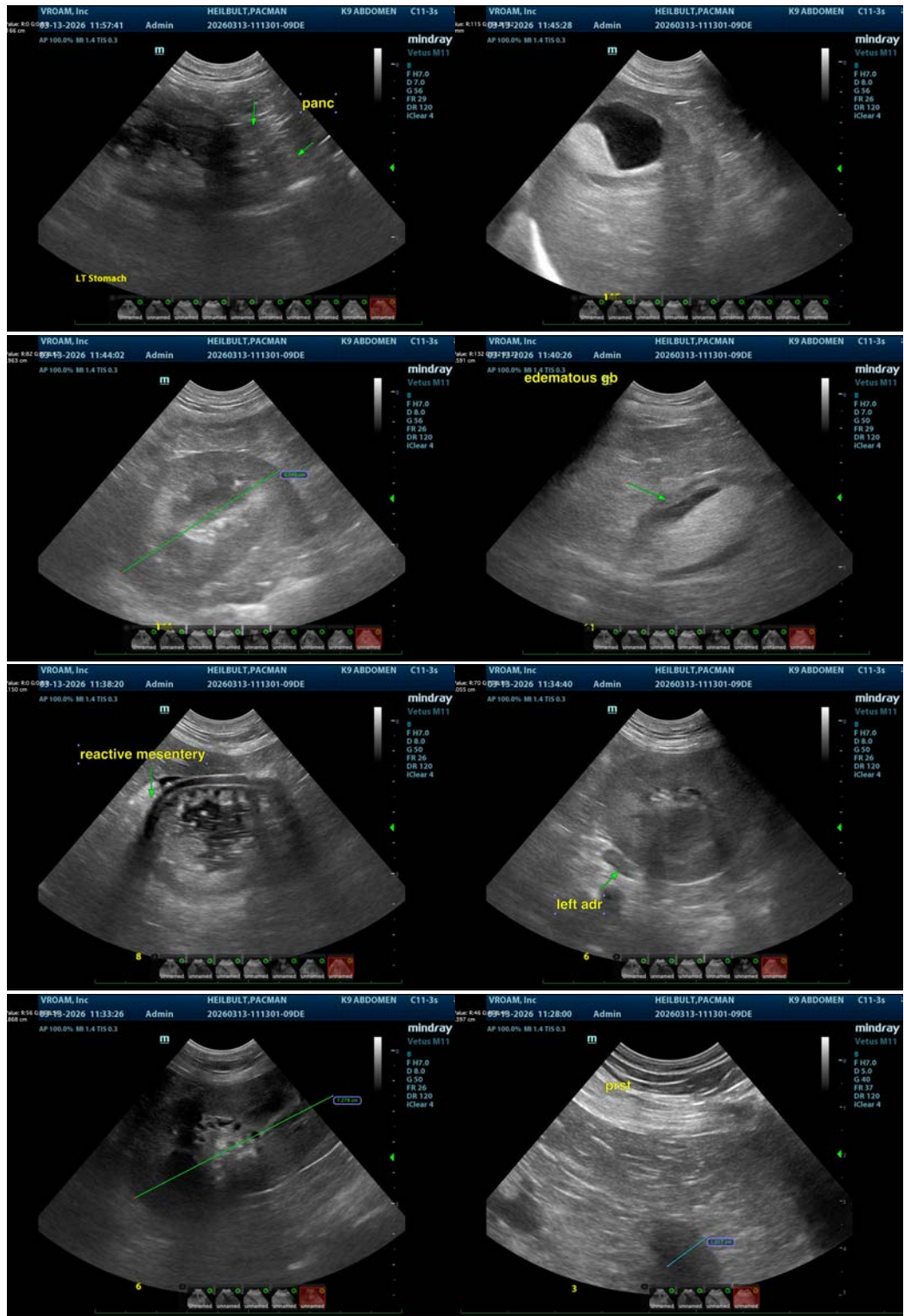
Dr. Olivia Mellgren

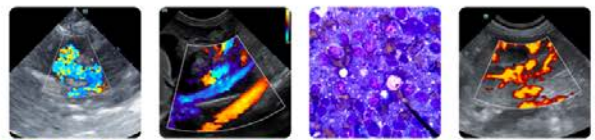
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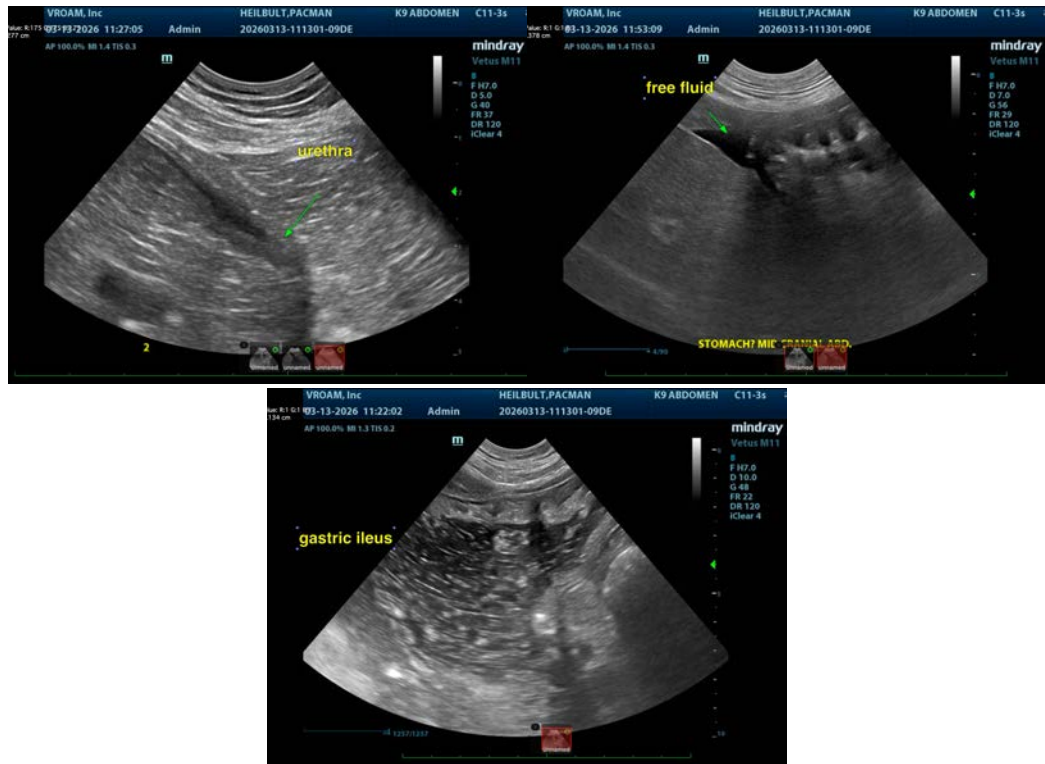
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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