



PATIENT

Grace Kidd

SPECIES

Canine

BREED

Shiba Inu

SEX

Intact Female

AGE

8 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

73166

DATE

2/22/26

PRESENTING CLINICAL SIGNS

Around Christmas time 2025 was when patient was PU/PD - drinking 6 cups or more a day. Over the weekend patient got into garbage and then stopped eating. Patient also was having loose/watery stool. Patient started eating again last night and this morning. Yesterday patient was at RDVM and rec hospitalization for DKA. Patient leaking urine while in room

Abnormal PE/Chem/CBC/UA Results: EENT/oral: muddy dry mm, crt 3s Abd: Tense and full cranial abdomen, non-painful Musc: Mild muscle atrophy down epaxials, no lameness Integ: "Endocrine" coat w/ patchy alopecia EPOC: pH 7.276 L, Na 135 L, K 2.7 L, pCO2 21.7 L, BE -16.7 L, Glu 312 H, Hct 35 L Ketones: 5.8 Chem15: Glu 326 (H) Phosphorus 2.3 (L) Calcium 7.4 (L) CBC: RBC 5.21 (L) HCT 33.4 (L) Hemo 10.5 (L) MCH 20.2 (L) MCHC 31.4 (L) Retic 6.8 (L) Neutrophils 13.57 (H) Eosinophils 0.03 (L) Urinalysis: USG 1.020, pH 6.0, Glu 1,000, Ketones 50, blood 250, WBC >50/HPF, RBC 3/HPF, cocci present, hyaline casts suspect presence Pancreatic Lipase: 800 (H)

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** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. Pyelectasia noted in the right kidney. The kidneys measured 5.0 cm each.

Adrenal Glands

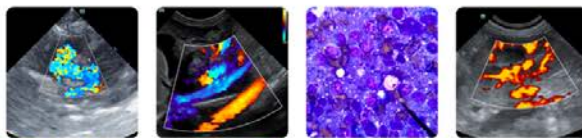
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measured 0.80 cm at the cranial pole and 0.50 cm at the caudal pole. Left adrenal gland measured 0.50 cm.

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.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with occasional hypoechoic, non-disruptive nodular change. The liver revealed generalized enlargement. The gallbladder was unremarkable. There is no suspicion of neoplasia; however, diffuse disease is present. Bile acid profile would be ideal as well as FNA.



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Gastrointestinal

Some shadowing luminal material was noted in the stomach. This may be ingesta or partially obstructive foreign matter, measuring 1.5-2.3 cm. The small intestine and colon were unremarkable. Chyme transit appeared to be occurring fairly normally.

Pancreas

The right limb of the pancreas was heterogeneous and hypoechoic with mild enhanced mesentery, consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

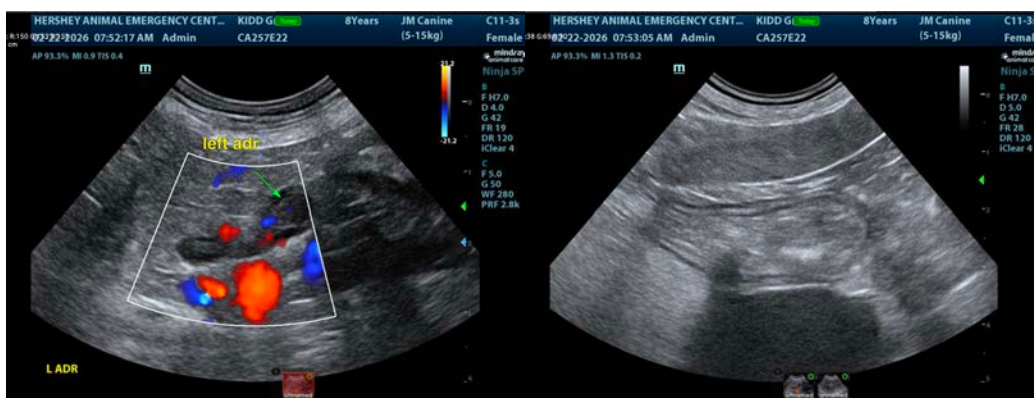
- Right limb pancreatitis.
- 1.5-2.3 cm shadowing gastric structure – Medication versus foreign matter or ingesta.
- Diabetic nephropathy.
- Diabetic hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for pancreatitis and UTI warranted, both of which could be influencing the diabetic state. Recheck sonogram at as near NPO status as possible (given the diabetic state) of the pyloric structure to assess if it is persistent. No evidence of reproductive pathology present.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease





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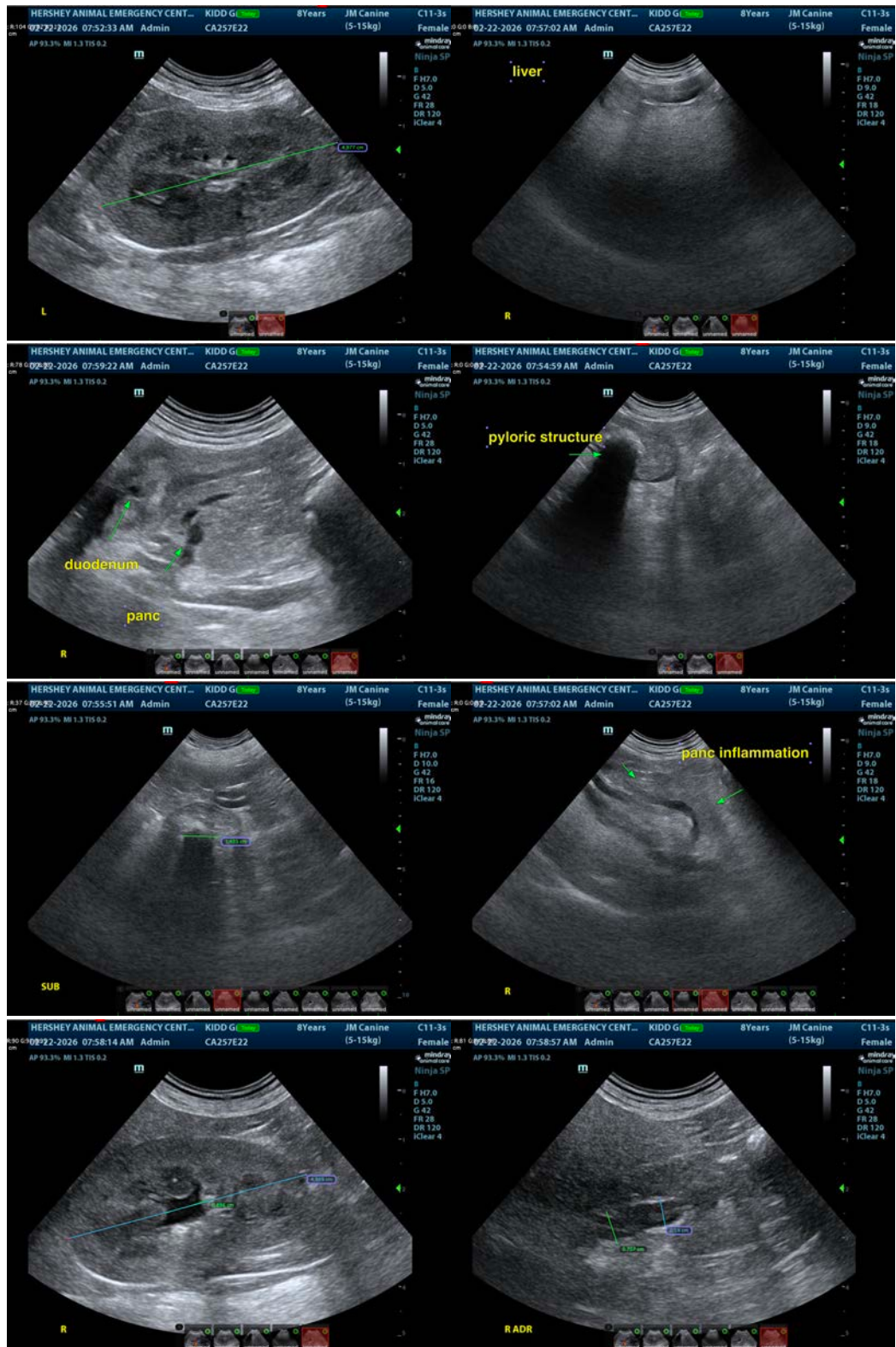
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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