



DATE PRESENTING CLINICAL SIGNS

04/20/26 Patient History: ADR, Lethargic, Not Eating, Drinking Less. Acute vomiting, abdominal pain, lethargy and anorexia, mild pyrexia, possible dehydration.

PATIENT

Hank Bolt Current Medications: Famotidine, Sucralfate, Gabapentin, Protonix, Entyce, Cerenia.
Labwork Results: Labwork attached. Xray Abdomen 2 View- Empty stomach inflamed intestines mildly rounded liver no obvious obstruction
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pomeranian Mix

Urinary System

SEX

The **urinary bladder** presented with a minor amount of sand as did the prostatic urethra measuring 0.77 cm.

Neutered Male

The **residual prostate** measured 0.70 cm.

AGE

04/18/23

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. The left kidney measured 3.76 cm in length. The right kidney measured 4.4 cm in length.

WEIGHT

15 pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV,
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IVUSS

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 1.48 cm x 0.47 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland measured 1.5 cm x 0.40 cm width at the caudal pole and 0.49 cm width at the cranial pole.

HOSPITAL NAME

Spleen

Animal Emergency
Hospital

The **spleen** revealed a focal hypoechoic nodule in the mid cranial body measuring 0.88 cm x 0.66 cm. The spleen was folded upon itself caudally.

REFERRING VET

Liver

Dr. Campbell

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

15246

The gallbladder revealed small calculi and sand.

Gastrointestinal

Gastric stasis was present echogenic chyme and fluid filled lumen. The pylorus appeared patent. Soft stool was noted in the colon. No evidence of foreign matter. Some hyperperistalsis was noted in the small intestine. Some reactive mesentery was present around the small intestine as well.

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.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.0 cm.

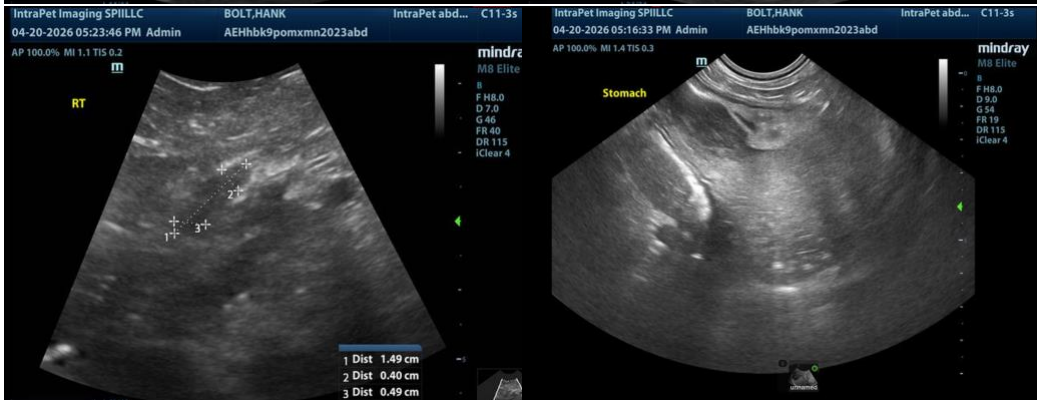
ULTRASONOGRAPHIC FINDINGS

- Gallbladder calculi/sand.
- Folded spleen with hypoechoic nodule- nodular hyperplasia, abscessation, necrosis, emerging round cell neoplasia, hemangiosarcoma are all possible.
- Gastric stasis and gastroenteritis pattern.
- Bladder and urethral sand.
- Colitis.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend management for gastroenteritis/colitis in this patient. Ursodiol therapy is warranted over the next 6-8 weeks. Parasite management, 24-hour IV fluids, potential broad-spectrum antibiotics are all indicated. Recheck sonogram in 72 hours. Fluid therapy may assist in dissolving the bladder and urethral sand, however, straining to ruinate should be monitored. Recheck in 6 weeks also to assess both the bladder and lower urinary tract sand and splenic nodule.









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.

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