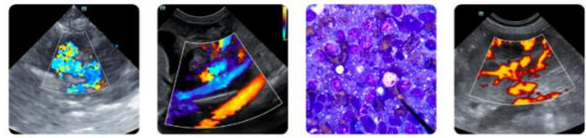


PATIENT
Beans Walcott

SPECIES
Canine

BREED
Shiba Inu

SEX
Neutered Male

AGE
5 Years

WEIGHT
14.8 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
16380

DATE
05/20/26

PRESENTING CLINICAL SIGNS

Beans presented to HAEC on 5/19/26 at 7pm for persistent abdominal discomfort and diarrhea for approximately 1 week. Beans was seen at SHORES about 1 week ago and diagnosed with pancreatitis. He was treated with outpatient supportive care but has continued to show signs of abdominal discomfort at home and has had persistent diarrhea.

CBC: RBC 9.13 (H), MCV 57.0 (L), MCH 20.3 (L), MPV 13.6 (H), RDW 21.8 (H), Retic Hgb 22.2 (L) Chem: unremarkable cPL: 65 (normal) EPOC: pO2 61.1, pH 7.269, BE -7.0, Lactate 6.18 Radiographs: The stomach appears empty. The small bowel appears diffusely thickened and primarily fluid filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The descending colon contains fecal material. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The urinary bladder appears normal. There is no evidence of free fluid or free gas in the peritoneal space. The axial skeleton, including the pelvis and coxofemoral joints are within normal limits.

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 **residual prostate** measured 0.80 cm.

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 5.6 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

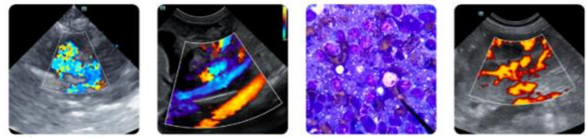
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.65 cm width. The right adrenal gland measured 0.82 cm width at the cranial pole and 0.58 cm width at the caudal pole.

Spleen

The **spleen** presented largely normal and folding upon itself cranially. A slight hypoechoic nodule was present at the mid body of the splenic fold measuring 0.50 cm.

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



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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 demonstrated normal luminal chyme and soft stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Excessive GI gas was present.

Pancreas

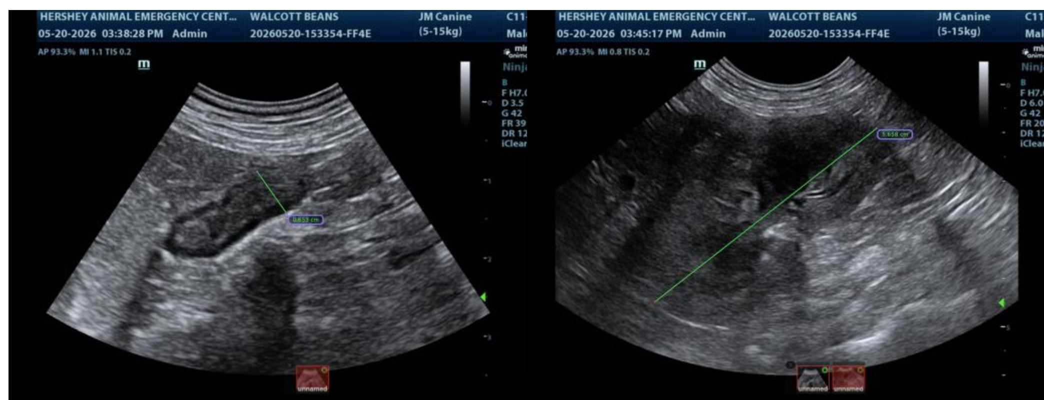
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

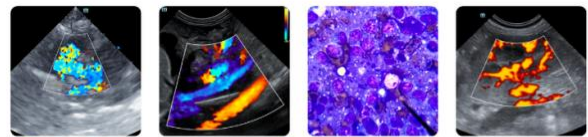
ULTRASONOGRAPHIC FINDINGS

- Excessive GI gas with soft stool in colon.
- Splenic folding with hypoechoic splenic nodule- hyperplasia likely, abscessation, round cell neoplasia possible yet thought less likely.
- Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck sonogram in three to four weeks regarding the spleen. Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days.





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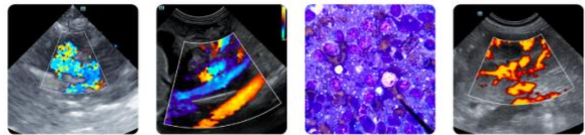
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com



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