



PATIENT

Sid Foster

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

13315

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Acute lethargy, anorexia, orange diarrhea, orange urine for 24 hours. No recent vaccines or new systemic medications reported in the past 3–4 months aside from recent otic antibiotic.
- No flea/tick prevention used during winter
- Ears: Dark brown debris
- Nasal: No nasal discharge, hyperkeratosis
- Oral Cavity: Mucous membranes pale pink/icteric and dry, CRT 3-4s, minimal tartar/gingival erythema, sublingual clear
- Cardiovascular: Grade III/VI murmur, no arrhythmias, pulses weak/thready
- Abdominal: Pendulous abdomen, resembles fluid wave
- Integument: Large SQ mass left prescapular region
- Rectal: orange colored mucus with brown stool, smooth mucosa, enlarged easily expressible anal glands, febrile

Abnormal PE/Chem/CBC/UA Results: rDVM 1/22/26 CBC: RBC 1.56 L, Hct 9.1 L, Retic 2.2% and 34.5 k/uL, WBC 9.66, lym 0.38 L, Eos 0.01 L, Plt >150 Chem: BUN 45 H, K 3.3 L, TP 8.3 H, Glob 4.9 H, ALT 148 H, ALP 220 H, Tbili 3.0 H POCUS: no free fluid, liver and spleen enlarged, no clear masses Saline agglutination: macro present Intake diagnostics: PCV/TS: 8/7.2 EPOC: K 2.8 L, BUN 36 H, Hct 11 L, BE -8.3 L, pCO2 22.5 L, Bicarb 15.7 L, BP: 156/107 (117) Blood type: 1.1 positive Crossmatch: pending

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 residual prostate was uniform and measured 1.4 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pinpoint mineralizations were noted. The left kidney measured 6.8 cm in length. The right kidney measured 6.7 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 0.63 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland measured 1.0 cm width at the cranial pole and 0.60 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



PATIENT

Sid Foster

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

13315

DATE

1/22/26

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. The spleen was folded upon itself cranially.

Liver

The **liver** was uniformly swollen with mild, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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. 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.

ULTRASONOGRAPHIC FINDINGS

- Largely age-related changes.
- Folded spleen.
- Benign hepatopathy.
- Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary disease related to the clinical history. Pre-renal or acute renal insult is suspected given the renal changes. The elevated bilirubin is unlikely to be hepatic related, likely owing to hemolytic disease with secondary low-grade inflammatory hepatopathy.



PATIENT

Sid Foster

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

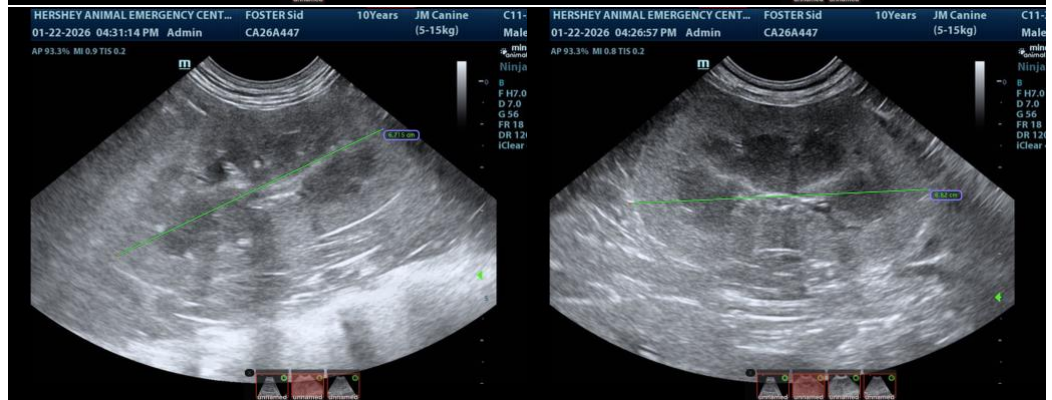
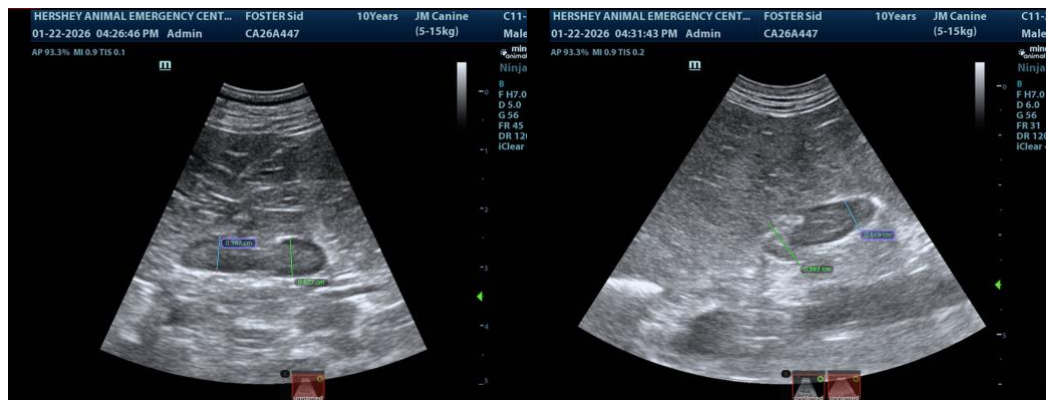
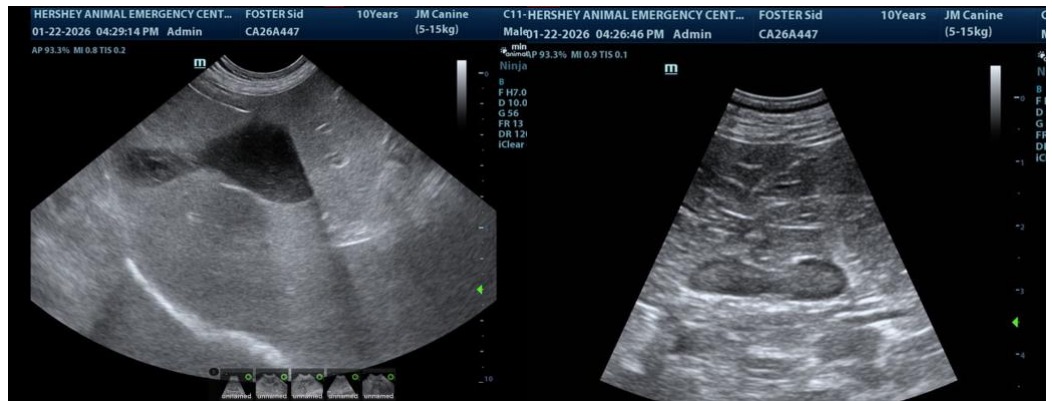
Dr. Shally Gastelu

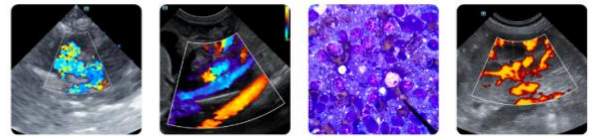
INVOICE

13315

DATE

1/22/26





PATIENT

Sid Foster

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

13315

DATE

1/22/26



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

info@SonoPath.com