



## PATIENT

Sunny Scamardo

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed female

## AGE

13 years

## WEIGHT

26.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Rachel South, DVM

## HOSPITAL NAME

River Valley AH

## REFERRING VET

Dr. South

## INVOICE

71852

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

- P presented on 2/22 to the local emergency clinic for vomiting blood clots several times that day. No history of toxic ingestion. Radiographs showed hepatomegaly, gas throughout the GIT and a nodular splenic tail. Client declined bloodwork at that time and elected outpatient Tx of Famotidine, Cerenia and Gabapentin with the recommendation for abdominal ultrasound ASAP. P presented today for ultrasound - O states she has been doing better at home and has not had any vomiting since being on Cerenia.
- CBC: non-regenerative anemia, lymphopenia Chem: hypokalemia; otherwise unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mild mineralization was noted in the kidneys. The right kidney measured 5.65 cm. The left kidney measured 5.04 cm.

### Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. Nodular changes were noted on both adrenal glands with capsular expansion, yet without escape. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.74 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland measured 1.4 cm at the caudal pole and 1.08 cm at the cranial pole.

### Spleen

The **spleen** was folded upon itself and was mildly heterogenous elsewhere. A microcystic nodule was noted at the cranial body of the spleen measured 1.2 cm. This is not overtly pathological.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not



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clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly echogenic.

### ***Gastrointestinal***

Minor, echogenic remodeling of the **gastric** mucosa was noted, yet the muscularis, submucosa and serosa were all intact. There was no evidence of perforating ulcers. However, given the patient's history of microvascular disease cannot be ruled out. The intestines were 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 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**

Microvascular gastritis likely owing to clinical history more so than sonographic appearance of the stomach.

Bilateral adrenal enlargement with nodular changes. Hyperplasia, potential PDH/Cushing's.

Microcystic splenic nodule.

Age related hepatic changes.

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

GI protectant protocol is warranted. Serial blood pressure measurements are warranted to ensure that hypertension is not an issue. CBC path review +/- bone marrow aspirate would be appropriate in this patient if the anemia does not resolve on empirical management for GI blood loss/gastritis. If the urine specific gravity is less than 1.020 then work-up for PDH/Cushing's is indicated.



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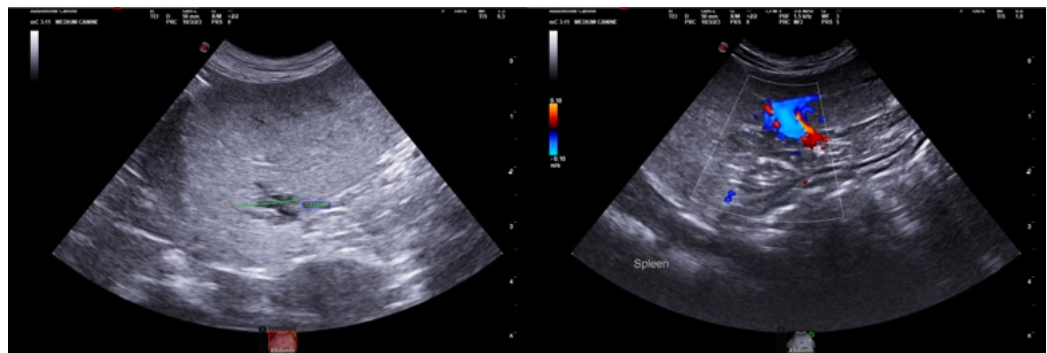
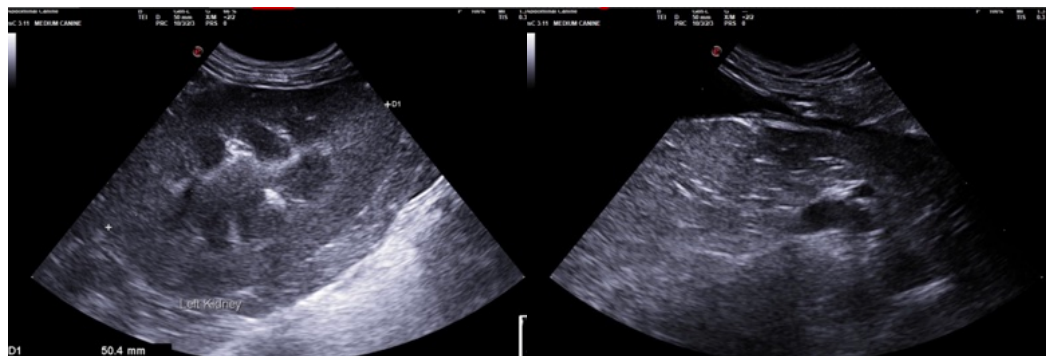
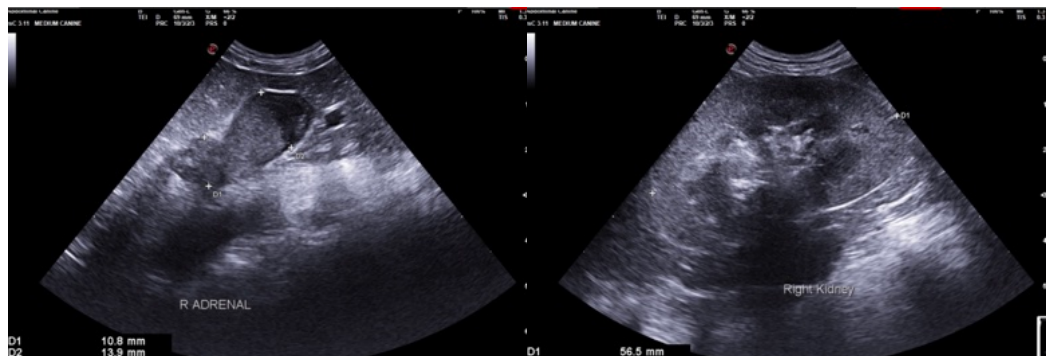
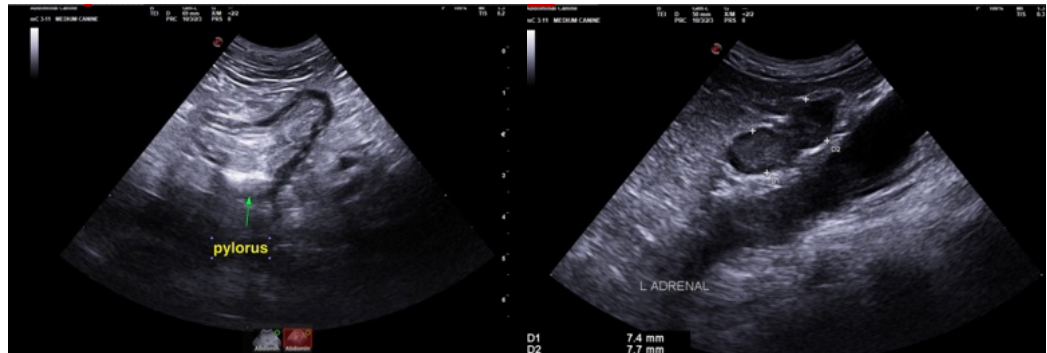
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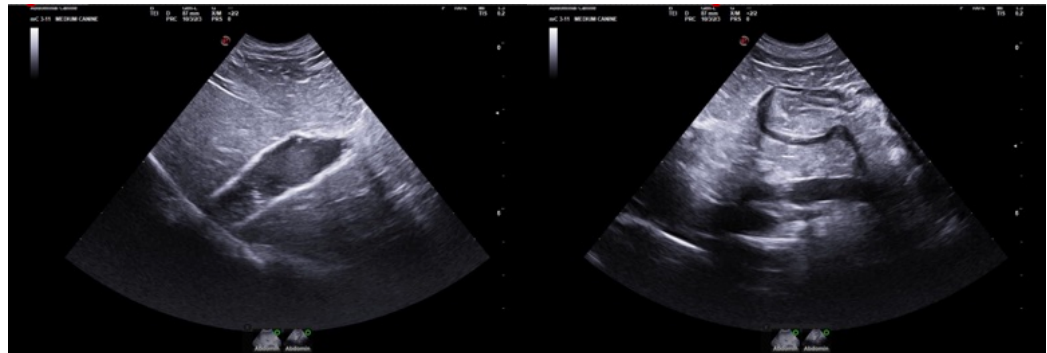
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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