



PATIENT PRESENTING CLINICAL SIGNS

Bennie Basore
Sudden onset of vomiting 3 days ago, still regurgitating through cerenia. Small metallic FB on radiographs (looks like thin wire) in right cranial abdomen. Diarrhea today, but progressively lethargic and not eating. Normal temp at arrival 101.1 f.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC/chem; serial abdominal radiographs; EPOC

BREED

Pomeranian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

AGE

4

The residual prostate measured 5.0 mm.

WEIGHT

8.25 kg

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 right kidney measured 4.4 cm. The left kidney measured 4.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** appeared subjectively small. Screening for Addison's indicated. The right adrenal gland measured 0.46 cm at the cranial pole and 0.36 cm at the caudal pole. The left adrenal gland measured 0.33 cm at the caudal pole and 0.30 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Schneck

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.

HOSPITAL NAME

Shores VEC

Liver

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. Schneck

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Gastrointestinal

The upper **gastrointestinal tract** was empty, no foreign bodies noted, metallic or other. The cecum was mildly dilated.



PATIENT *Pancreas*

Bennie Basore

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

BREED

Pomeranian

- Structurally normal gastrointestinal tract with slight amount of cecal stasis
- Subjectively small adrenal glands

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No foreign bodies evident. However, small metal non-obstructive foreign bodies can be very difficult to find sonographically. I do recommend supportive medical management at this point and screening for Addison's, given the subnormal adrenal size. This is not an overt surgical case at this time.

AGE

4

WEIGHT

8.25 kg

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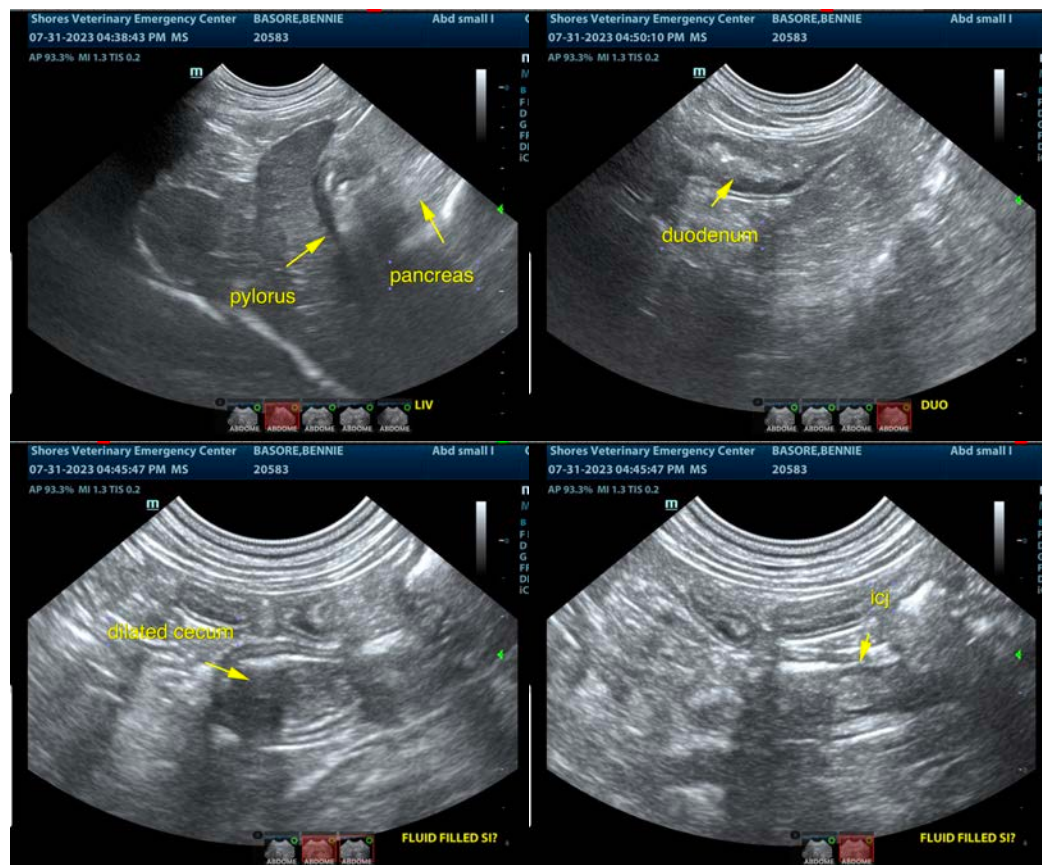
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PATIENT

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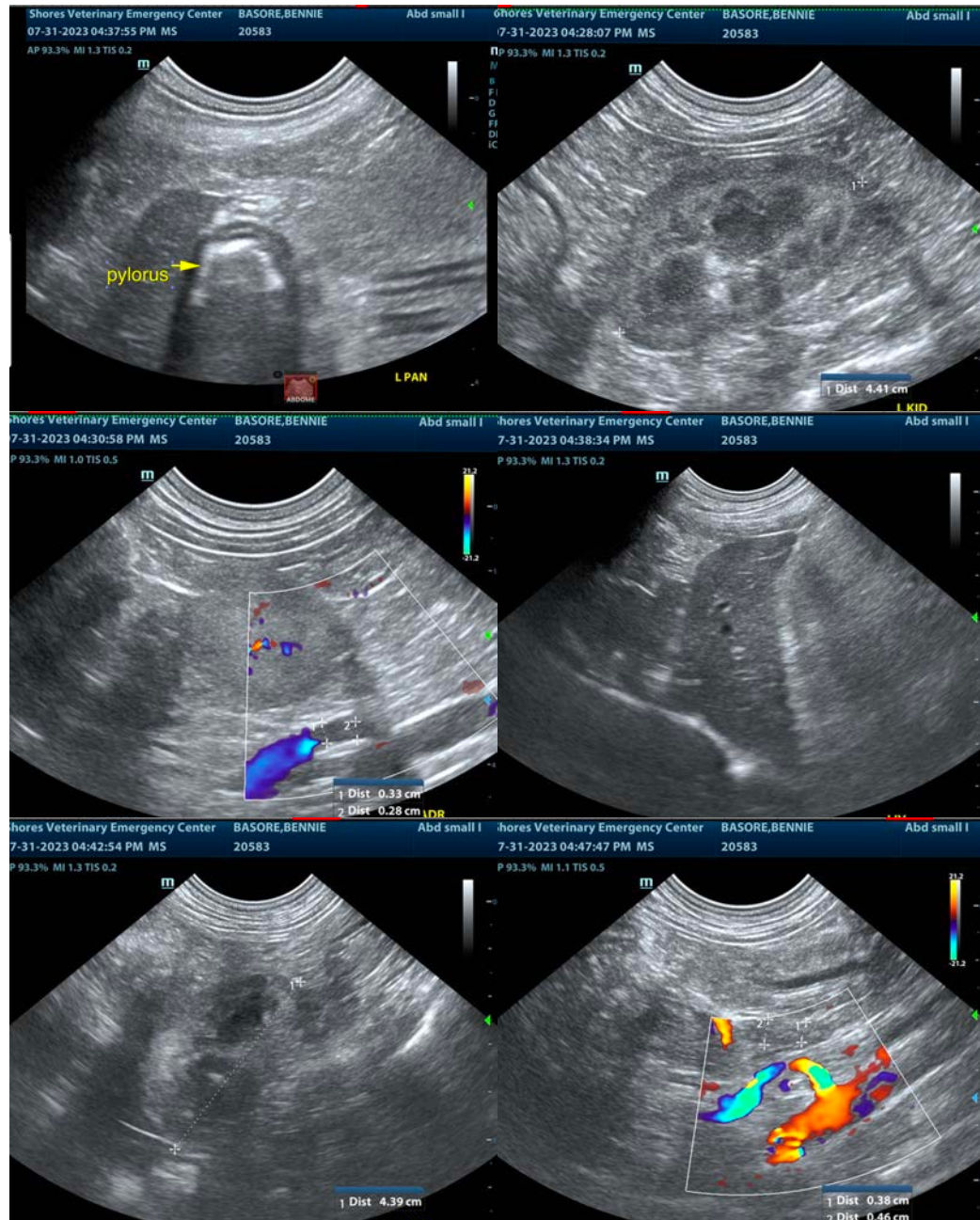
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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