



## PATIENT

Harley Bender

## SPECIES

Canine

## BREED

Doodle

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

30 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. Kimberly Davidson

## INVOICE

16496

## DATE

05/23/26

## PRESENTING CLINICAL SIGNS

Previous history of pancreatitis. Feeds hydrolyzed diet. Recent low cobalamin. 3 days of vomiting despite Cerenia. Abdominal: Tense, uncomfortable and nauseated on palpation. Oral Cavity: Mucous membranes pink/tacky, CRT <2s, mild tartar/gingival erythema, sublingual clear

Chem: alt H 131, tbili H 2.6 resting cortisol: normal at 4.57 cbc: unremarkable - lack of stress leukogram

## 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 **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 6.6 cm in length. The right kidney measured 5.7 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 0.43 cm width. The right adrenal gland measured 0.56 cm width at the caudal pole and 1.5 cm width at the cranial 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.

### 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

The **stomach** presented with a minor amount of chyme. The gastric wall was unremarkable. Slight shadowing material was noted in the pylorus. The small intestine and colon were unremarkable with



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normal stool. The small intestine was empty. The density of the material in the stomach would be that of grass or soft foreign matter.

**Pancreas**

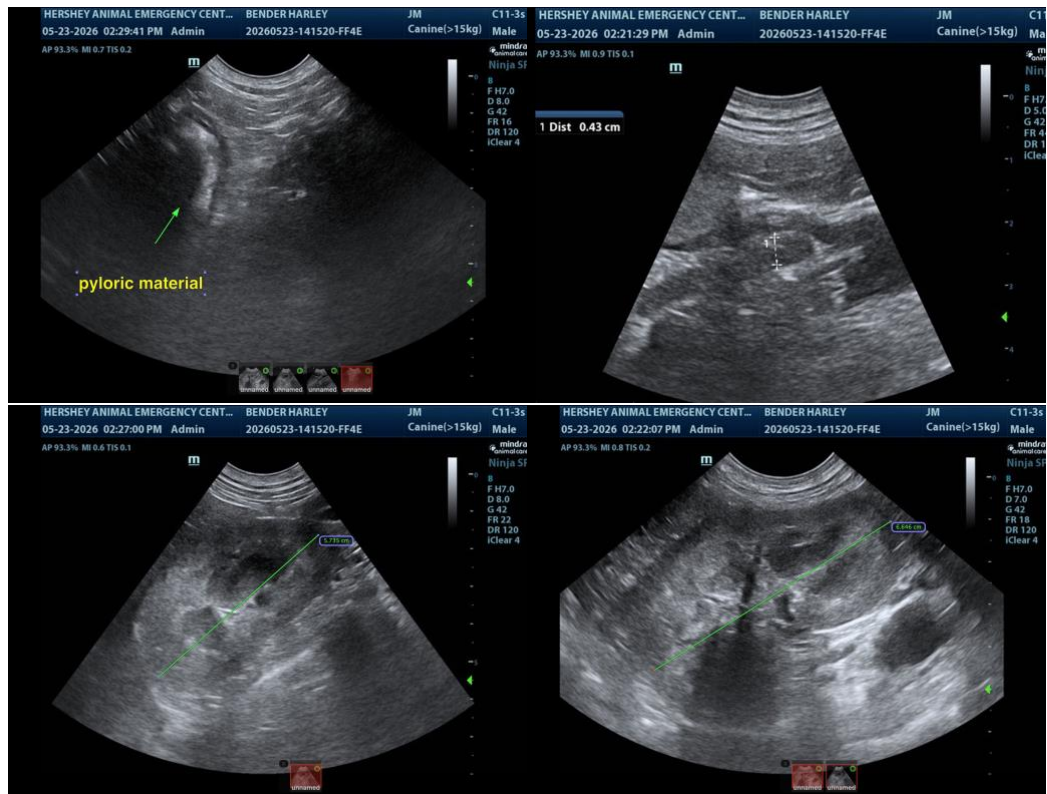
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Minor shadowing gastric luminal material.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy would be indicated if clinical signs persist. No overt obstructive pattern was noted. Medical management is warranted as well as fecal test. Recommend reassessment of the bilirubin elevations. There is no structural reason for hyperbilirubinemia.





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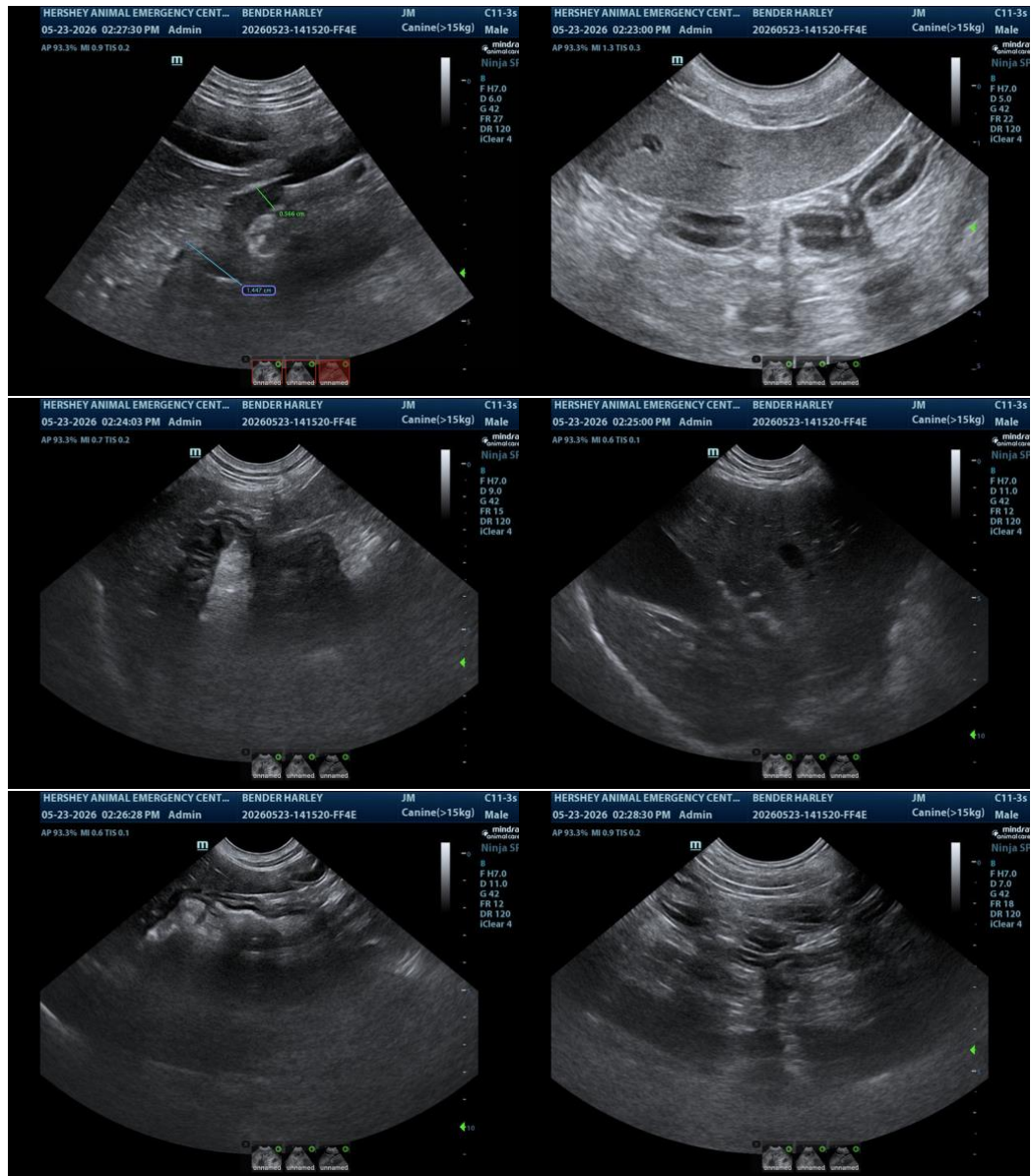
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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