



PATIENT

Roger Cambell

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

8 Years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski,
DVM

HOSPITAL NAME

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4/12/26

PRESENTING CLINICAL SIGNS

History: Acute first-time seizure-like episode (rigidity, urination, non-convulsive, ~20–30 sec, post-ictal ~30 min). Currently neurologically normal. It took about 30 minutes for him to return to his normal self. In the post-ictal period, he was restless and panting, which is abnormal for him

Abnormal PE/Chem/CBC/UA Results: Attitude: Anxious, stressed, panting initially; later became more calm T: 38.3°C; P: 160-200 bpm; R: Panting; MM: Pink; CRT: <2 seconds BP: 143/85 mmHg (MAP 99); Hydration: Appears adequate based on normal hematocrit CBC: Mild neutrophilia (likely stress/inflammatory) Chemistry: Marked hepatocellular injury: ALT: 1468 U/L (↑↑) GGT: 38 U/L (↑) Total bilirubin: 16 μmol/L (↑) ALP: WNL Glucose, renal values, electrolytes: WNL TT4: WNL Urinalysis: USG: 1.010 (hyposthenuria) Mild hematuria, WBC present No confirmed bacteriuria (culture pending/declined).

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, measuring 0.66 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Mineralization was present in the kidneys. The left kidney measured 3.3 cm. The right kidney measured 3.0 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 left adrenal gland measured 0.47 cm at the caudal pole and 0.37 cm at the cranial pole. The right adrenal gland measured 0.49 cm at the caudal pole and 0.46 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** revealed slight increased portal markings. Vascularity was normal. The gallbladder was significantly overdistended and rounded with coalesced bile. The **gallbladder** revealed polypoid



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changes at the neck and level of the cystic duct appeared to be moderately vascular. Gallbladder neoplasia is a potential in this patient. The common bile duct was normal in width, measuring 0.3 cm.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The gastrointestinal tract was structurally unremarkable otherwise.

Pancreas

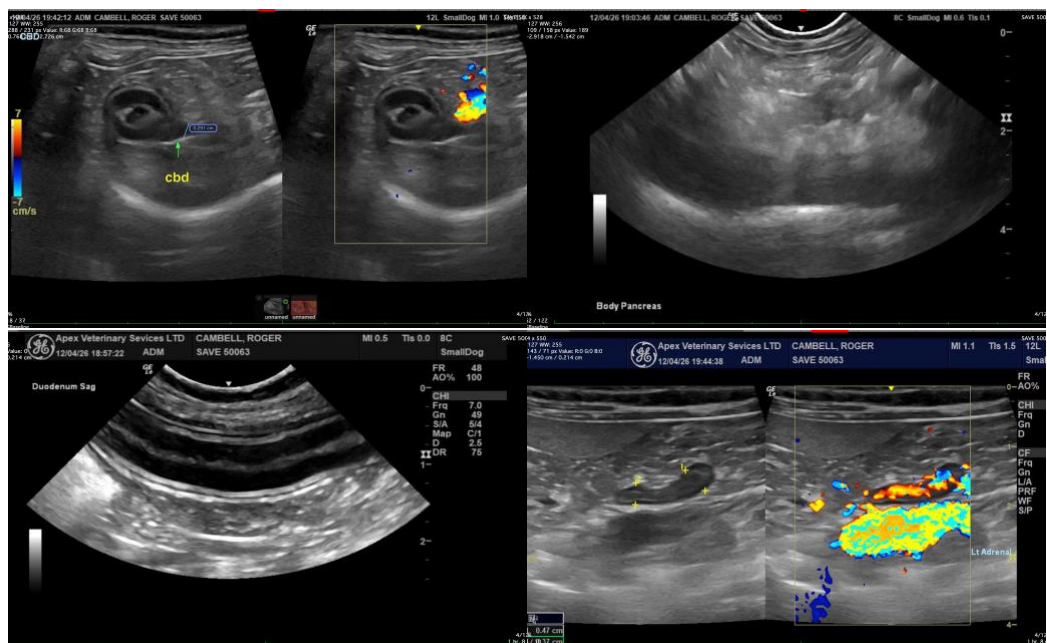
The **pancreas** was mildly heterogenous. Enhanced surrounding mesentery was noted, suggestive for inflammation/chronic active formation.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific cholangiohepatitis liver pattern
- Pancreatic remodeling, low grade inflammation is likely
- Overdistended gallbladder with polypoid changes and coalesced bile- atypical mucocele formation with potential underlying neoplastic process
- Retention of ingesta
- Age-related renal changes with mineralization
- Soft stool in the colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory cholecystectomy with liver biopsy.





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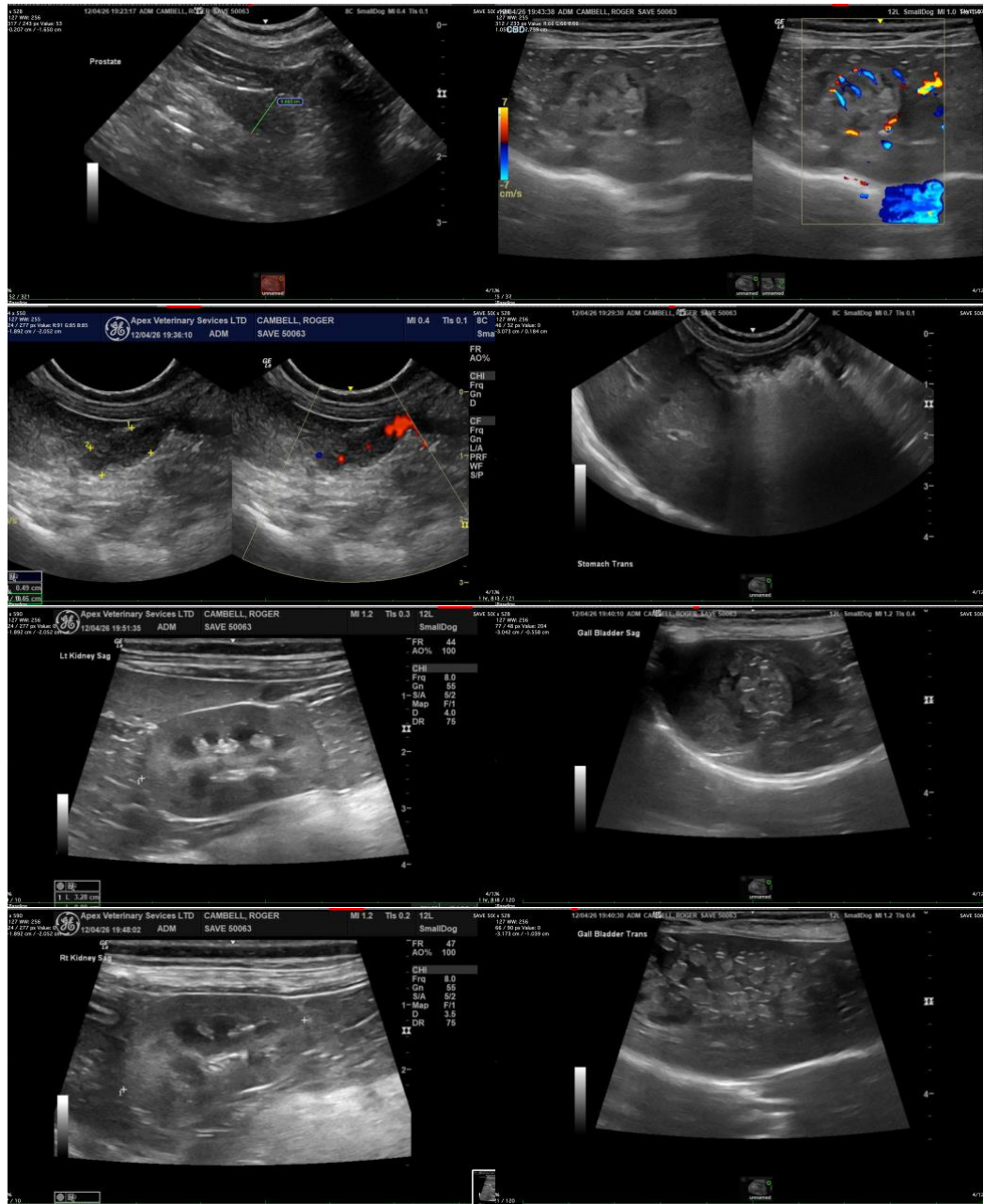
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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