



PATIENT

Thor Puzon

SPECIES

Canine

BREED

Pomeranian

SEX

Male

AGE

12 Years

WEIGHT

8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug, Technician

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Hannah Mortensen

INVOICE

15202

DATE

5/13/22

PRESENTING CLINICAL SIGNS

History: Presented for sneezing end of March, severe dental disease. Pre-anesthetic bloodwork showed mildly elevated ALP and ALT. No other issues at home. Rechecked in one month. Levels had continued to rise. Owners elected for ultrasound in early May.

Abnormal PE/Chem/CBC/UA Results: Increasing ALP and ALT values on CHEM after routine dental work.

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 **kidneys** revealed moderate degenerative renal changes and corticomedullary mineralization. Some loss of corticomedullary definition was noted. Minor cortical cysts and echogenic scarring were noted. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** was imaged from both the right and left approaches. Normal shape, size, position and echogenicity noted. 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 0.51 cm at the caudal pole and 0.46 cm at the cranial pole.

The **right adrenal gland** was visualized with some artifactual interference, measuring approximately 8.0 mm at the cranial pole and 5.0 mm 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** revealed slight coarse architecture, minor uniform swelling and minor heterogeneous parenchymal changes without disruption of architecture. Minor increased portal markings present. The gallbladder and common bile duct were unremarkable.

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



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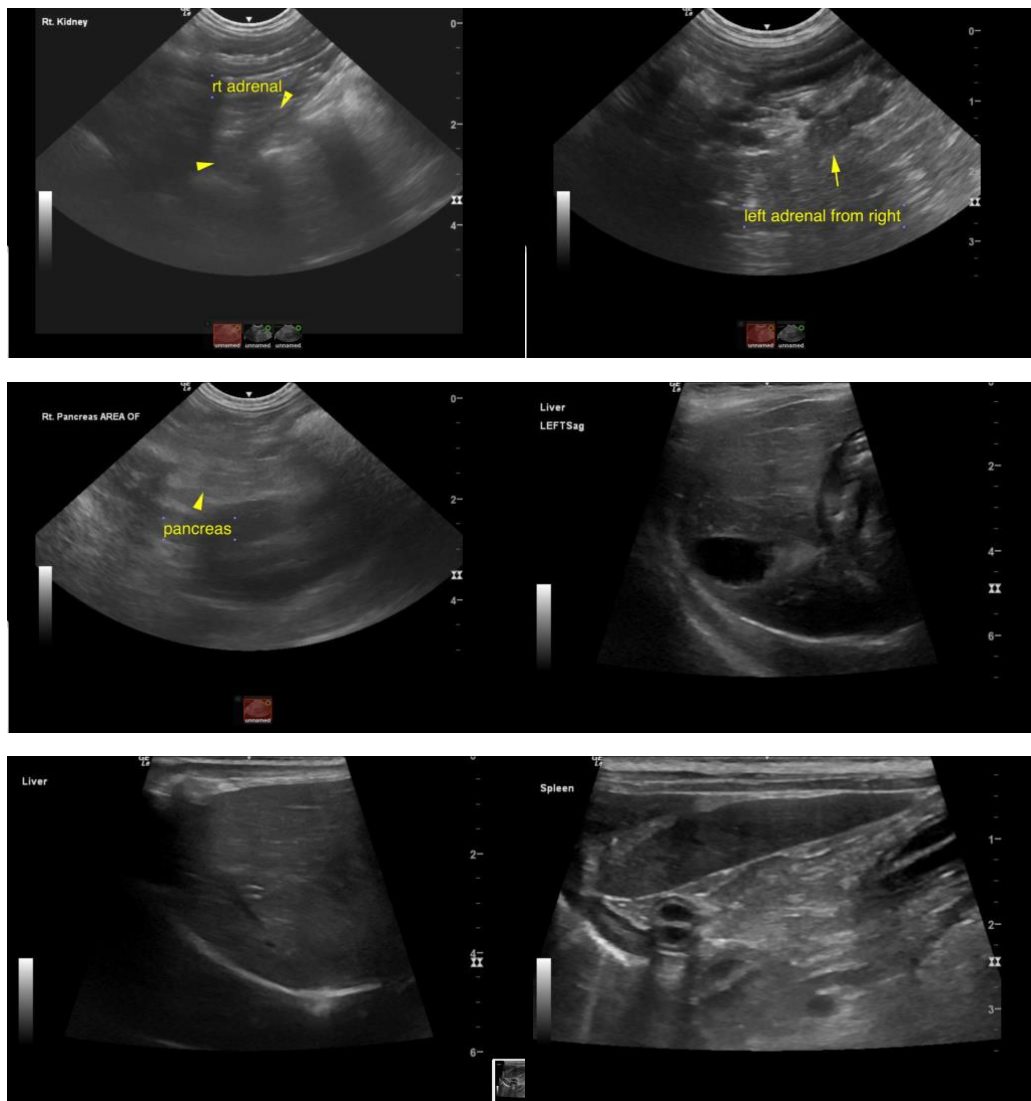
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild hepatopathy and minor remodeling, likely reactive hepatopathy
- Moderate degenerative renal changes with mineralization, nonobstructive
- Heterogeneous pancreas, possible low-grade inflammation- a history of inflammation likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA could be considered for further definition. Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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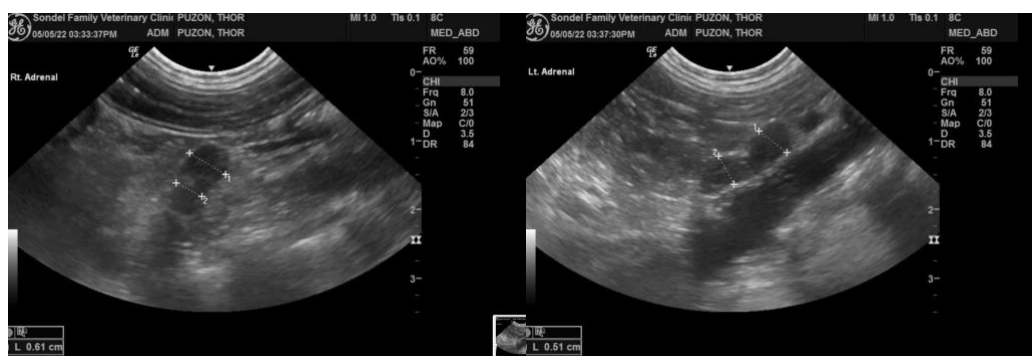
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com