



## PATIENT

Maxwell Heisey

## SPECIES

Canine

## BREED

Jack Russell Terrier  
Mix

## SEX

Neutered Male

## AGE

12 Years 9 Months

## WEIGHT

13 pounds

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

## IMAGING PERFORMED BY

Dr. Meghan Myers  
VMD

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Dr. Meghan Myers  
VMD

## INVOICE

13187

## DATE

01/16/26

## PRESENTING CLINICAL SIGNS

Outside referral for 3 week history of progressive lethargy, decreased appetite, now barely eating and very lethargic. Diarrhea started 48 hours ago- very watery. No vomiting. Referral form reported abdominal pain but no pain on palpation today. Exam: weight loss, moderate to severe dehydration, h/WNL, ABD. non painful. radiographs at rDVM showed thin metal opacity in stomach/pylorus - almost like wire looking - 3 separate pieces CBC: stress leukogram chem: increased alpk (500)- chronic, mild incr. globulin, pancreatic lipase run after ultrasound due to suspicion of pancreas special notes: unsure what to make of the metal opacity in stomach- may/may not be related to the clinical signs - owner does not know of anything he got into -took lots of views of stomach because of the metal things in stomach on x-ray. looks like pancreatitis/inflammation in area of pancreas.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The right kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 5.34 cm in length.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 5.19 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 1.90 cm in length and 0.65 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 2.49 cm in length and 0.69 cm at the cranial pole and 0.60 cm at the caudal pole.

### Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a perivascular hyperechoic nodule visualized most consistent with a benign myelolipoma. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.



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The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

### **Gastrointestinal**

The stomach has minimal luminal contents. Gastric wall has normal wall layering and generally normal thickness. There is at least one hyperechoic linear object consistent with reported metallic foreign material visible within the stomach. The exact placement within stomach wall layers is difficult to discern. There is no significant surrounding inflammation in the wall or in the area surrounding this object. PDJ is empty.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### **Pancreas**

The pancreas is not distinctly enlarged. Mesentery around the pancreas is subjectively mildly hyperechoic.

### **Lymph Nodes**

Colic lymph node is enlarged, rounded and hypoechoic measuring 0.75 cm x 0.90 cm.

### **ULTRASONOGRAPHIC FINDINGS**

- Linear object within the stomach consistent with reported metallic foreign body- no suggestion of significant surrounding inflammation.
- Mild hyperechogenicity around the right limb of the pancreas- variation of normal versus mild pancreatitis.
- Aging renal changes.
- Gallbladder debris.
- Enlarged colic lymph node.
- Benign myelolipoma.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The foreign objects visible on radiographs are visible in the stomach on ultrasound. It is unclear whether they are embedded in the wall versus in the gastric lumen. There's no apparent significant inflammation surrounding the stomach to suggest gastric perforation, gastric wall abscess or significant gastritis.



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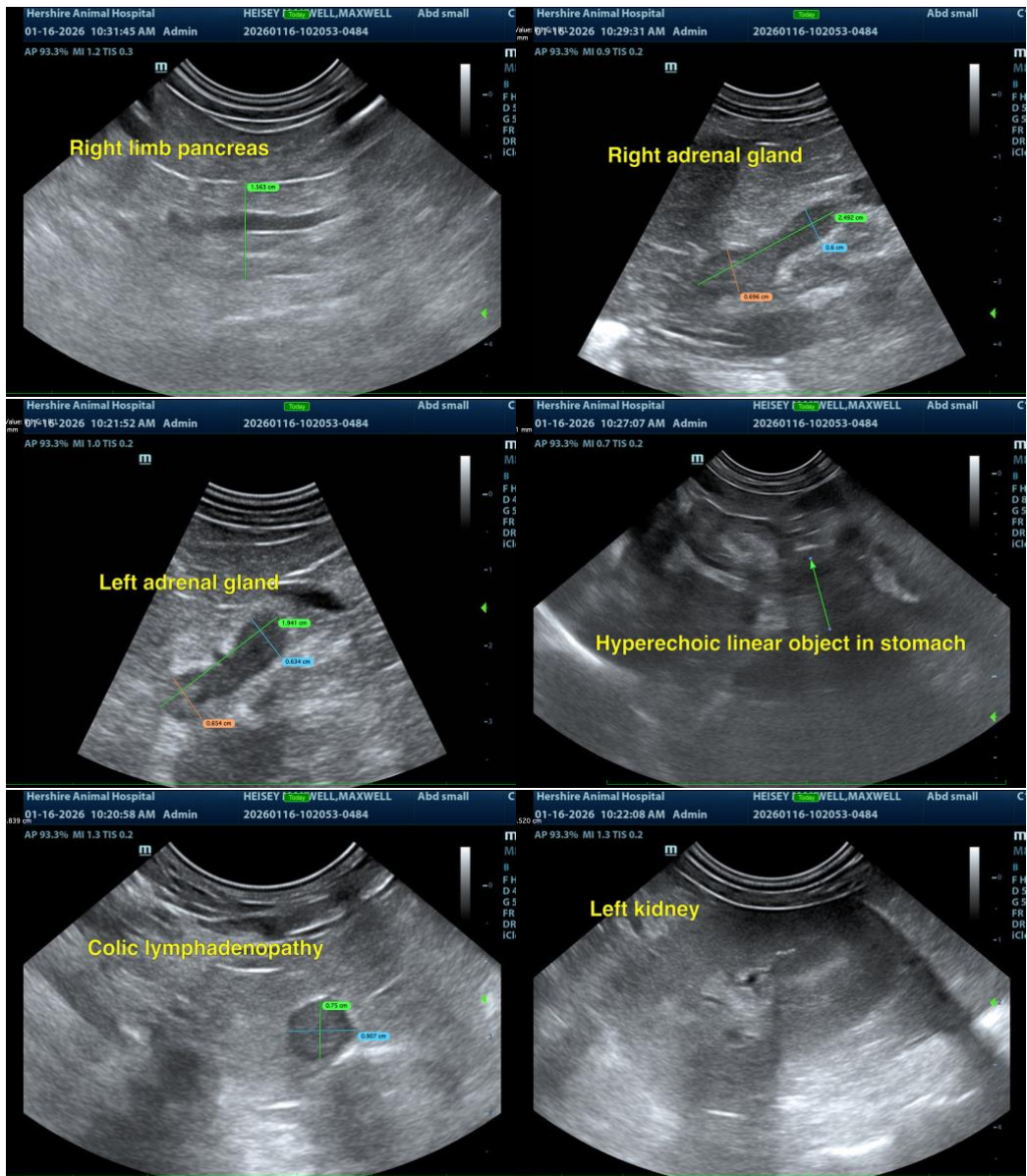
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There is mild inflammation around the right limb of the pancreas. Endoscopy to further visualize gastric contents and possible retrieval of foreign objects could be considered though it is unclear whether these are incidental metallic foreign bodies versus truly contributing to pathology.

Alternatively, abdominal explore could be considered which would be beneficial and would help investigate for any perigastric lesions which may be present even if not distinctly visible on ultrasound.

If these diagnostics are not desired at this time, continued treatment for gastroenteritis is reasonable. There is no suggestion of GI obstruction. The clinical significance of enlarged colic lymph node is uncertain but likely reflects colitis. FNA is recommended to further define.





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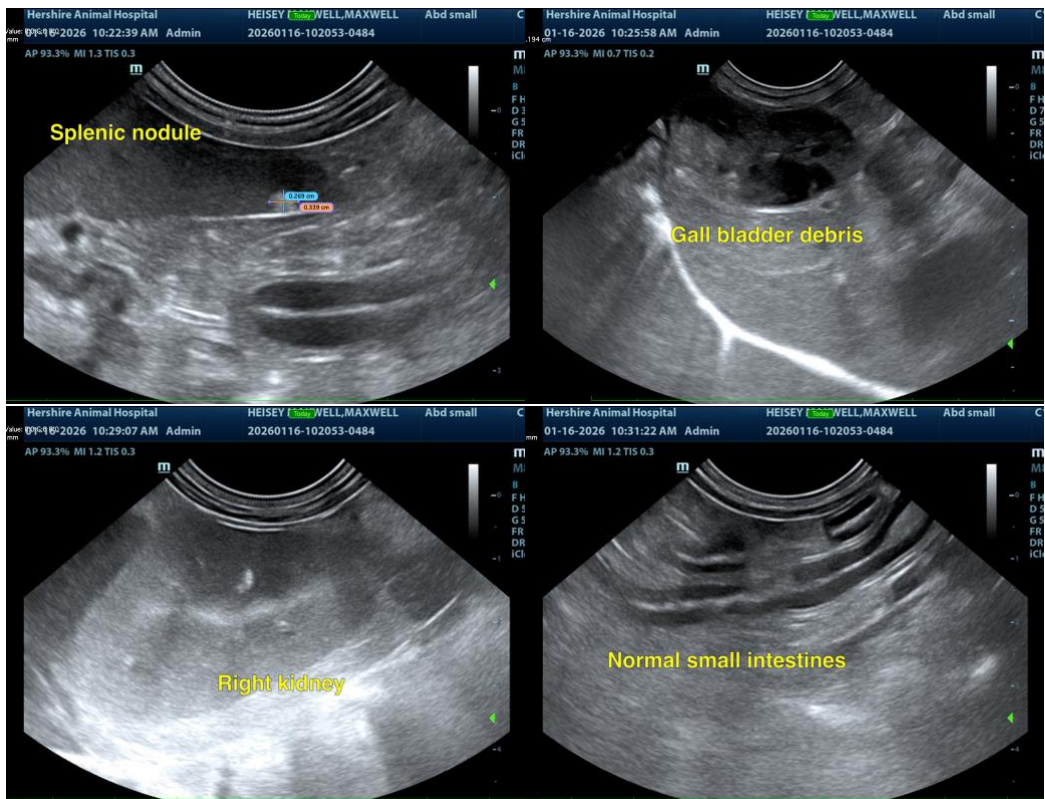
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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