



## PATIENT

Jack Shin

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

17.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

15368

## DATE

04/23/26

## PRESENTING CLINICAL SIGNS

Presents today for acute profuse 1 day history of vomiting and anorexia since this morning. History of Cushing's disease managed with Vetoryl and since Nov 2025 diagnosed with Addison's disease. Currently on prednisolone 0.15mg/kg daily. No recent stressful events identified. Normal stool

Abnormal PE/Chem/CBC/UA Results: Dull mentation, tacky mm, painful abdominal palpation EPOC: Na 136 L, K 4.6, (Na/K 29), Lact 3.04 H, Glu 166 H Chem15: Glu 150 H, TP 8.8 H, Glob 4.9 H, ALT 169 H, ALP 1,428 H qPL: 1,792 H Cortisol: 0.53 CBC: Hct 47.1, MCHC 39.5 H, WBC 15.05, Neu 12.68 H, Plt 507 H BP: 127/81 (89)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra to a depth of 2.0 cm were normal. Minimal amount of urine was present at the time of the sonogram.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Multifocal cortical mineralizations were present. The left kidney measured 5.8 cm in length. The right kidney measured 5.4 cm in length. Blood flow to the kidneys was subnormal.

### Adrenal Glands

The **right adrenal gland** was not visualized.

The **left adrenal gland** was subnormal in size expected for an Addisonian patient, measuring 0.32 cm width.

### Spleen

The **spleen** in this patient was mildly irregular in contour and volume contracted. Hydration status should be assessed.

### Liver

The **liver** presented with mild irregular swelling with subtle hypoechoic nodular changes. Trace amounts of free fluid were noted between the liver and portal hilus. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal

The **stomach** was empty, yet curvilinear patterns were maintained. The duodenum was spastic yet curvilinear patterns were maintained. Adhesions secondary to pancreatic inflammation were present. No evidence of foreign bodies.



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## Pancreas

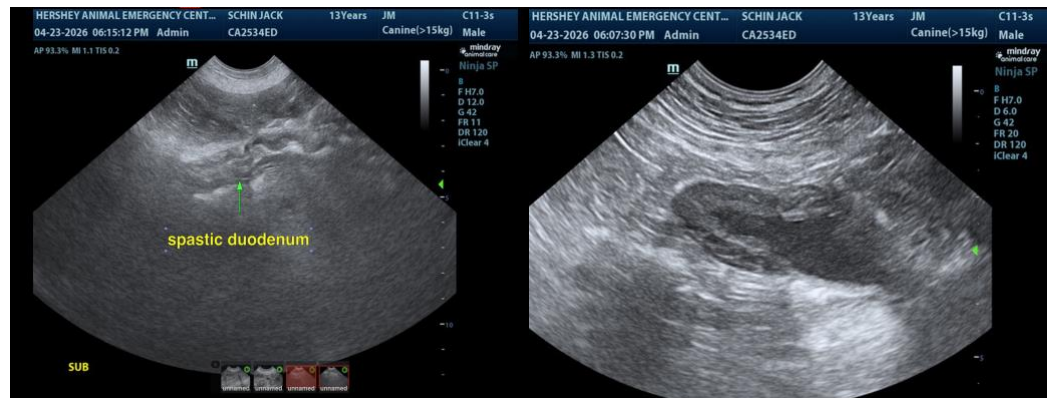
The **pancreas** revealed mixed echogenic to hyperechoic changes throughout the pancreatic base and right limb enveloping the small intestine. The right pancreatic base was enlarged and nodular.

## ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes.
- Extensive pancreatitis.
- Volume contracted spleen.
- Subnormal left adrenal gland.
- Nodular liver with trace free fluid.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the pancreas is indicated to ensure underlying carcinoma is not an issue or abscessation. FNA of the liver is indicated to assess for separative changes versus mild potential for neoplasia. Aggressive treatment for gastroenteritis and pancreatitis is indicated. Specific therapy would be based upon FNA results. Recheck sonogram in 48-72 hours, earlier if clinical decline is occurring.





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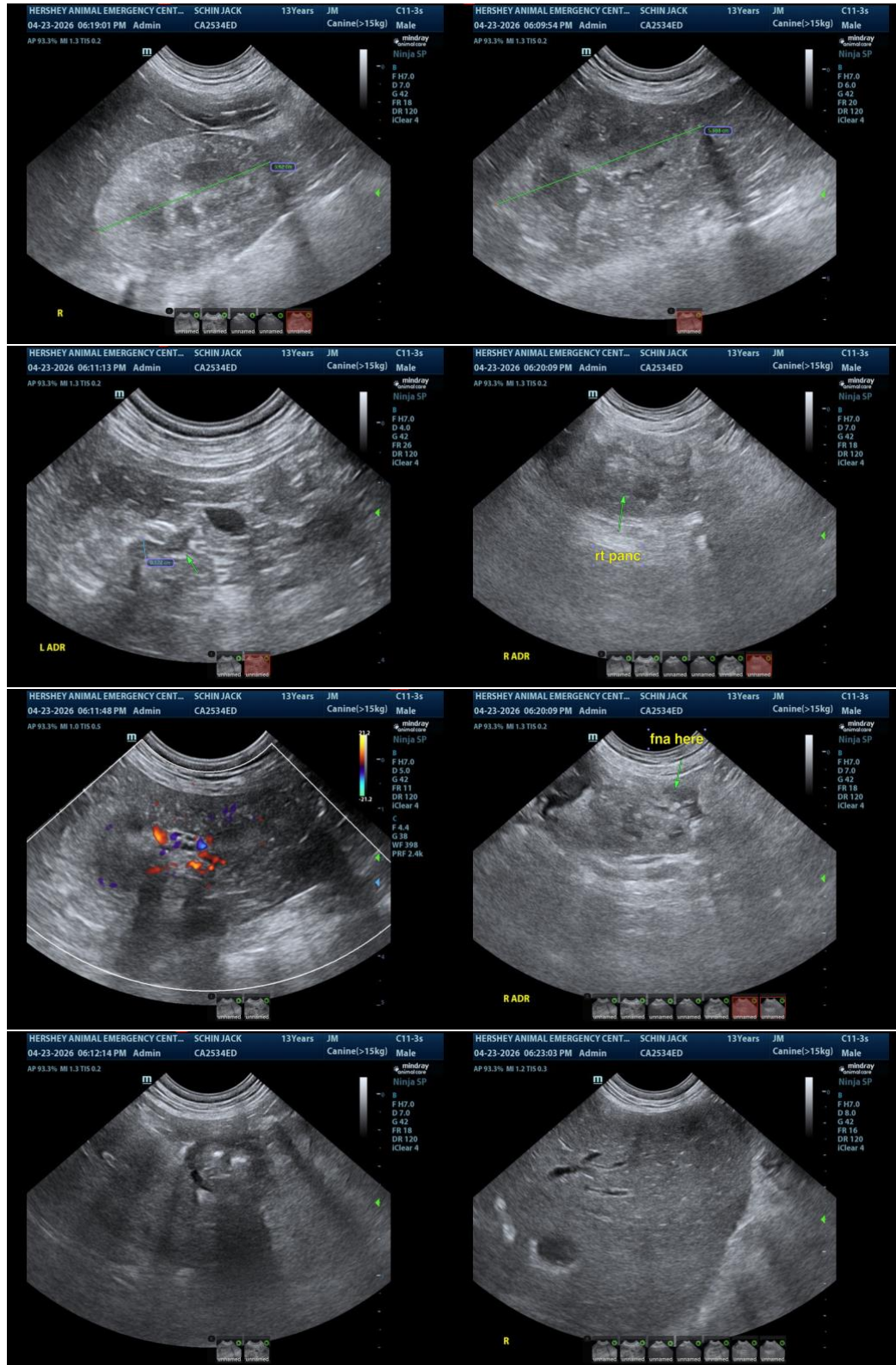
Dr. Shally Gastelu

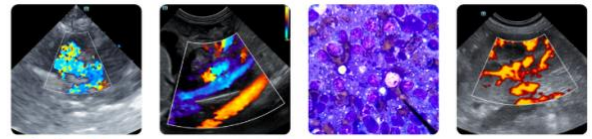
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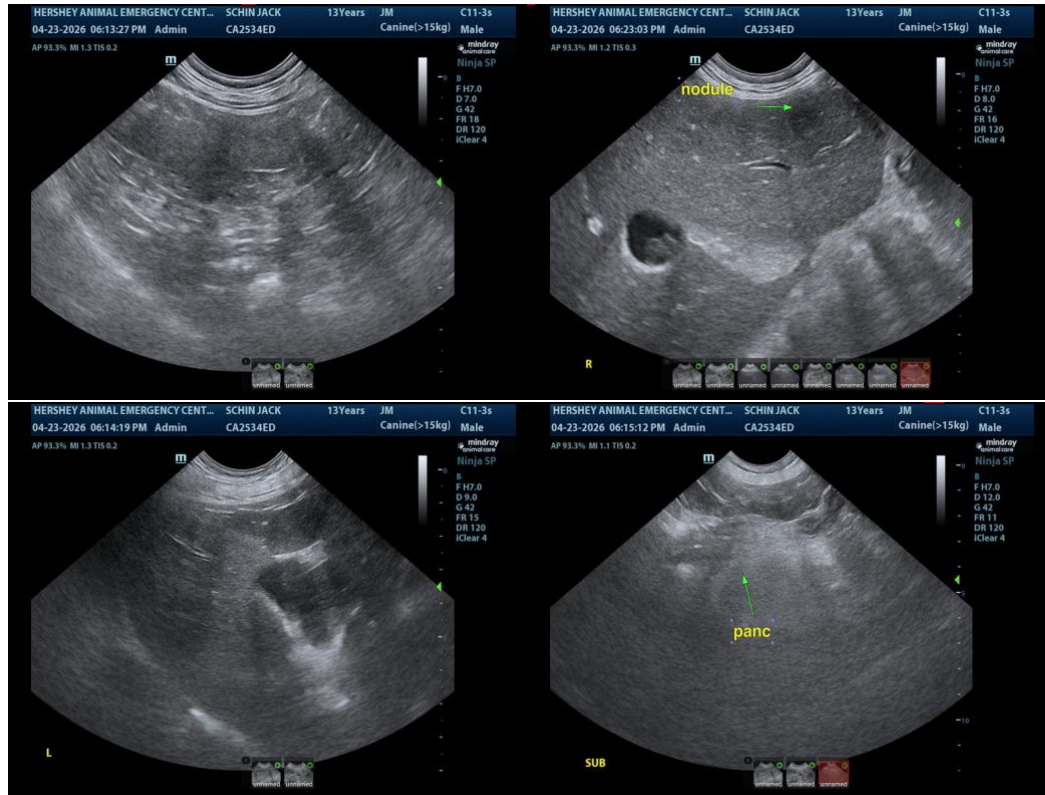
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

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