



PATIENT

Anakin Reggio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.5 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. Cara Sinopoli

INVOICE

74379

DATE

4/10/26

PRESENTING CLINICAL SIGNS

Vomiting since 4/9 and lethargic. Inappetent x 1 day. History of gallstones. Mucous membranes pink/tacky, CRT <2s, moderate tartar/gingival erythema. Very tense and uncomfortable on cranial abdominal palpation. Bladder is small and soft. slight jaundice noted during AUS shaving

Abnormal PE/Chem/CBC/UA Results: CBC: leukocytosis (55.31), neutrophilia (46.72) with a left shift (immature neutrophilia 5.62), monocytosis (2.37), lymphopenia (0.28), eosinopenia (0.08) Chem: ALT 622 (H), TBili (1.7), BUN (15 L) EPOC: hyperglycemia (140) UA: proteinuria (100), bilirubinuria (3), urobilinogen (12), hematuria (>50/hpf), no bacteria, crystals or casts detected Radiographs: unremarkable thorax, Abdomen: a large amount of mineralization is noted within the biliary tree and gallbladder, Otherwise, unremarkable abdomen

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Left kidney measured 4.2 cm. Right kidney measured 3.9 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 0.40 cm. Right 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** revealed diffuse biliary mineralization. The gallbladder was overdistended. The common bile duct measured at the upper limits of normal at 0.43 cm. Multiple biliary calculi were lodged in the distal aspect of the common bile duct. Calculi measured up to 9.0 mm.



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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

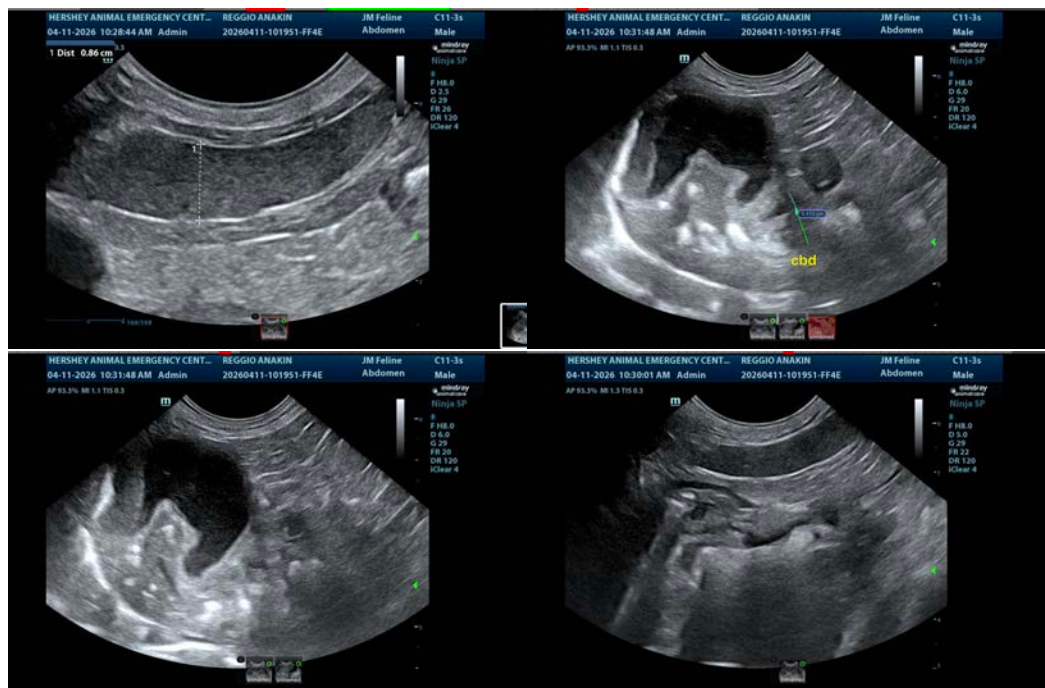
The **pancreas** was hypoechoic and irregular with undulating contour.

ULTRASONOGRAPHIC FINDINGS

- Post-hepatic obstruction, cholangiohepatitis liver pattern with multiple biliary calculi throughout the hepatic parenchyma and lodged in the common bile duct.
- Hypoechoic, irregular pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention recommended with biliary lavage and liver biopsy. J tube placement may be in this patient's best interest.





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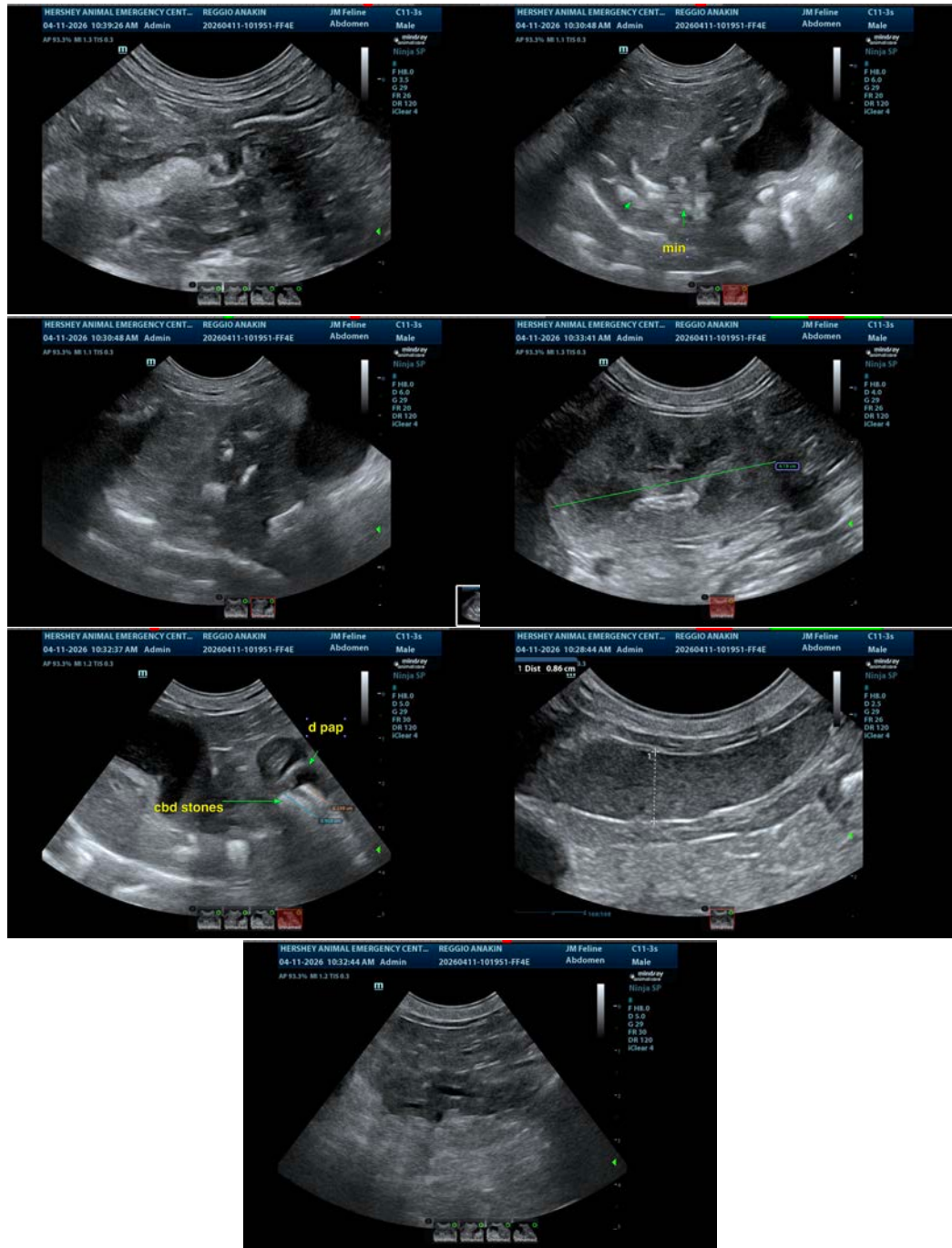
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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