



PATIENT

Duke Sweller

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

19.4

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

36608

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Cushioned. In treatment. Still high.
Abnormal PE/Chem/CBC/UA Results: Cortisol still high. On 40mg Vetoryl

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 **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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. A cyst was noted in the right kidney measuring 2.1 cm. The right kidney measured 4.9 cm. The left kidney measured 4.4 cm.

Adrenal Glands

The **left adrenal gland** appeared slightly enlarged. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. This is a mild change. The left adrenal gland measured 0.93 cm.

The **right 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. The right adrenal gland measured 2.24 cm x 0.46 cm.

Spleen

The **spleen** revealed multifocal hyperechoic lipid plaques.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **stomach** was filled with shadowing luminal material, measuring up to 3.0 cm. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

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

- Gastric luminal material- suspect foreign body If the patient was NPO at the time of the sonogram
- Slightly enlarged left adrenal gland
- Multifocal hyperechoic lipid plaques in the spleen
- Hepatopathy pattern
- Age-related renal changes with right kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If all cushingoid parameters are present with isosthenuria and elevated UCCR, as well as elevated LDDST, then PDH is likely. Endoscopy is indicated if the patient was NPO at the time of the sonogram or potential gastrotomy, however, I recommend recheck sonogram just prior to surgical intervention or endoscopy to ensure the material is persistently present. Regarding the cushingoid status, recommend internal medicine consult for overall management.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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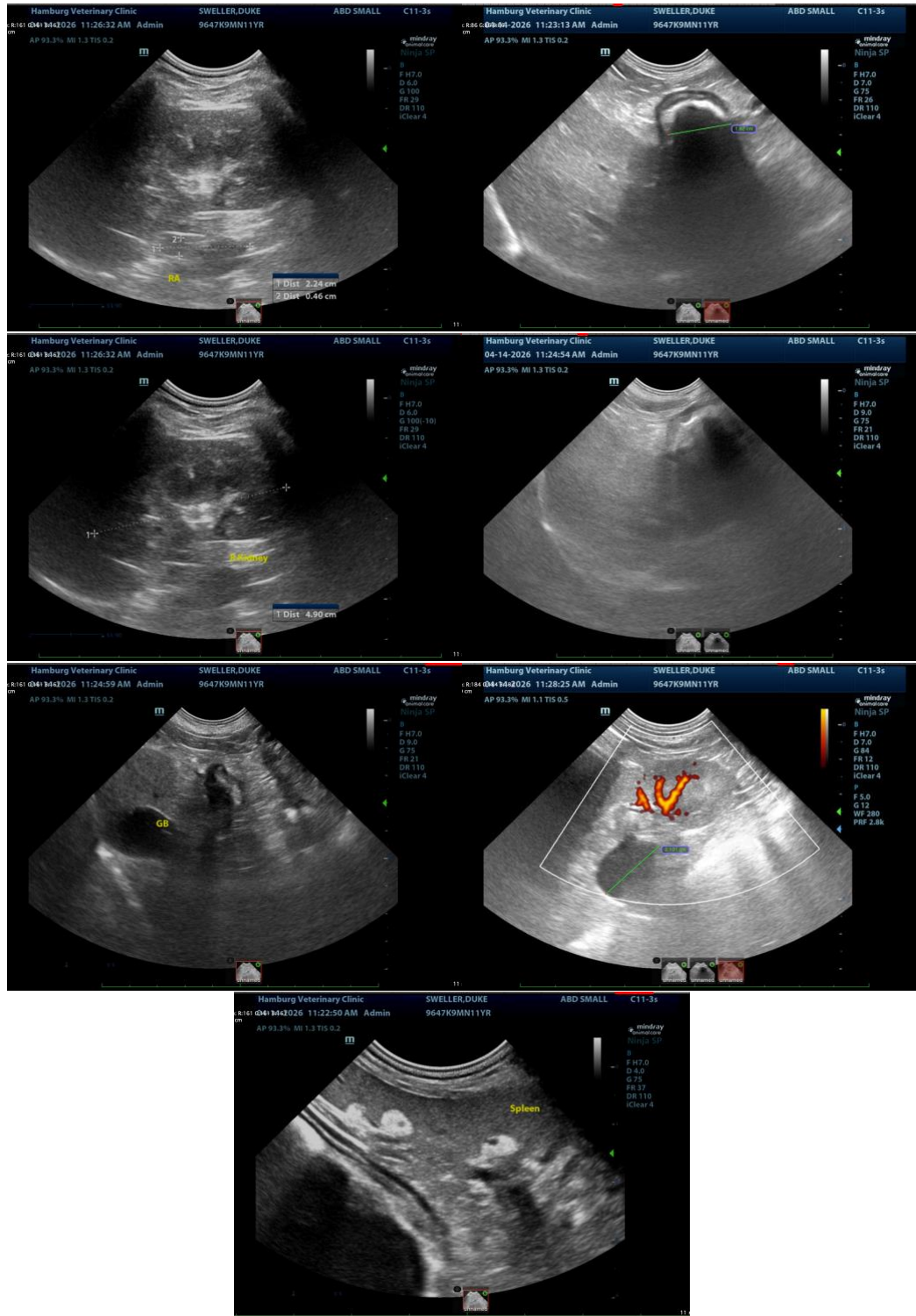
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The information and recommendations provided are based on the images presented by the referring



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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