



PATIENT

Blondie Carter

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

16 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Roxbury AH

REFERRING VET

Dr. Elia

INVOICE

71573

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Reassess gallbladder stone, liver, kidney, pancreas.
- Elev. ALT, ALKP, GGT, AMYL, GLOB, CREa, BUN

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** were similar to the prior sonogram with chronic interstitial nephrosis pattern. There was no significant progression. Slight renal mineralization was noted. An anechoic cyst was noted at the caudal pole of the right kidney measuring 1.2 cm. The left kidney measured 3.6 cm. The right kidney measured 3.75 cm.

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 1.44 x 0.44 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 1.6 x 0.68 cm at the cranial pole and 0.55 cm 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 was noted.

Liver

The **liver** revealed coarse architecture with increased portal markings. A minor amount of gallbladder sand was noted, yet the gallbladder was essentially collapsed. There was no evidence of rupture, yet minimal volume appeared present. This appears subjectively improved from the prior sonogram.



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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

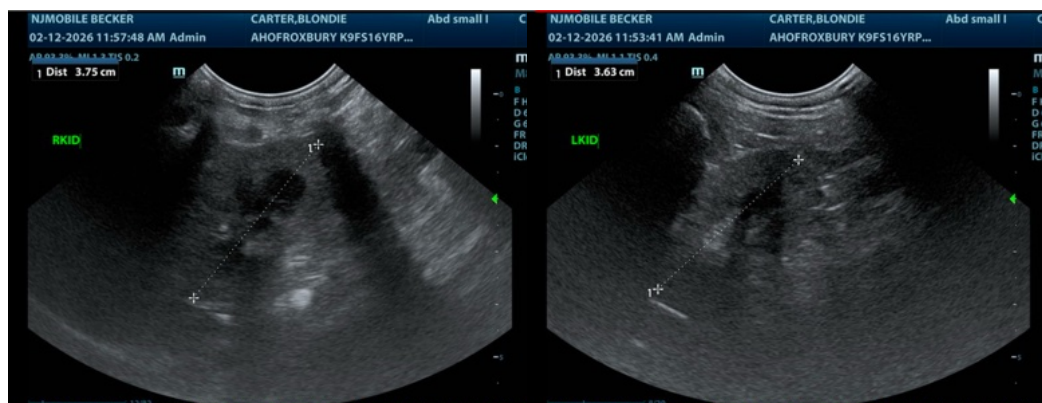
Degenerative renal changes.

Stable liver.

Geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no significant progression from the prior sonogram and there was some improvement on the gallbladder presentation. Medical management is recommended based on CBC, chem, UA and physical exam. I am concerned about long term viability of the kidneys as they subjectively appear near end stage.





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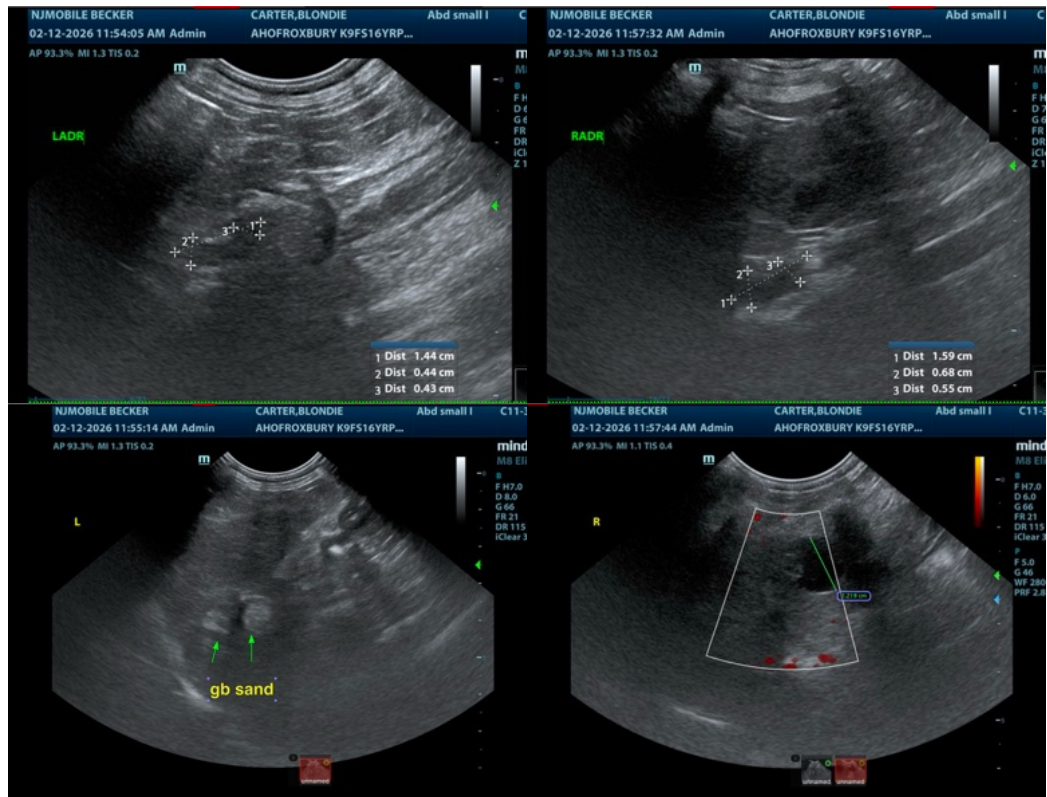
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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