



PATIENT

Toby Dimeler

SPECIES

Canine

BREED

Husky

SEX

Neutered male

AGE

10 years

WEIGHT

38.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Murphy

INVOICE

71826

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Presented yesterday for seeing heart beat through chest with irregular rhythm. Diarrhea two weeks ago, improving. Prolonged recovery from sedation with Butorphanol yesterday. Inappetence since yesterday AM- ate lunchmeat/cheese today. Vomiting today. History of focal seizure-like episodes after sedation or anesthesia, increased since yesterday.
- History of rectal mass completely excised 2022.
- Tense on abdominal palpation Anxious Brief focal seizure-like episode during exam
CBC/Chem/EPOC: Unremarkable Catalyst pancreatic lipase: 53 4DX: Negative for Heartworm, Lyme, Ehrlichia, Positive for Anaplasma (chronic +) ECG: sinus rhythm, HR 128
Abdominal/thoracic radiographs: Bronchial pulmonary pattern, stomach contains a small to moderate volume of heterogeneous soft tissue material and gas, segment of small intestine in caudal abdomen contains small volume of heterogeneous material, no obstructive pattern

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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** 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 left kidney measured 7.5 cm. The right kidney measured 6.8 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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



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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

The upper **gastrointestinal tract** was unremarkable. However, the distal small intestine/jejunum was immersed or enveloped by heterogenous omentum. This is consistent with steatitis and can occur owing to enteritis and extension of inflammation into the regional mesentery.

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

Steatitis and enteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Broad spectrum antibiotics, IV fluid support, bland diet and parasite management are all indicated. There was no evidence of neoplasia. If any suspicion of Addison's is present in this patient, then baseline cortisol or ACTH stimulation is warranted if not already performed.





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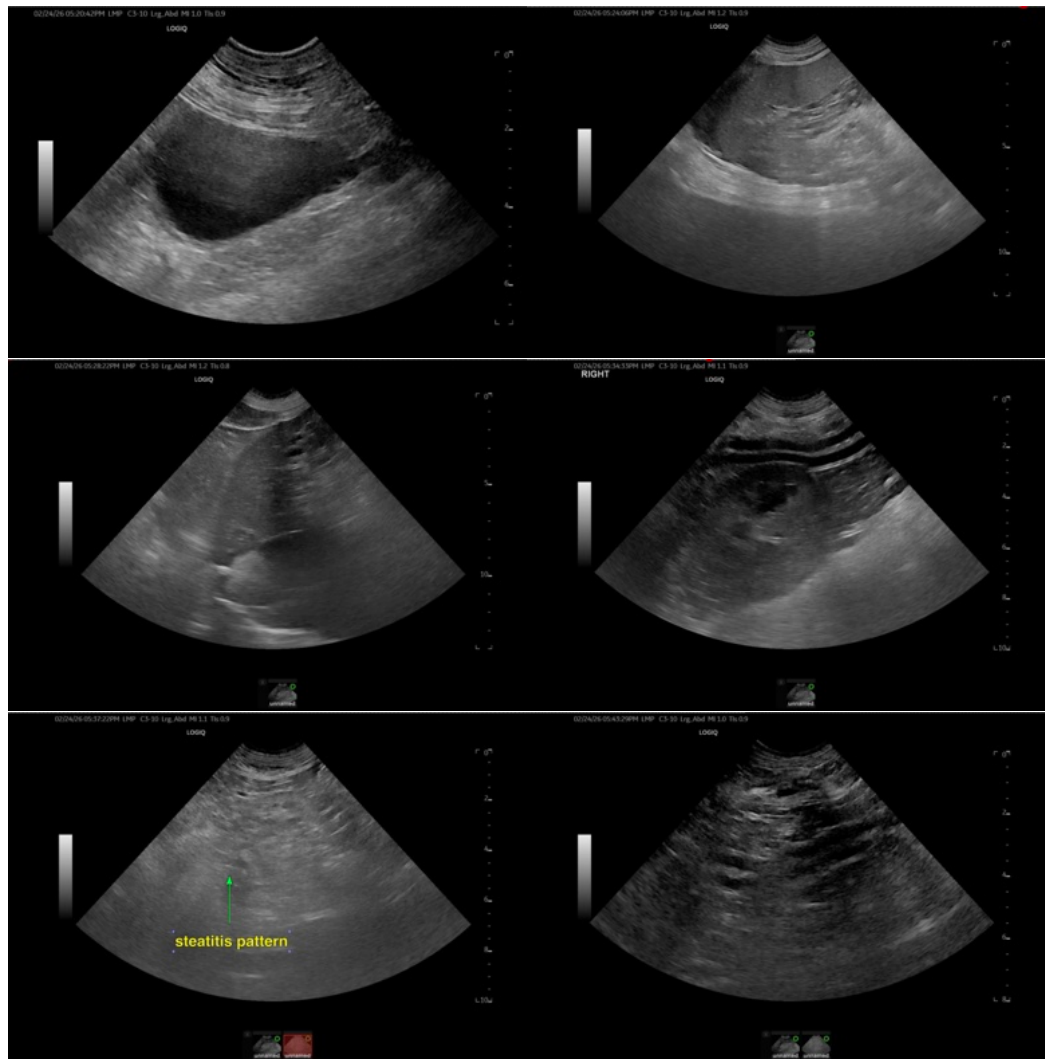
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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