



## PATIENT

Tyler Maynard

## SPECIES

Canine

## BREED

Aussie Mix

## SEX

Neutered Male

## AGE

11.5 Years

## WEIGHT

27.1 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. Brittany Lang

## INVOICE

15553

## DATE

04/29/26

## PRESENTING CLINICAL SIGNS

Patient initially presented on 4/22 for vomiting, nausea, decreased appetite. Treated with GI supportive care, IV fluids. A colonic FB was eventually removed and continued supportive care at home.

Patient returned on 4/23 for persistent lethargy, anorexia, hypersalivation. Continued OP supportive care for gastroenteritis. Returned 4/28 for persistent diarrhea. No improvement throughout the entire process, persistently liquid. Energy levels improved some, but are still not back to normal. Mucous membranes pink/ptyalism Gas palpable within intestines, mild discomfort on deep palpation on hind end shaved, diarrhea staining perineal region CBC: Lymph 1.04K (L), Mono 1.28K (H) Chem: ALT 270 Cortisol: 10.81

Abnormal PE/Chem/CBC/UA Results: 4/22 Rads: colonic FB (fabric) Mucous membranes pink/ptyalism Gas palpable within intestines, mild discomfort on deep palpation on hind end shaved, diarrhea staining perineal region CBC: Lymph 1.04K (L), Mono 1.28K (H) Chem: ALT 270 Cortisol: 10.81

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 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 **residual prostate** measured 7.0 mm.

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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 7.3 cm in length. The right kidney measured 6.7 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 0.50 cm width. The right adrenal gland measured 1.1 cm width at the cranial pole and 0.68 cm width at the caudal pole.

### 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. The spleen was folded upon itself cranially.

### Liver



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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.

### **Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

### **Pancreas**

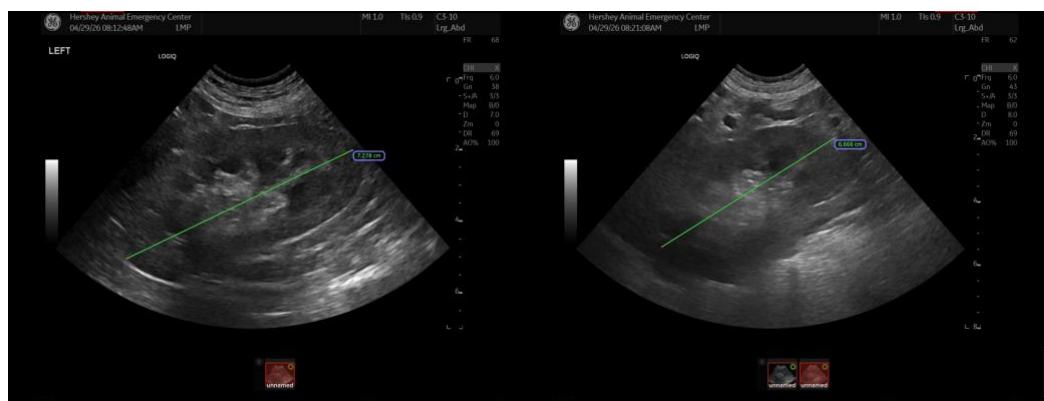
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with slight mineralizations.
- Mild chronic GI changes.
- Geriatric abdomen otherwise.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant disease, however, underlying inflammatory bowel is likely. No evidence of foreign bodies currently. Pica may be secondary to underlying GI disease. Management for presumed inflammatory bowel is warranted with hydrolyzed diet. Fecal test and supportive care should prove effective.





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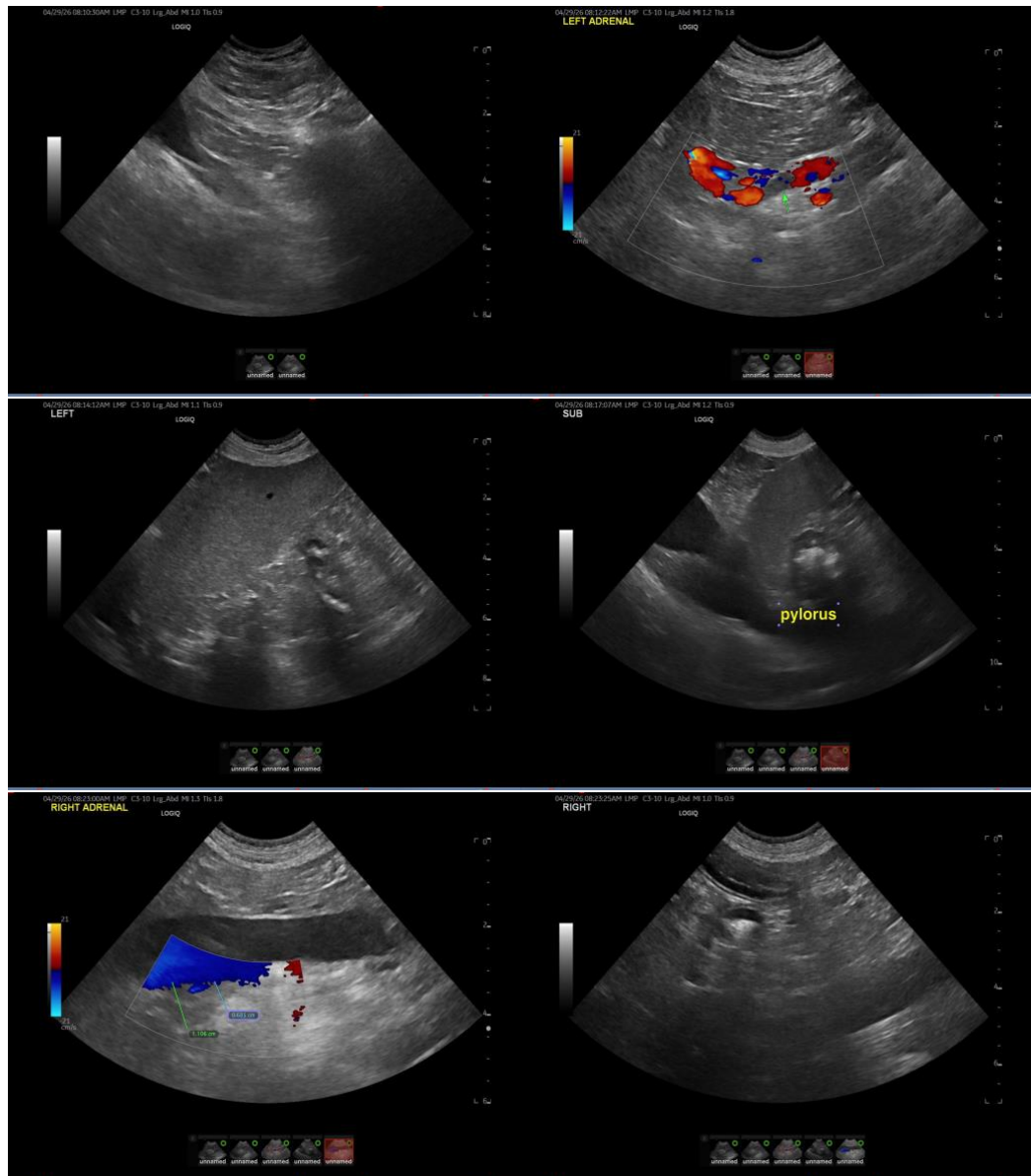
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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