



PATIENT

Rolo Ferguson

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

10 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. Shally Gastelu

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DATE

05/21/26

PRESENTING CLINICAL SIGNS

Starting today, not eating, V+, went to RDVM- did some BW/rads- sent home w/ SQF/Cerenia. Does not normally get into things but licks a lot of things. Pt was downward dogging at home, historical calcium oxalate bladder stones removed 1 year ago. PE: Tympanic distended abdomen, uncomfortable upon palpation. LS OU. Moderate dental disease. 6-8% dehydrated

Radiographs: Gas distended stomach, no obvious ingesta present, small nephroliths present bilaterally
EPOC: pH 7.551 (H), Na 138 (L), K 2.7 (L), Cl 97 (L), Lac 4.73 (H) PCV/TS: 54/9 cPL: 1489 (H) CBC: WBC 24.61 (H), Neut 15.45 (H) w/ suspected bands, Lymphs 7.04 (H), Monos 1.83 (H) Chem: ALT 185 (H), ALP 563 (H), GGT 12 (H), Chol 461 (H) USG 1.046 BP: 194 (dopper)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 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 **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 4.0 cm in length. The right kidney measured 4.0 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 0.6 cm width. The right adrenal gland measured 0.6 cm width.

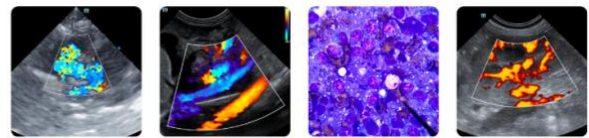
Spleen

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** 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** was over distended with striating bile. Mildly thickened gallbladder wall. Gallbladder mucocele extended 5.0 cm x 3.8 cm with hyperechoic surrounding fat at the cystic duct, consistent



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with inflamed mucocele. The common bile duct revealed a mucoduct and appeared mildly dilated measuring 0.6 cm.

Gastrointestinal

The **stomach** was over distended with fluid and chyme. The pylorus was mildly dilated. The upper duodenum was thickened, regionally inflamed and spastic. The regional **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia, measuring up to 1.5 cm.

Pancreas

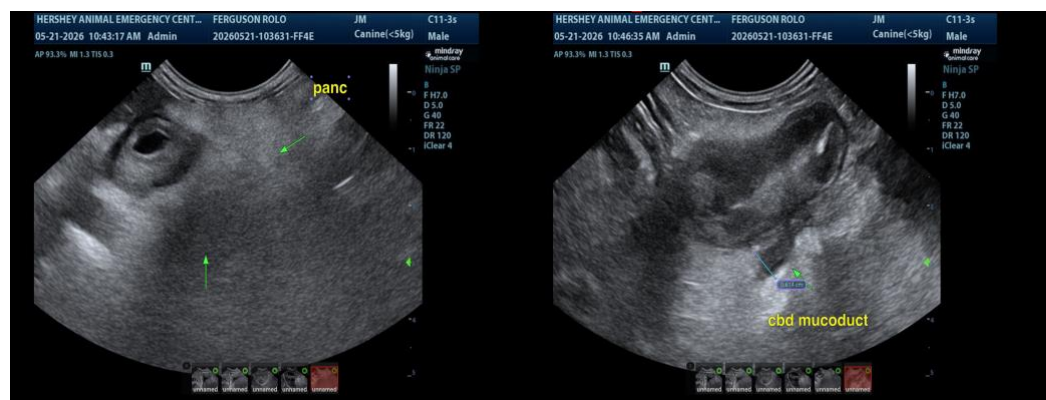
The right limb of the **pancreas** presented with mixed hypo- and hyperechoic changes consistent with pancreatitis, enveloping the upper intestinal tract, causing delayed outflow.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele and mucoduct with friable common bile duct presentation.
- Regionally extensive pancreatitis and duodenitis.
- Age-related renal changes with mineralization.
- Concurrent gastritis with regional lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical intervention in this patient with cholecystectomy, common bile duct lavage. Bile duct deviation procedure may be necessary in this patient. Debridement of any necrotic pancreatic tissue is indicated. No overt evidence of neoplasia yet cannot be completely ruled out. IV fluid support, plasma expanders, coagulation panel are indicated followed by surgical intervention. There are comorbidities in this patient, likely complicating both presentations in that acute on chronic pancreatitis, duodenitis and common bile duct congestion/mucoduct with mucocele are all present. This is a surgical mucocele. I do not recommend medical management only other than to stabilize the patient for surgery.





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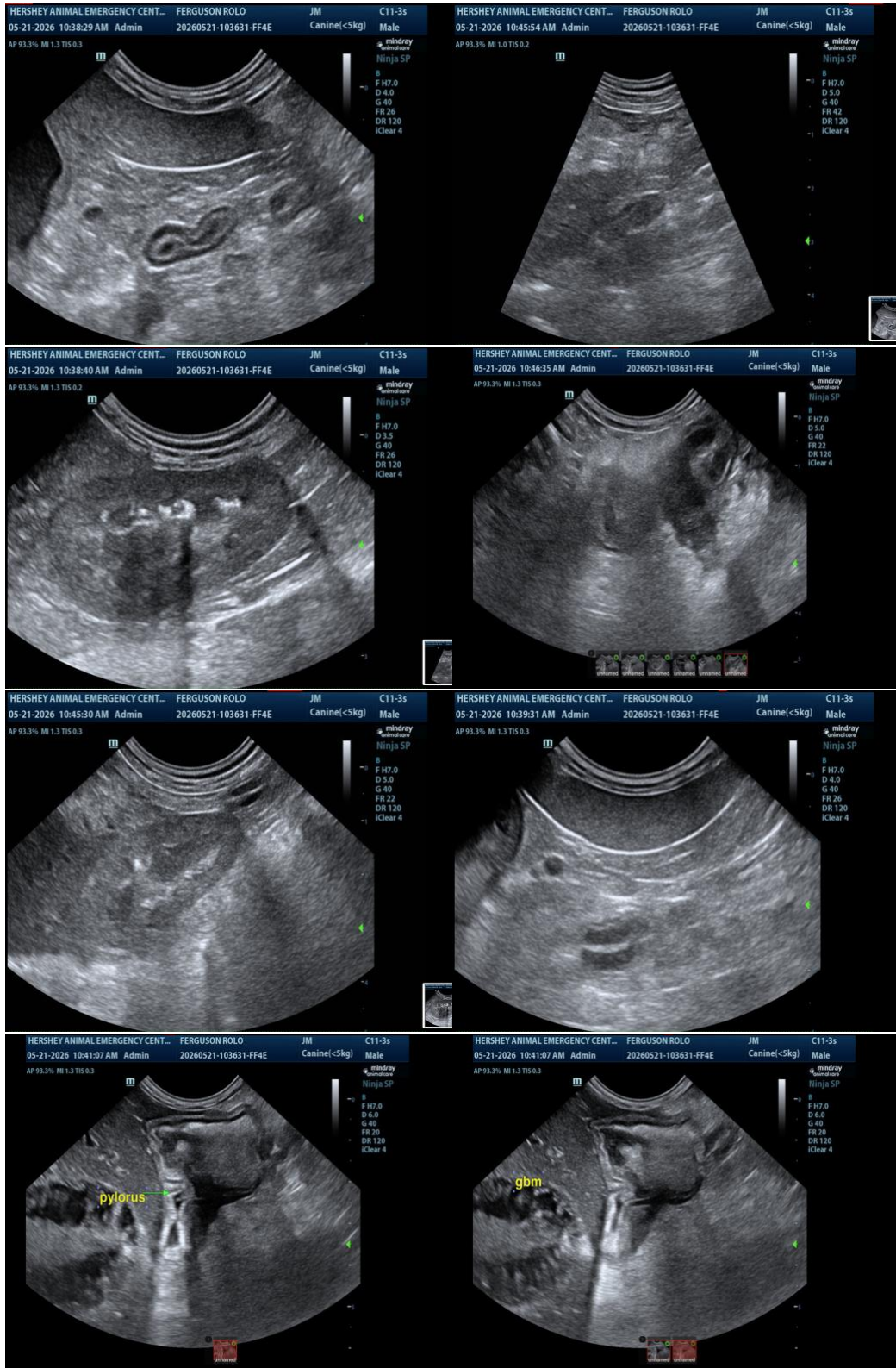
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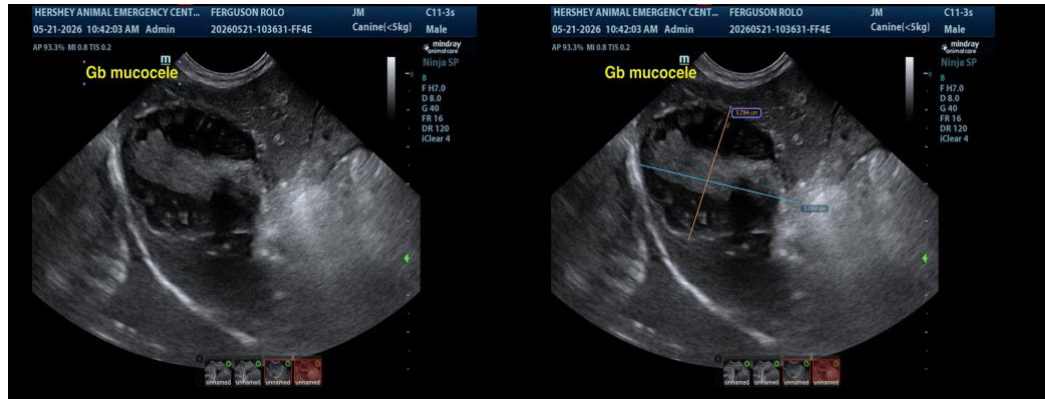
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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