



PATIENT

Aglet Etherington

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

13 years

WEIGHT

9.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenny Wenrich, DVM

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. Wenrich

INVOICE

74740

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Hepatomegaly incidentally found on thoracic radiographs, normal appetite, no change in weight, no vomiting or diarrhea

Abnormal PE/Chem/CBC/UA Results: CBC, Chemistry, physical exam normal

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. An anechoic cyst was noted in the caudal pole of the left kidney. The left kidney measured 4.5 cm, omitting the cyst the kidney measured 2.5 cm. The right kidney measured 3.3 cm.

Adrenal Glands

The left **adrenal gland** was visualized obliquely. The region of the right adrenal gland did not reveal any gross pathology.

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 was noted.

Liver

The **liver** presented mild to moderate heterogenous remodeling. There was no overt evidence of neoplasia. There was uniform swelling of the left liver. This created an adenoma or hepatomatous type presentation and measured 3.0 cm. This is not overtly pathological. The remainder of the liver was unremarkable. The gallbladder revealed excessive coalesced debris with over distension, yet not to the level of mucocele formation. Some polypoid changes were 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

Moderate degenerative renal changes with anechoic cyst.

Moderate degenerative hepatic changes with undefined swelling.

Excessive gallbladder debris, yet not to the level of mucocele formation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is recommended over a 6-8 week period is warranted. I am most concerned about the renal viability long term in this patient.





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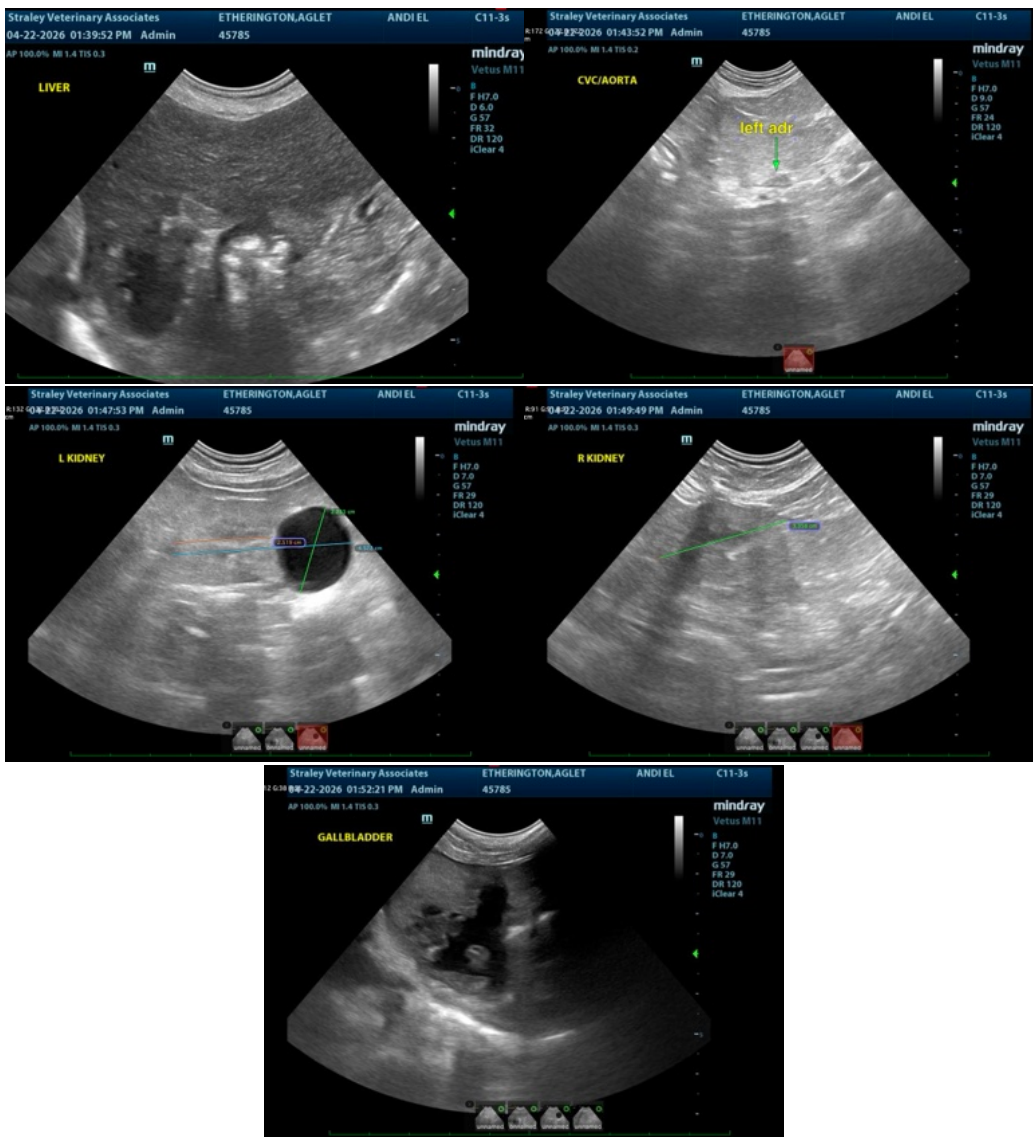
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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