
PATIENT PRESENTING CLINICAL SIGNS

Sassy Homareau
 History: Ongoing diarrhea, needing multiple baths daily. Not improving with meds at this time. Has been on Metronidazole and Tylosin.

SPECIES
 Abnormal PE/Chem/CBC/UA Results: n/a

Canine
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Pomeranian
 The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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.

SEX
FS
 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 2.24 cm in length. The right kidney measured 2.24 cm in length.

AGE
 9 years

Adrenal Glands

WEIGHT
 9 pounds
 The bilateral adrenal glands appear subjectively subnormal in size. Both adrenal glands were visualized and recognized as having normal shape, 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 1.4 cm length x 0.45 cm caudal x 0.35 cm cranial. The left adrenal gland measured 1.09 cm length x 0.23 caudal x 0.29 cm cranial.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Crystal Hill

Liver

HOSPITAL NAME

Southside Pet Hospital

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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Honda

Gastrointestinal

INVOICE

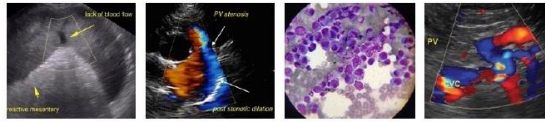
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Reactive mesentery noted associated with the small intestine. Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The colon was slightly thickened yet no loss of mural detail was noted. No associated abnormal lymphatic activity was noted.

DATE

06/07/2022

Pancreas



PATIENT

Sassy Homareau

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Enteritis/colitis presentation with reactive mesentery
- Subnormal bilateral adrenal glands

BREED

Pomeranian

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

SEX

FS

AGE

9 years

WEIGHT

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REFERRING VET

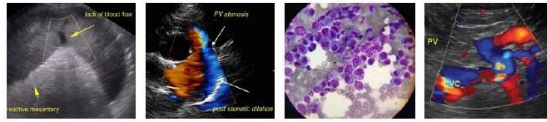
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INVOICE

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PATIENT

Sassy Homareau

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

9 years

WEIGHT

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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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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
Eric.Lindquist@SonoPath.com

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