

PATIENT

Charlie Cuttitta

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.2 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

15836

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Charlie presented to HAEC on 5/5/26 at 11:45P for a decreased appetite, lethargy and one episode of vomiting. Eyes: nuclear sclerosis OU Oral Cavity: moderate tartar/gingival erythema, halitosis Abdominal: mild discomfort on cranial abdominal palpation with some lip licking during palpation

CBC: Reticulocytes 6.1 (L), WBC 20.72 (H), Neutrophils 16.78 (H), Monocytes 1.34 (H), Eosinophils 0.03 (L) Invue: Immature neutrophils 1.9%, Platelets >150k (adequate) Chem: BUN 6 (L) EPOC: K 3.4 (L) cPL: 1206 (high) Radiographs: stomach appears empty, gastric axis normal, mild amount of gas within small intestines, decreased serosal detail right cranial abdomen, fecal material throughout colon

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. Anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. A nonobstructive small calculus was present measuring 0.14 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/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 4.4 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.60 cm width at the cranial pole and 0.46 cm width at the caudal pole.

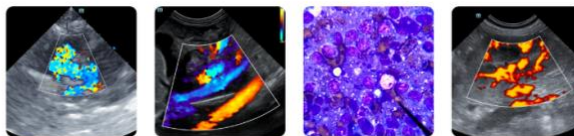
The **left adrenal gland** was slightly swollen at the cranial pole measuring 0.56 cm width and 0.40 cm width at the caudal pole. This is likely a normal variant.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 presented with a polyp measuring 0.40 cm. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative



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pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** presented hypoechoic irregular parenchyma primarily in the left limb with hyperechoic surrounding fat consistent with chronic active pancreatitis. The right pancreatic limb was also extensively hypoechoic and irregular with hyperechoic surrounding fat.

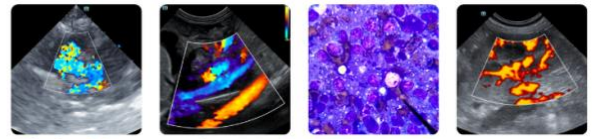
ULTRASONOGRAPHIC FINDINGS

- Extensive acute on chronic pancreatitis pattern.
- Gallbladder polyp.
- Small urinary bladder nonobstructive calculus.
- Swollen left adrenal gland- possible normal variant.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, 24-hour NPO, pain management, broad-spectrum antibiotics are all indicated. The patient is likely passing calculi periodically from the kidneys to the lower urinary tract. Recheck sonogram in 72 hours to ensure adequate resolution of the pancreatic presentation.





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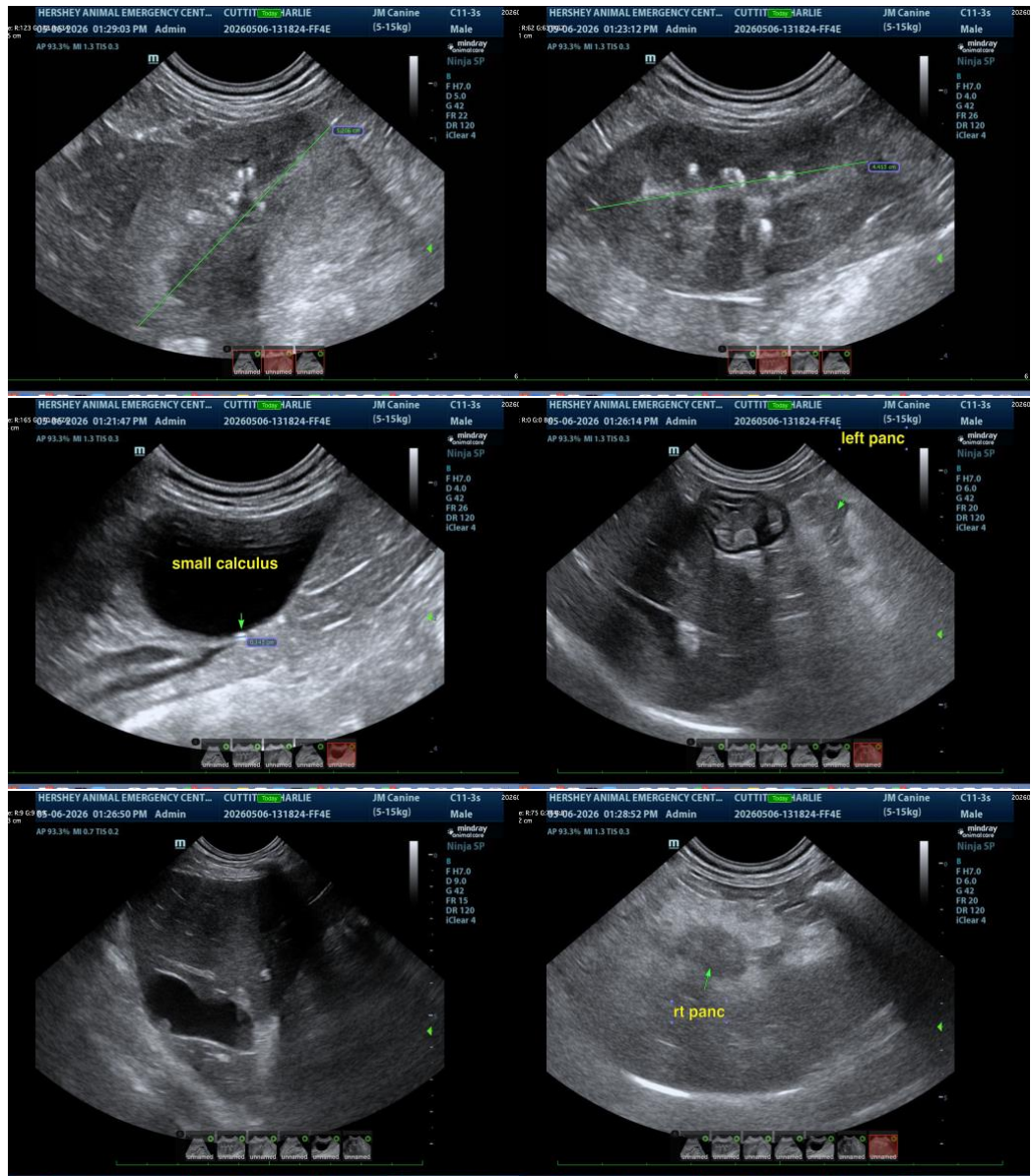
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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