



PATIENT

Ripley Mintz

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

11.4 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. Kim Davidson

INVOICE

16277

DATE

06/03/26

PRESENTING CLINICAL SIGNS

History of vomiting for one day and progressive abdominal distension over past couple months. New onset lethargy. Hx MCT on distal LF limb removed 2 years ago with not clear margins. On pred 10 mg EOD, omeprazole, Benadryl. rDVM today for abdominal distension: radiographs showed hepatomegaly, referred for AUS. Vomit 1 time yesterday. PE: severe tartar/gingival erythema. Cranial organomegaly but comfortable on palpation. CBC: inflammatory leukogram (WBC 22.95 (H), neutrophilia (19.42), monocytosis (1.4) Chem/lytes: ALP 1710 (H), hypokalemia (3.4), hypochloremia (107), hyperglobulinemia (4.6)

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.8 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 0.49 cm width. The right adrenal gland measured 0.51 cm width.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted. Hyperechoic lipid plaques were noted yet not pathological.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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 some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes



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were unremarkable. Gallbladder polyps were noted with micro- and macronodular parenchymal changes.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

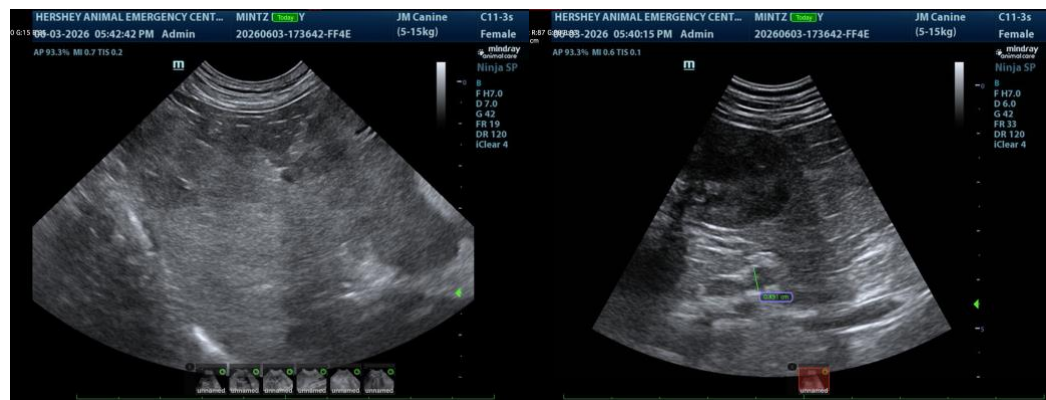
The **pancreas** revealed extensive mixed hypoechoic parenchymal changes with regional inflammation consistent with saponification of fat. Pancreatic pathology extended throughout the left base and body of the pancreas with an extension of approximately 6.0 cm into the right base of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis.
- Benign hepatopathy with gallbladder polyps.
- Gastroenteritis pattern.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, GI protectants, plasma expanders, broad-spectrum antibiotics, pain management are all indicated with recheck sonogram in 48-72 hours. FNA of the hypoechoic portions of the pancreas would be ideal to ensure underlying neoplasia is not present as well as defining inflammatory cell type.





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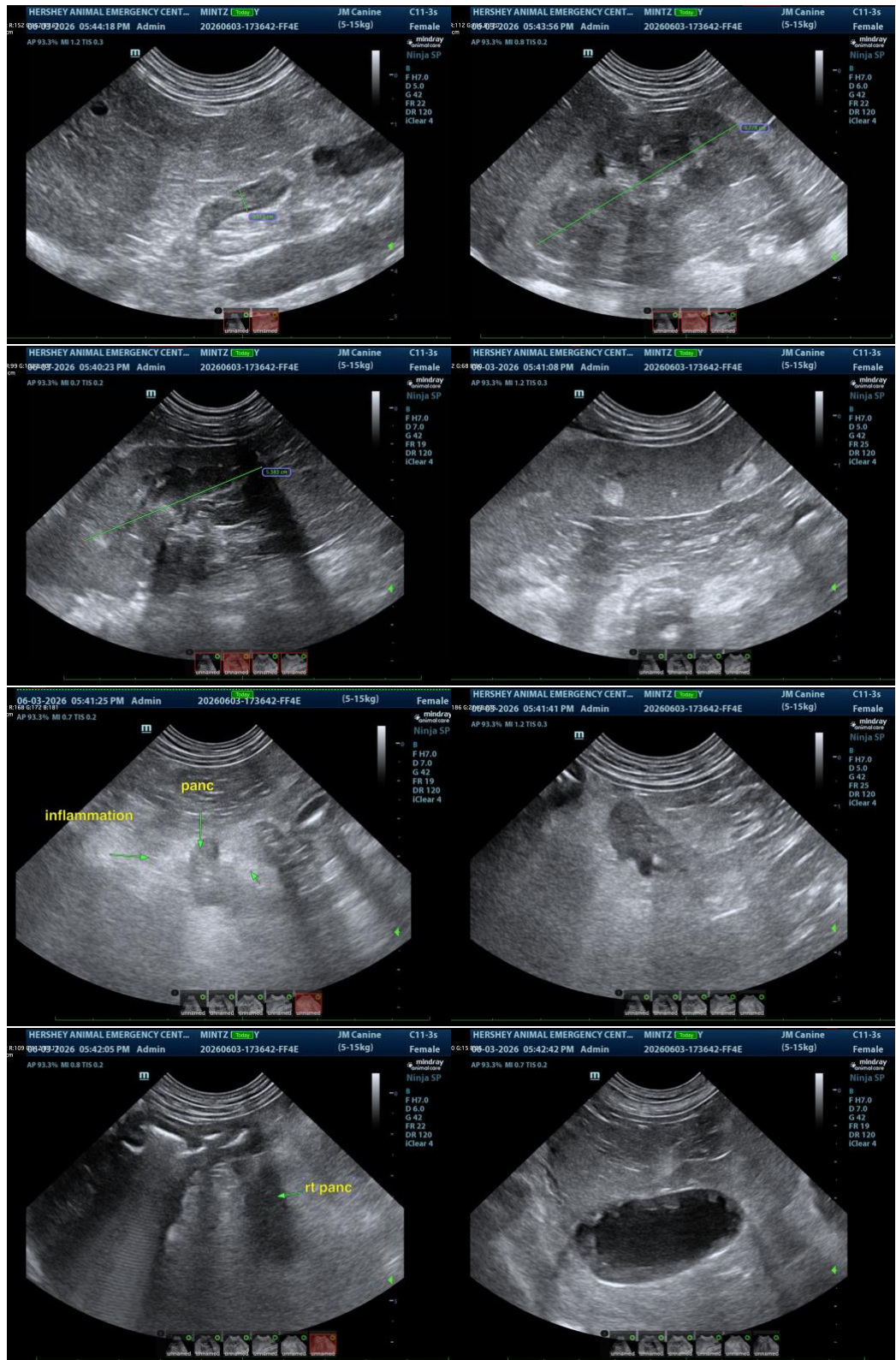
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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