



PATIENT

Storm Dalton

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed female

AGE

13 years

WEIGHT

2.55 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tiffany Moore

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Moore

INVOICE

73973

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Vomiting and diarrhea. History of uroliths
- Noted abnormal tissue in liver upon AFAST yesterday
- Elevated ALP, BUN, aPTT was mildly elevated left nephroliths noted on rads

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 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. Slight mineralization was noted in the left kidney. The left kidney measured 2.9 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed a focal, hypoechoic nodule measuring 0.81 x 1.12 cm at the cranial pole of the spleen. Minor, heterogenous splenic changes were noted elsewhere.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Multi-focal, hypoechoic nodular changes were noted throughout the liver in the midst of hyperechoic remodeling. Increased portal markings were noted. 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.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

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

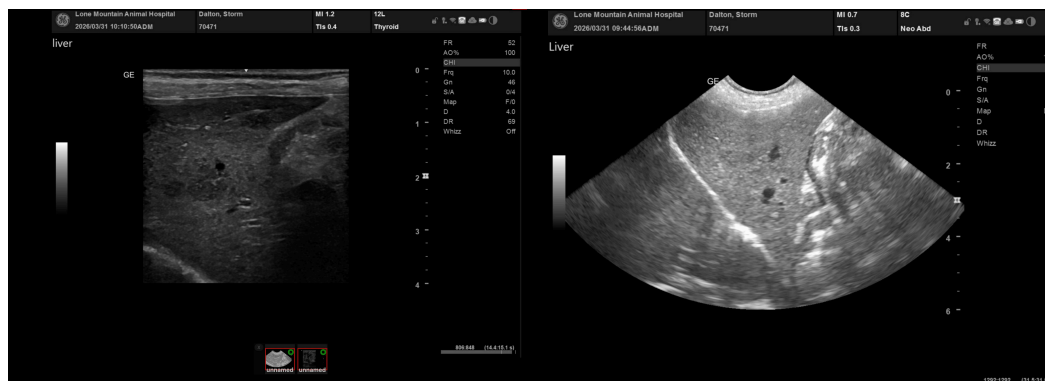
Colitis pattern.

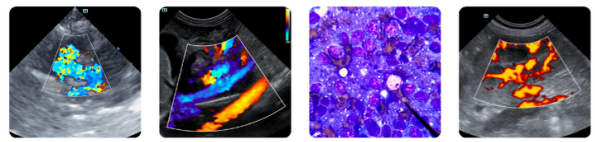
Undefined, hepatic nodular changes.

Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic and hepatic nodules are warranted from a screening standpoint. Nodular hyperplasia versus hemangiosarcoma or round cell neoplasia is less likely. Chest radiographs and an echocardiogram are warranted if not already performed.





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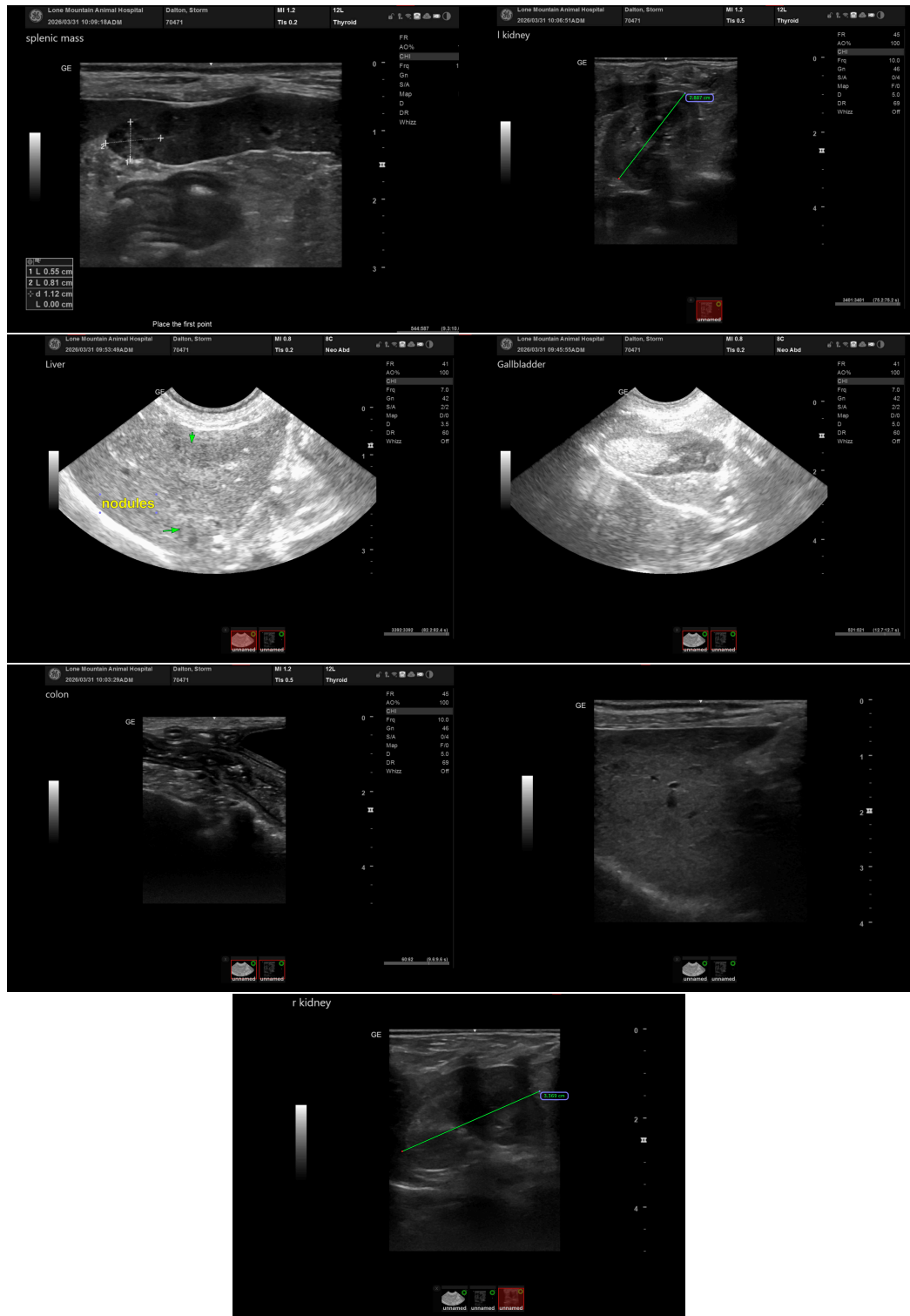
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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