



PATIENT

Gracie Catlin

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

11 years

WEIGHT

2.64 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lang

INVOICE

77886

DATE

5/23/26

PRESENTING CLINICAL SIGNS

History: Sonopath AUS @ HAEC 5/17/26.

Dx: Pancreatitis, Chronic Kidney Disease, Elevated Liver Enzymes, Hypertension - historic Hospitalized, symptoms improved and azotemia normalized before going home 5/20 @ 5am. Yesterday decreased appetite, lethargic, diarrhea.

PE: abdominal discomfort on palpation, soft tissue SQ mass on ventral abdomen, tacky MM, severe periodontal disease, Grade 2/6 HM

Abnormal PE/Chem/CBC/UA Results: epoc: bicarb 6.2 (L), pH 7.093 (L), NA 122 (L), K 6.2 (H), ical 0.81 (L), BUN >120 (H), creat 8.16 (H) Cortisol (Idexx Catalyst): 4.6 Urine: protein 30 (H) sediment review pending at time of scan

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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.2 cm.

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. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm 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 was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was mildly echogenic, yet normal variant. There was a minor amount of suspended debris.

Gastrointestinal

The **gastric** wall revealed minor hypertrophy in the intralumen. Echogenic, submucosal thickening was noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

The **pancreas** revealed heterogenous mixed echogenic changes primarily at the left base.

ULTRASONOGRAPHIC FINDINGS

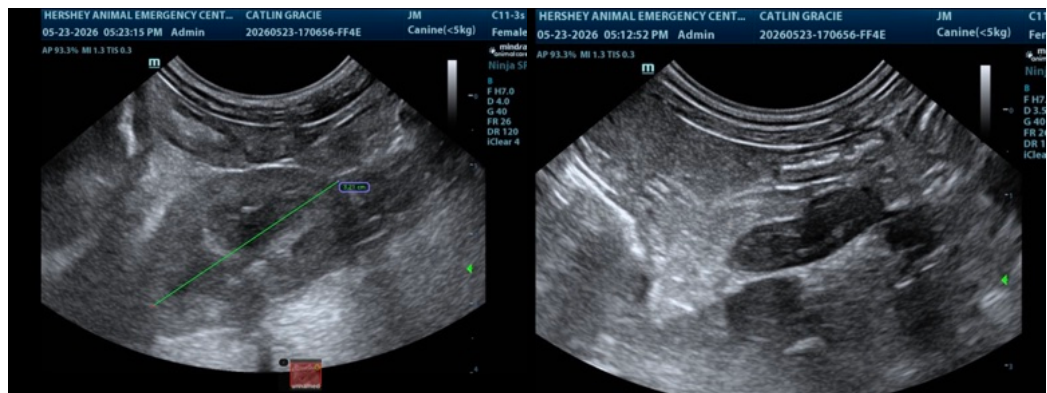
Chronic active pancreatitis pattern.

Acute on chronic renal insult.

Minor suspended gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Toxin exposure, leptospirosis and prerenal disease should all be considered. Aggressive treatment for acute on chronic renal failure is indicated. There was no evidence of neoplasia or foreign bodies.





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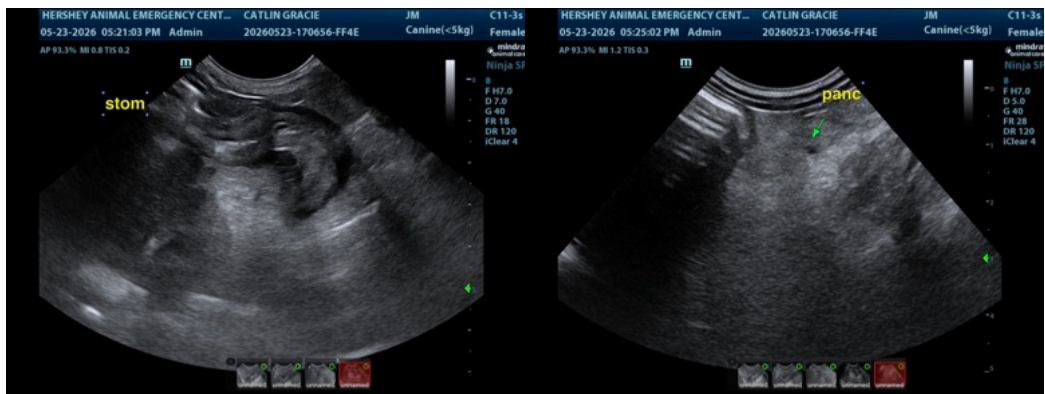
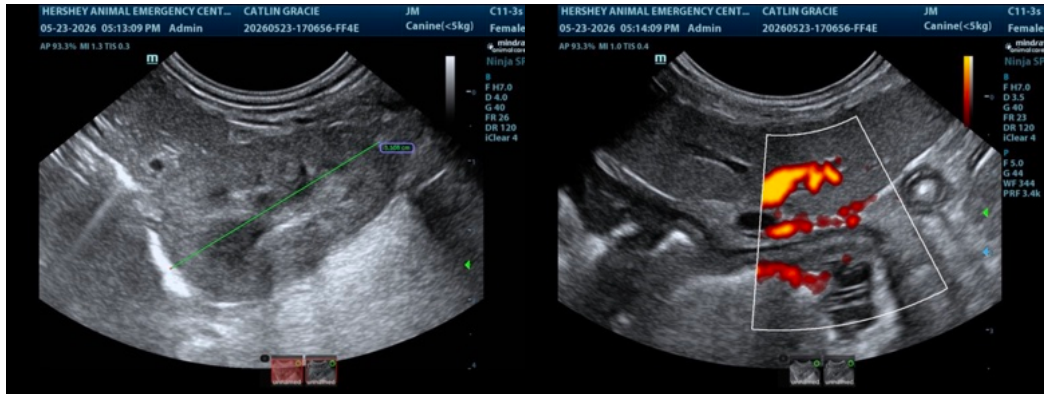
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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