



PATIENT

Jack Kashella

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

39 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

14273

DATE

03/12/26

PRESENTING CLINICAL SIGNS

Two separate images sets were examined in this patient.

- Presents for acute vomiting (12h), initially food then bile. No recent diet changes or history of FB.
- No changes in appetite, no diarrhea.
- While hospitalized: regurgitating, ate part of saran wrap from sampling line.
- Dehydration: 5-6%
- EENT/oral: pink moist mm, crt <2s; marked hypersalivation
- CV: Sinus rhythm, no m/a, pulses SS
- Resp: Eupneic, no crackles/wheezes
- Abd: mild painful I but nauseous with palpation

Abnormal PE/Chem/CBC/UA Results: HAEC Intake Dx: Catalyst pancreatic lipase: 45 (N) EPOC: BE - 5.4 (L), NSF PCV/TS: 49/8.6 CBC: hct 33%, stress leukogram Chem 15: wnl resting cortisol pending Radiographs: Gas dilated esophagus, no obvious pulmonary consolidation/metastasis, gas dilated stomach, no obvious foreign material within stomach, small intestine WNL Repeat rads: ileus, gastric distension with diffuse mild intestinal distention (no signs of obstruction), and esophageal dilation Repeat dx 3/12 day: EPOC: Na 152 H, K 3.3 L PCV/TS: 43/8.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 iliac trifurcation was unremarkable.

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 in length. The right kidney measured 6.3 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 0.75 cm width. The right adrenal gland measured 0.69 cm width at the cranial pole and 0.50 cm width at the caudal pole.

Spleen

The **spleen** was largely smooth with mild heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume



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without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen was folded upon itself cranially. This could be a nonpathological positional variant.

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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.

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Gastrointestinal

The **pylorus** was mildly thickened with a wall thickness of up to 1.0 cm with some loss of mural detail. The small intestine and colon were unremarkable. Some hyperperistaltic bowel and nonobstructive linear material appeared to be present. Linear material appeared to be present in portions of the small intestine. These may represent parasites/roundworms. Excessive gastric fundus gas was also noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis pattern with minor pyloric thickening- possible worm burden.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal testing is indicated. GI protective protocol is warranted. Antiparasitic protocol is warranted. IV fluid support is indicated. No evidence of GI obstructions or neoplastic events. If clinical signs persist, recheck sonogram in 5-7 days to assess any progression of the pyloric region.

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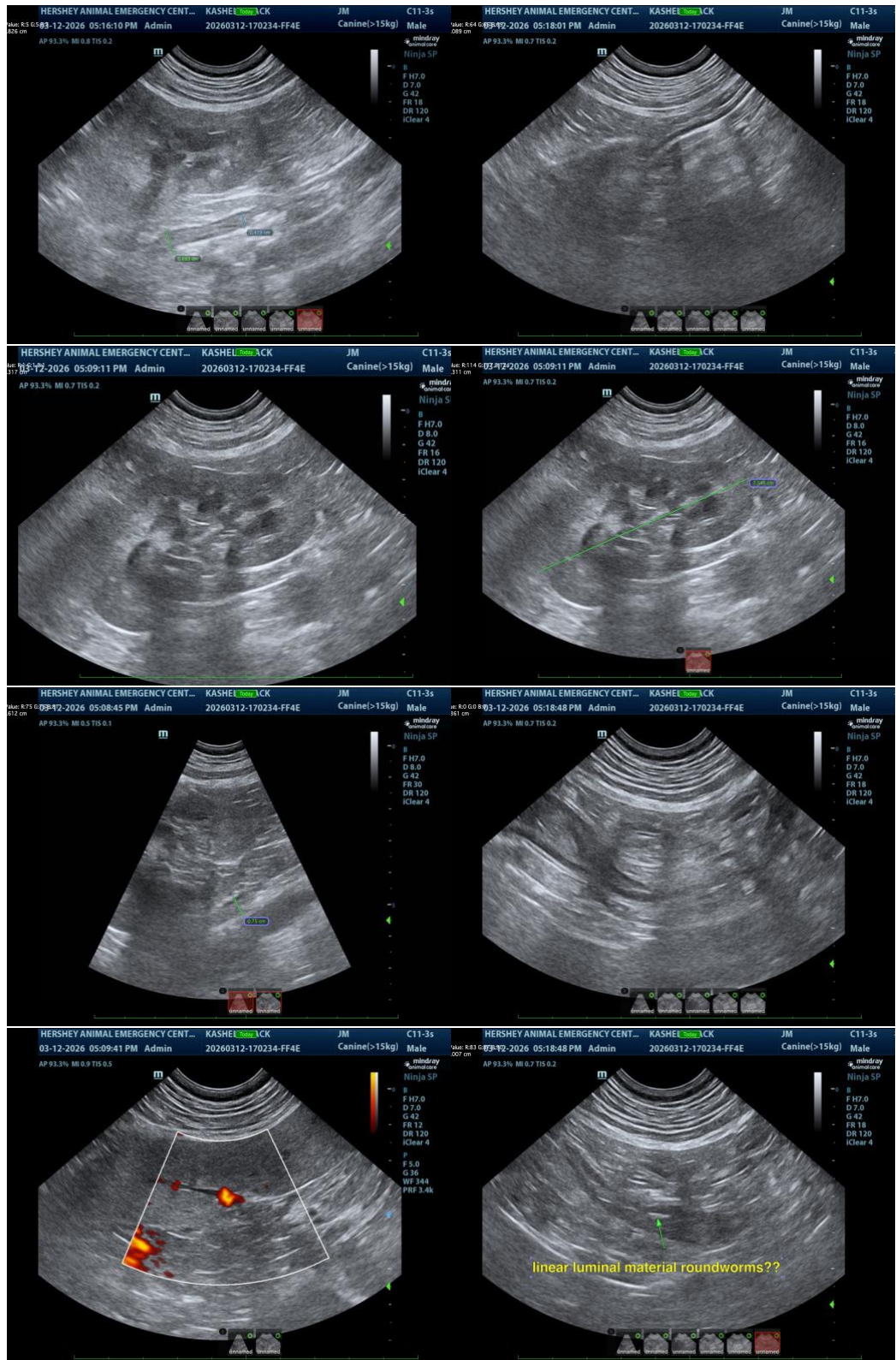
Dr. Shally Gastelu

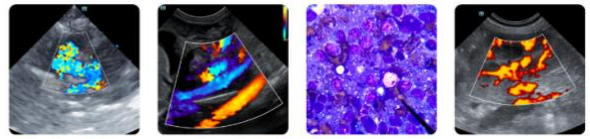
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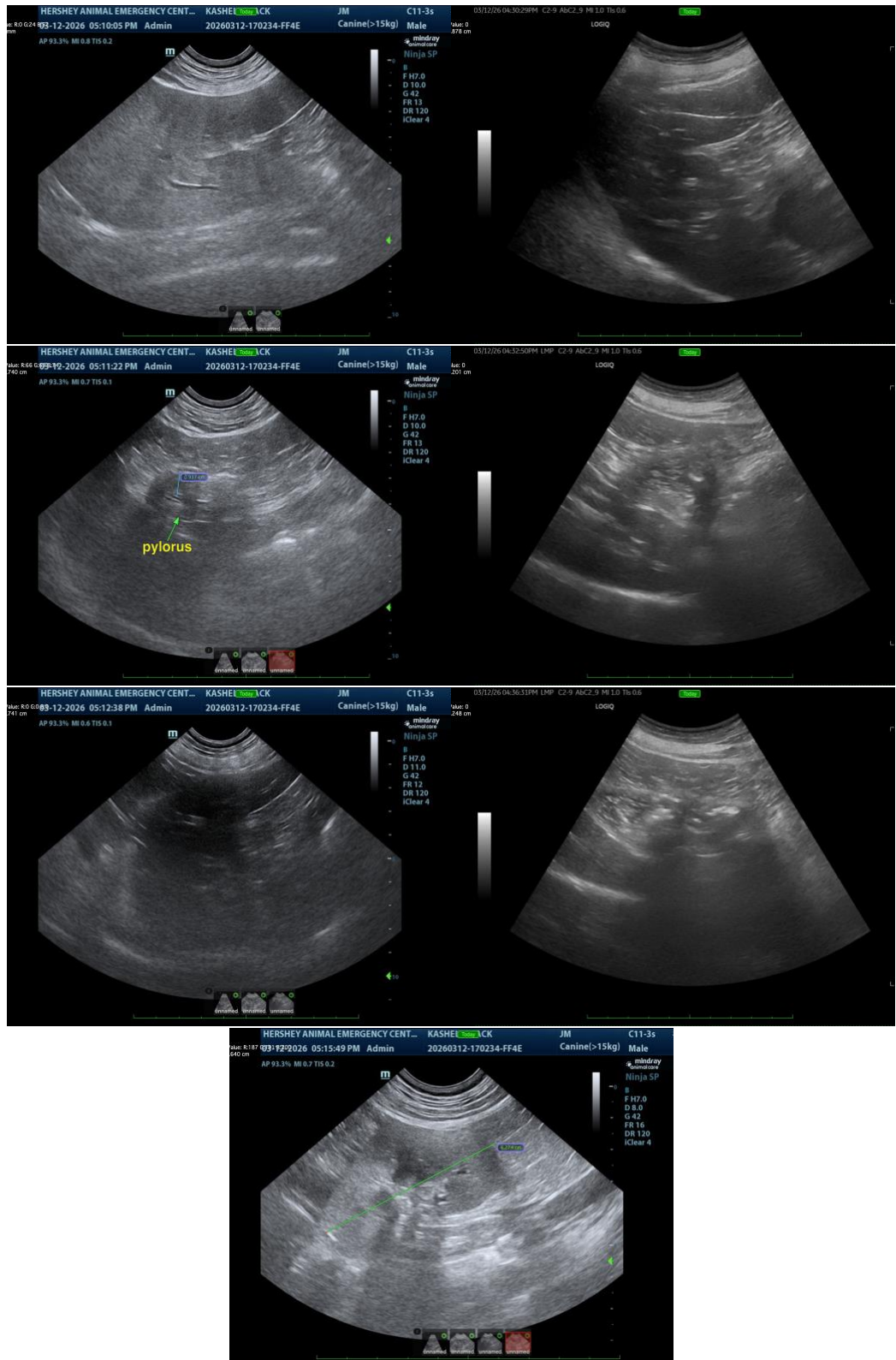
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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