



## PATIENT

Rosie Albright

## SPECIES

Canine

## BREED

Airdale

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

28.2 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. Shally Gastelu

## INVOICE

16274

## DATE

06/03/26

## PRESENTING CLINICAL SIGNS

Rosie presented to HAEC on 6/2/26 at 9pm for lethargy, distended abdomen and possibly febrile. She is currently staying at a boarding facility for the past 7 days. Rosie has a history of Addison's disease that was diagnosed 2 years ago, and she currently is on Prednisone 2mg per day and Zycortal injections every 25-28 days (last received 5/24/26). PE: Eyes: Nuclear sclerosis OU; OS - small meibomian gland growth medial upper eyelid. Oral Cavity: Mucous membranes slightly injected/moist, CRT <2s, moderate tartar/gingival erythema. Abdominal: Cranial abdomen palpates full and slightly distended, unable to palpate deep. CBC: MPV 13.6 (H) Chem: BUN 31 (H) cPL: 471 (H) EPOC: pO2 89.9, cSO2 97.1, pCO2 29.0, BE -6.6 Radiographs with Review: - Moderate amount of nonspecific gastrointestinal material. While this is consistent with normal ingesta, aa component of foreign material is not ruled out. No current evidence of complete gastrointestinal mechanical obstruction.

## 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 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. The left kidney measured 6.4 cm in length with pyelectasia measuring 1.3 cm x 0.6 cm. The right kidney measured 6.7 cm in length with minor pyelectasia as well.

### Adrenal Glands

The **left adrenal gland** was flattened and subnormal in size measuring 0.27 cm width.

The **right adrenal gland** was flattened measuring 0.4 cm width. The adrenal presentation is typical of an Addisonian state.

### Spleen

The **spleen** presented mildly enlarged with subtle micronodular changes consistent with reactive spleen.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 were unremarkable.



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## Gastrointestinal

Portions of the upper **gastrointestinal tract** were unremarkable, yet portions of small intestine revealed mucosal striations and may be related to lymphangiectasia.

## 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

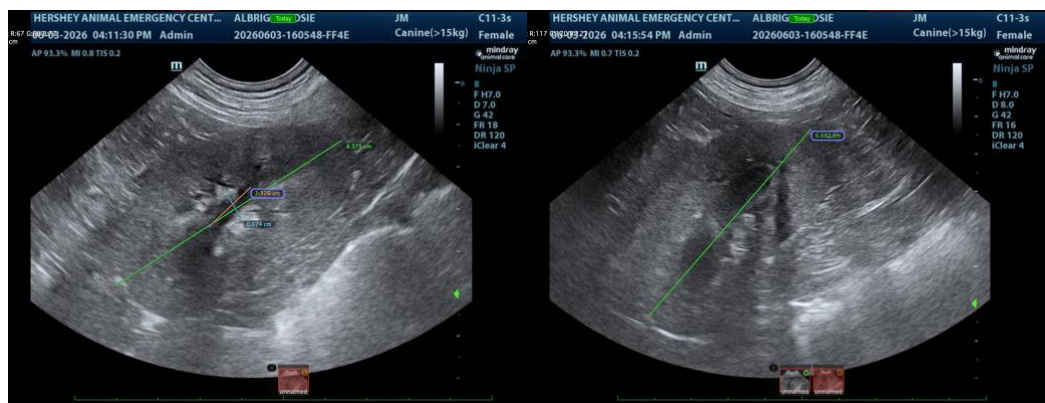
- Age-related renal changes with bilateral pyelectasia.
- Flattened adrenal glands.
- Hypersplenism.
- Mucosal striations in the small intestine.
- Structurally unremarkable geriatric abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for decompensation of the Addisonian state in this patient. FNA of the spleen is indicated. Management for recurring Addison's is indicated. GI protective protocol is warranted given the patient's history. Full urinary workup is warranted if not already performed given the renal pyelectasia.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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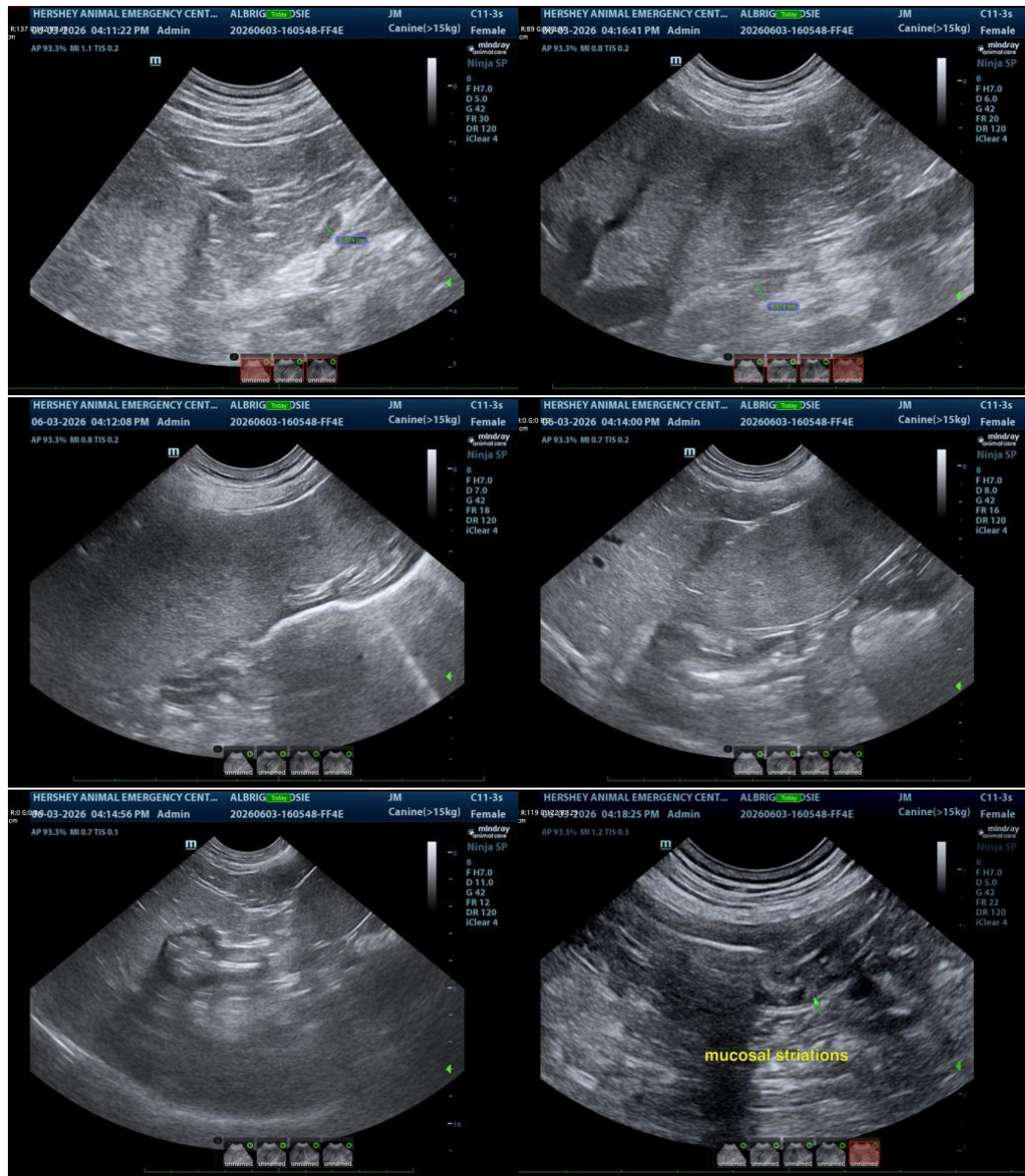
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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