



PATIENT

Boq Frye

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

2.7 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. Brian Jacobs

INVOICE

16197

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Last night p started self-isolating, this morning p was extremely lethargic. P brought to rDVM, temperature 97F and extremely hypoglycemic, azotemic, low Na/K ratio. Mucous membranes tacky, pale pink, CRT 3-4s. No palpable abnormalities noted. Point of care ultrasound showed no significant findings, kidneys appeared smaller, possible dilation of renal pelvis. Initial blood work showed CBC unremarkable, Chem: Glu 17 (L), SDMA 23 (H), Creat 3.1 (H), BUN 76 (H), P >16.1 (H), K 7.6 (H), Cl 105 (L), NA:K ratio 19. Resting cortisol: 1.13

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 **right kidney** revealed moderate degenerative change with an echogenic hyperechoic medullary band measuring 2.9 cm length. The left kidney presented with similar changes to the right kidney with slight pyelectasia bilaterally. The **left kidney** measured 3.5 cm length. The kidneys do not appear to be end stage and subjectively appear 40-50% compromised. Complicating factors such as UTI, hypertension, acute insult should all be considered.

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 0.3 cm width. The right adrenal gland measured 0.8 cm width at the cranial pole and 0.5 cm width at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. A splenic nodule was present measuring 0.80 cm with capsular expansion. Hemangiosarcoma, hyperplasia, abscessation less likely. No evidence of rupture.

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.

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



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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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

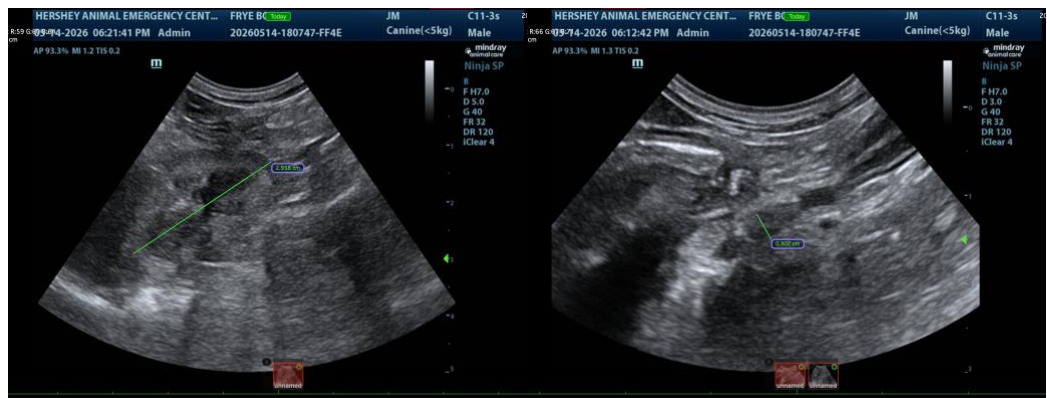
- Age-related nonspecific abdominal presentation with slight bilateral pyelectasia.
- Volume contracted spleen with splenic nodule.

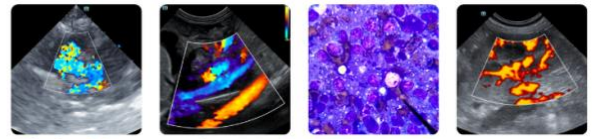
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of insulinoma, however cannot be ruled out as such lesions can be extremely small. No evidence of metastatic disease. Xylitol toxicity, occult insulinoma, and sepsis should all be considered. Given the low resting cortisol, a full ACTH stimulation test is recommended to assess for potential Addison's disease even though the adrenals appear structurally normal.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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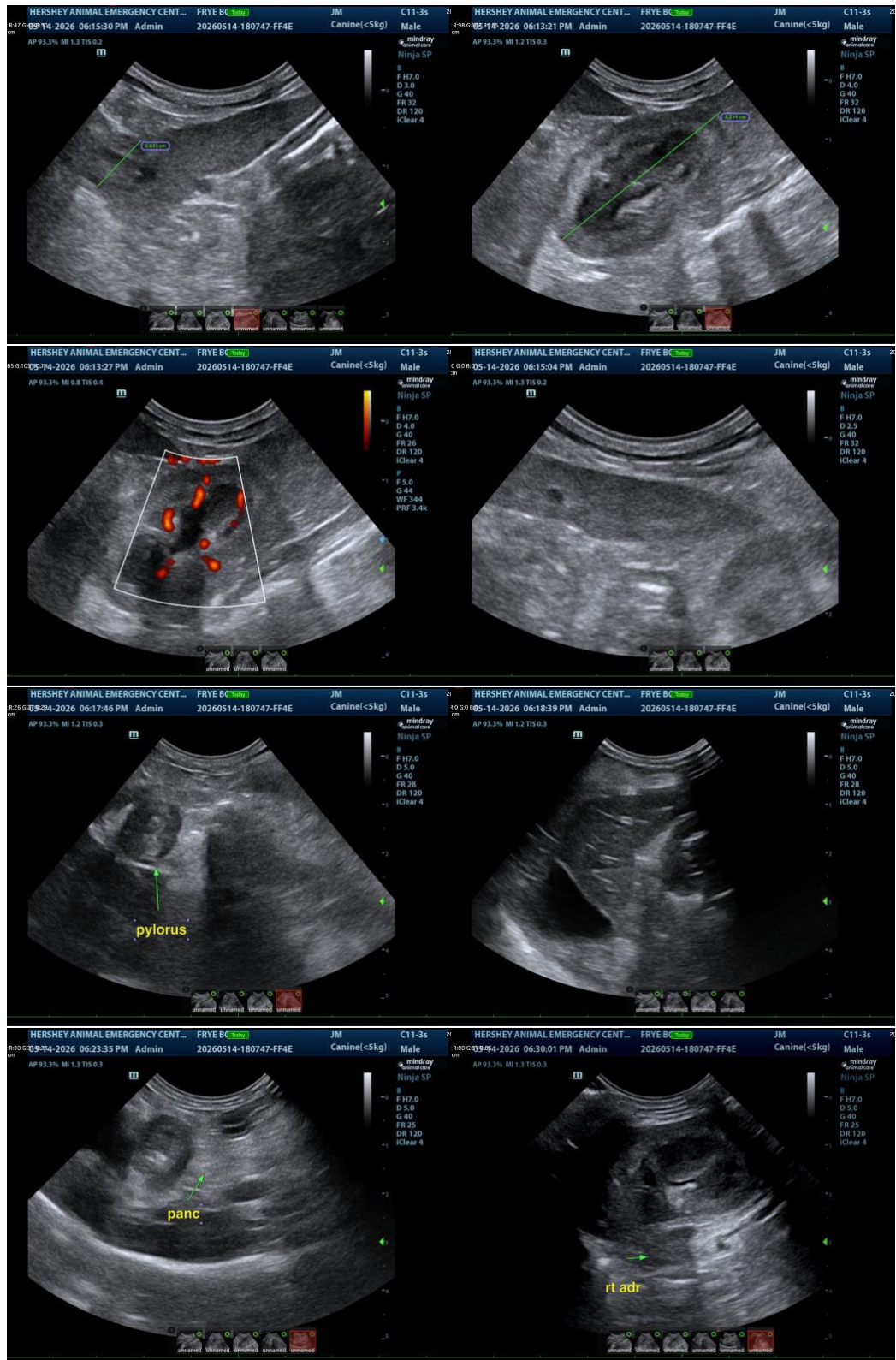
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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