



## PATIENT

DeeDee Hoffman

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

14.4 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Emma Flott

## HOSPITAL NAME

Portland Veterinary  
Wellness Center

## REFERRING VET

Dr. Emma Flott

## INVOICE

15358

## DATE

04/23/26

## PRESENTING CLINICAL SIGNS

Patient has a history of chronic intermittent diarrhea and vomiting, along with hyporexia -started diet trial with hydrolyzed diet but patient not interested in diet so unknown if p would respond to hydrolyzed diet at this time

PE - tense on abdominal palpation, exam limited due to patient aggression cPL - 250

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **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 3.6 cm in length. The right kidney measured 3.84 cm in length.

### *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 0.41 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland measured 0.87 cm width at the cranial pole and 0.62 cm width at the caudal 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild to moderate 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. Multifocal hyperechoic nondisruptive nodular changes were noted.

### *Gastrointestinal*



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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*

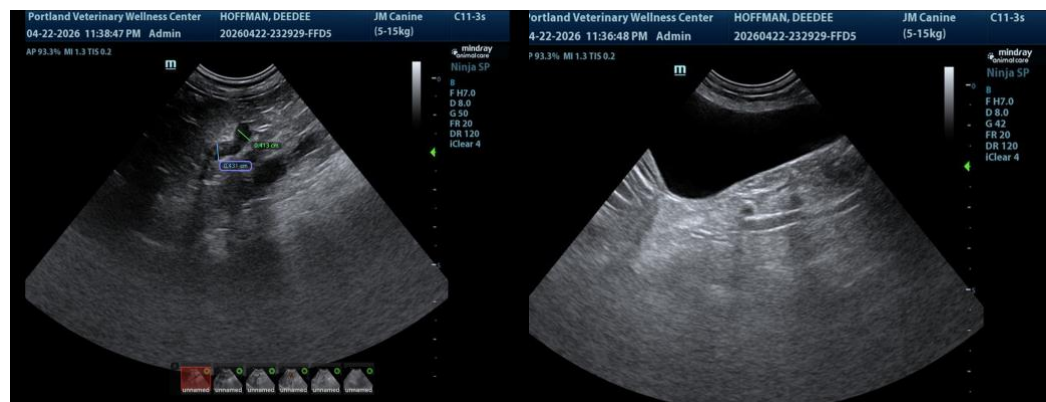
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling.
- Age-related abdominal changes otherwise.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of specific disease. GI protectant protocol is warranted. Other causes of anorexia and hyporexia such as orthopedic pain should be considered. No evidence of abdominal pathology that would be causing visceral pain in this patient. Therefore, referred back pain should be considered as a contributing factor. The visceral presentation is largely expected for this breed and age.





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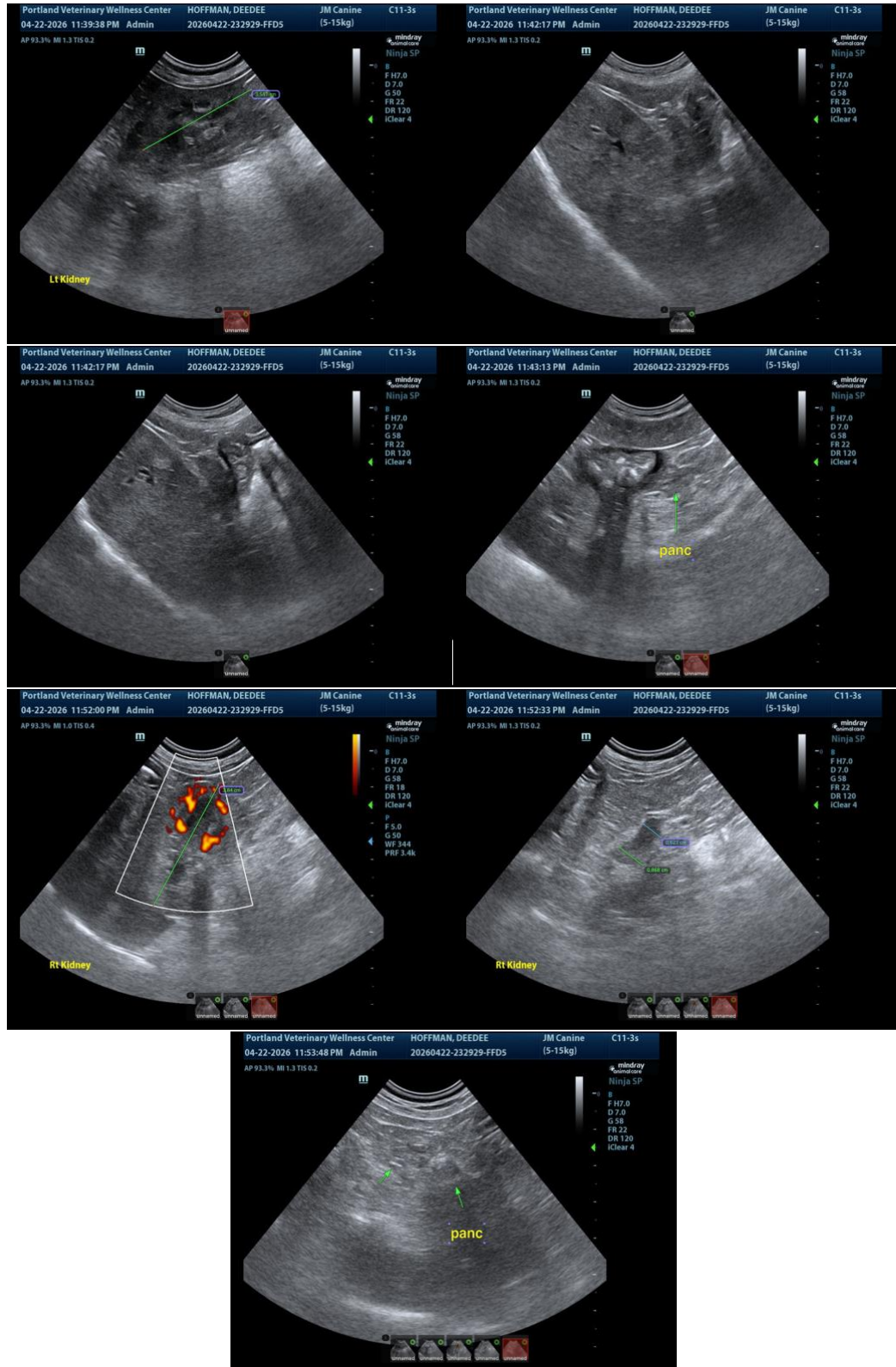
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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