



**DATE PRESENTING CLINICAL SIGNS**

04/27/26 Patient History: Vomiting since Friday. Not eating, Will drink water but vomits that water up. Vomit was bile, now it has progressed to green/brown and very odorous. PE: obese, very nauseated, no overt abdominal pain

**PATIENT**

Current Medications: None listed.

Hunter Ramskow

Labwork Results: Not attached, reported as: Chem 12 and lytes: ALB 4.4 (H), Chol 315 (H), ALP 255 (H), Na 130 (L), K 2.5 (L), Cl 77 (L). CBC: all WNL, Cpl 214 (gray zone). Abdominal radiographs: no obstructive pattern, small CVC, small amount of gas in stomach and SI. Subjectively large spleen with normal margination and position. No other significant findings

**SPECIES**

Date of Previous IntraPet Ultrasound: No previous.

Canine

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Stat Report: STAT requested.

Imaging Performed by: Rachel Brillhart, RDMS.

Jack Russell Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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 were noted. Ureteral papillae were normal.

**AGE**

04/26/16

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 5.3 cm in length. The right kidney measured 5.3 cm in length.

**WEIGHT**

10.6 kg

**INTERPRETED BY**

**Adrenal Glands**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

The **left adrenal gland** revealed a slight hyperechoic nodule at the caudal pole with uniform swelling. The left adrenal gland measured 0.83 cm width at the caudal pole and 0.78 cm width at the cranial pole.

**HOSPITAL NAME**

The **right adrenal gland** presented nodular, expansive and irregular. The nodule measured 1.5 cm at the cranial pole. Capsular expansion without capsular escape was noted.

Mason Dixon Animal  
Emergency Hospital

**Spleen**

**REFERRING VET**

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally 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. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

Dr. Yolles

**INVOICE**

15483

**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 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. A 1.0 cm hyperechoic nodule was present in the left medial liver.

### ***Gastrointestinal***

Examination of the **gastrointestinal tract** revealed gastric and upper duodenal stasis with reactive mesentery around the pancreas and a shadowing foreign body measuring approximately 4.0 cm in the mid small intestine followed by empty small intestine. Reactive mesentery was noted around the foreign body.

### ***Pancreas***

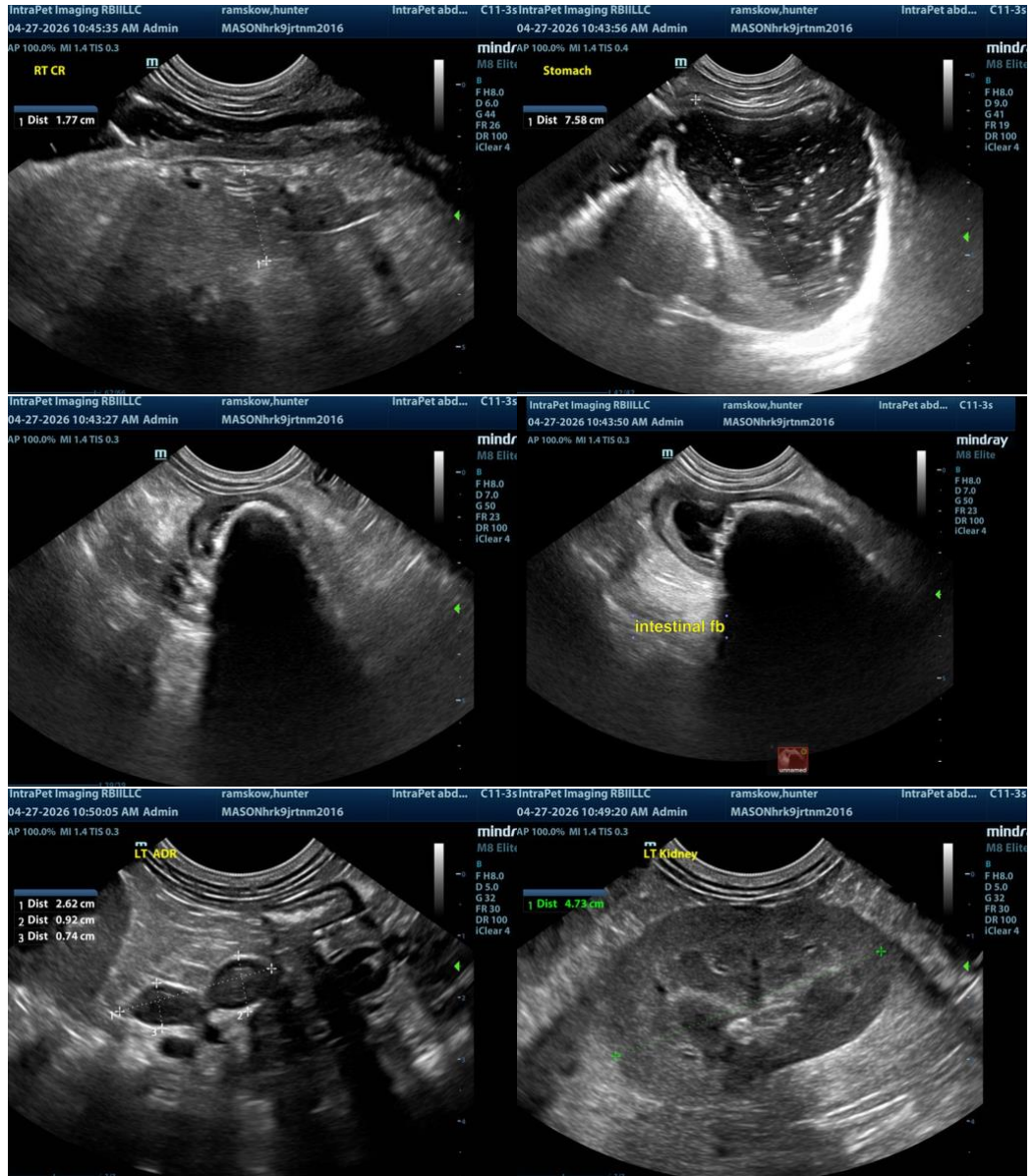
Heterogenous **pancreatic** changes with irregular contour were present. Some level of pancreatitis is likely.

### **ULTRASONOGRAPHIC FINDINGS**

- Bilateral adrenal hypertrophy with right adrenal nodule- carcinoma, adenoma, pheochromocytoma less likely.
- Swollen left adrenal gland- normal variant versus hyperplasia.
- Intestinal foreign body obstruction.
- Concurrent pancreatitis.
- Micronodular hyperplasia spleen pattern.

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

Recommend immediate enterotomy with concurrent right adrenalectomy given the convenience of the procedure. GI biopsies are recommended to rule out underlying disease. Serial blood pressures are warranted prior to surgery given the right adrenal pathology to ensure underlying hypertension is not an issue.





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.

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