



## PATIENT

Penny Washburn

## SPECIES

Canine

## BREED

Pitbull

## SEX

Spayed Female

## AGE

1 Year

## WEIGHT

23.7 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. Leann Murphy

## INVOICE

16494

## DATE

05/23/26

## PRESENTING CLINICAL SIGNS

Wednesday night became very lethargic. Seen at rDVM Thursday, Temp 105, rad+BW+4DX unremarkable. Treated with Meloxicam Injection, Quellin, Amoxicillin. Frequent vomiting for past 24 hours, continued despite Cerenia. Indiscriminate chewer/eater. Started with diarrhea yesterday. History of fever of unknown origin March 2026 PE: Mucous membranes pink/tacky. Tachycardia, pulses weak, cold gums and cold extremities. Painful and nauseous on cranial abdominal palpation. Vomited multiple times during visit. Liquid diarrhea mixed with blood on rectal exam

BP: WNL Lactate: 1.3 EPOC: pH 7.300 L, Hct 62% H CBC: Immature neuts 1.23K (12 %), Lymph 1K L, Mono 1.86K H, Eos 0.02K L Chem15: Phos 6.9 H ALP 218 H, Chol 348 H CPL: <30 AXR: The stomach is mildly gas-distended and is otherwise empty. Luminal gas redistributes normally with changes in patient positioning and highlights a normal pyloric antrum on the left lateral view. The small intestine is diffusely overly fluid and gas distended. This gas has a tubular pattern of distribution, alternated with occasional fragmented gas bubbles, and highlights a subjectively thickened wall. The colon is diffusely fluid and gas distended. Luminal gas highlights a thickened and irregular wall. r/o gastroenterocolitis resting cortisol: 15.04 UA: USG 1.048, protein 1+, blood 3+, suspect cocci

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a minor amount of sand accumulation. The bladder itself was unremarkable. The urethra was visible to a depth of 2.0 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 6.3 cm in length. The right kidney measured 5.9 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 0.45 cm width. The right adrenal gland measured 0.48 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 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

The **stomach** was fluid filled with hyperperistalsis present in the small intestine, consistent with gastroenteritis yet no evidence of obstruction. The colon was fluid filled.

### Pancreas

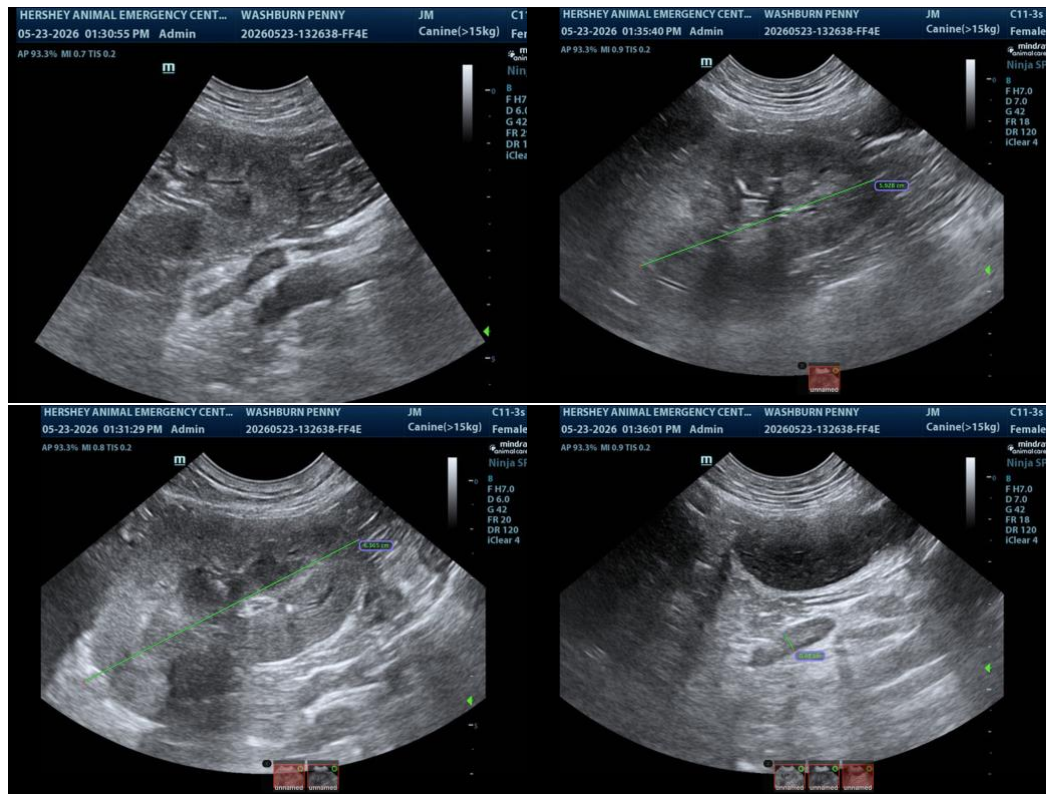
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/colitis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for enterotoxins indicated. Fecal test, 24 hour NPO, IV fluid support, broad spectrum antibiotics and plasma expanders are all indicated.





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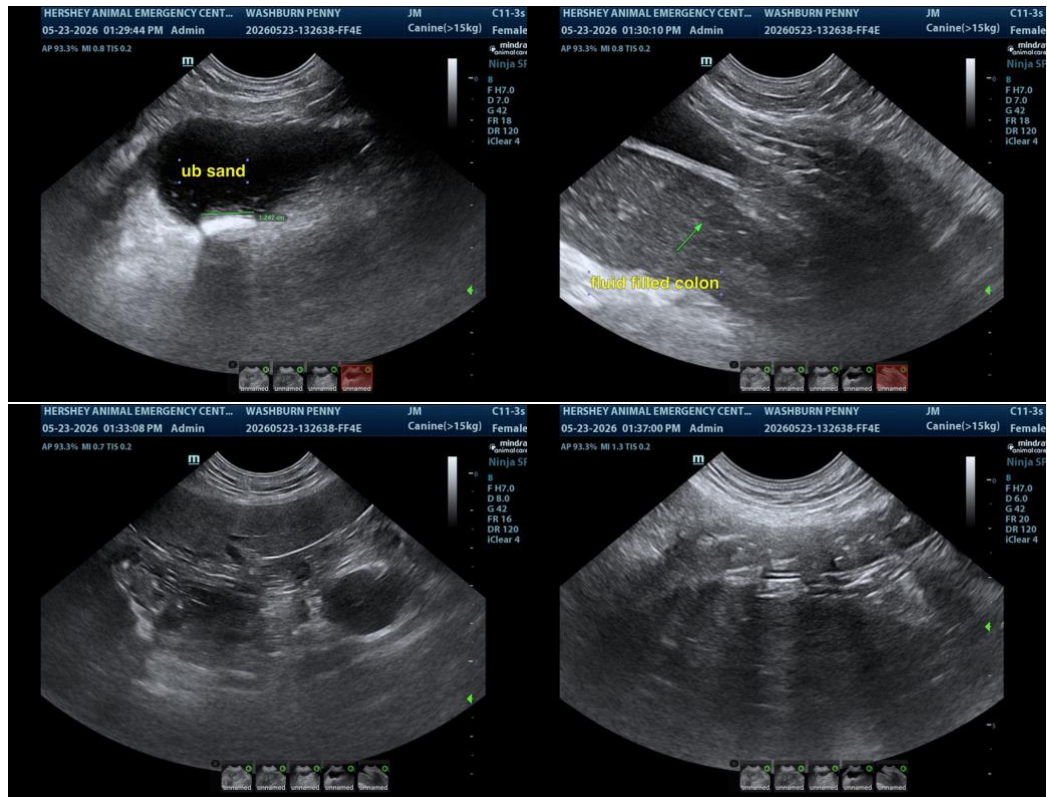
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)