



PATIENT

Beaux Schopf

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

5.5 Years

WEIGHT

44.3 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

72480

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Presented for acute collapse this morning with ongoing chronic, intermittent vomiting (acute 1-d), diarrhea (acute 3-d), and lethargy. Owners report he is not himself and appears uncomfortable when trying to lay down.

Oral Cavity: CRT 3-4s, after admitting -- injected mm. Cardiovascular: pulses weak/synchronous, hypothermic 98.4. Abdominal: Cranial organomegaly. Urogenital: SQ swelling/increased fast as base of prepuce. Integument: hair loss dorsal proximal 1/2 of tail. Musculoskeletal: bilateral atrophy of temporalis muscle; mild swelling at left caudal dorsal thigh. Rectal: No palpable masses, unable to reach prostrate, watery diarrhea

Abnormal PE/Chem/CBC/UA Results: Chem15: TP 8.9 H, Glob 5.0 H, ALT 176 H, Chol 503 H CBC: WNL Hct 40.8, WBC 11.79, Plt 294 lack of stress leuk EPOC: pH 7.343 L, Na 139 L, iCa 1.47 H, Lact 3.66 H Resting cortisol: 3.14 resting cortisol, Hypoadrenocorticism (Addison's disease) is unlikely POCUS No GB halo, or peritoneal effusion Radiographs: Conclusions: Non-specific heterogenous gastric and small intestinal soft tissue content could represent frothy fluid and/or food, but some foreign material is not fully excluded at this level. BP: 159/97 (116), 141/88 (98) Snap 4dx: negative

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 8.0 cm. Right kidney measured 6.7 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. Left measured 0.44 cm. Right measured 0.94 cm at the cranial pole and 0.48 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 were noted.



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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.

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

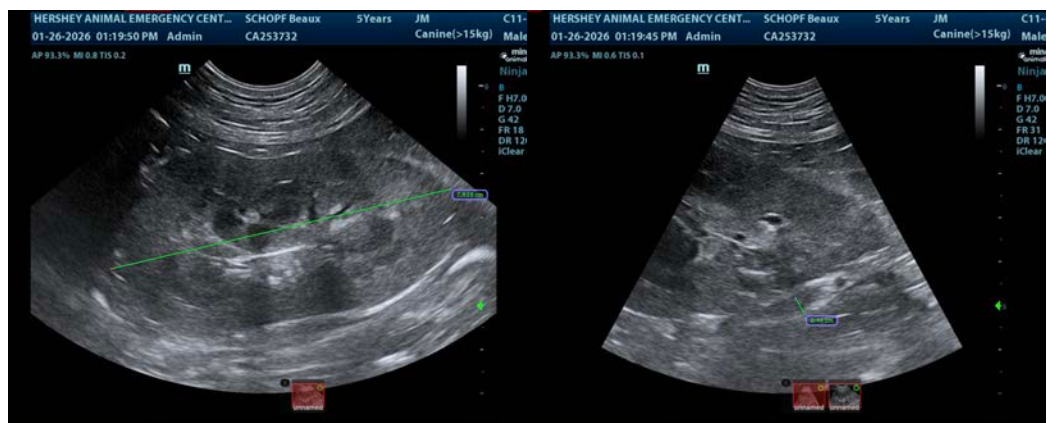
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease responsible for the clinical signs. Echocardiogram and chest radiographs warranted. EKG indicated. No evidence of GI disease. Supportive care for potential toxin exposure would be indicated. Reassessment of blood pressures in white coat negative environment indicated if not already performed, given the mild elevation.





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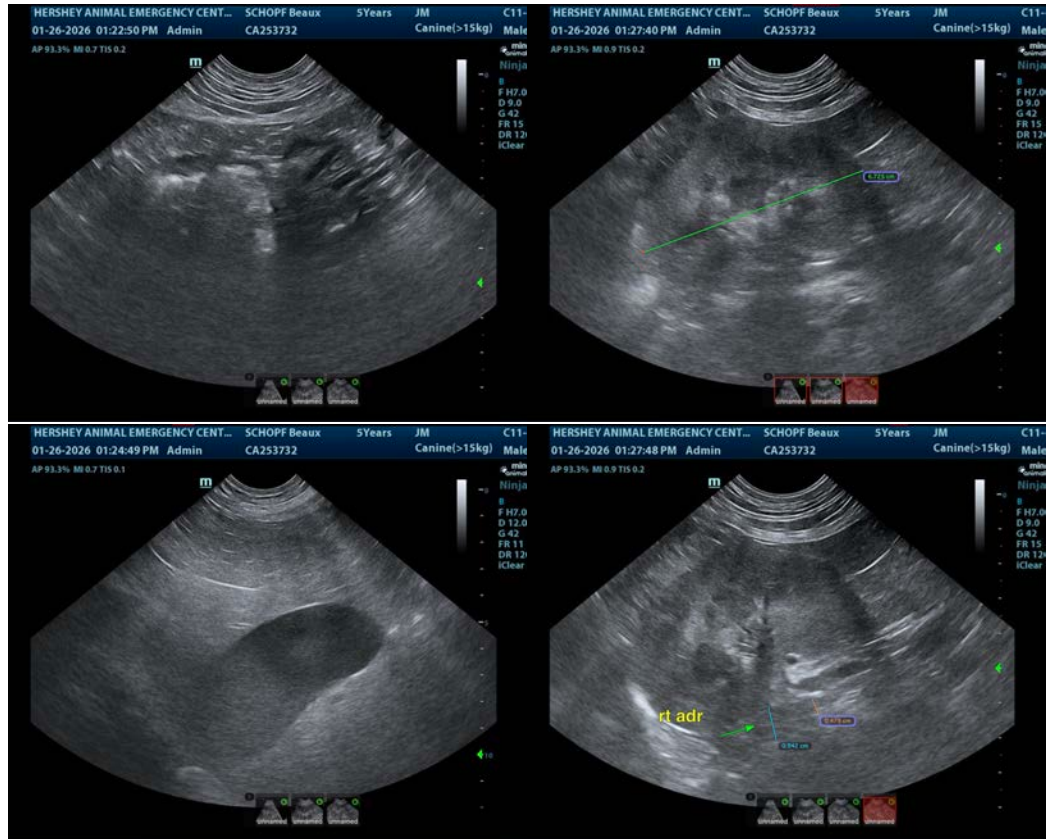
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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