



PATIENT

Zoe Jacobs

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

35 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEH

REFERRING VET

Dr. Cara Sinopoli

INVOICE

37225

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Last bowel movement was Saturday. Visited Hershey Animal Emergency Center last week for behavioral changes and vomiting; radiographs and bloodwork performed with no specific findings. Follow-up visit yesterday at rDVM yesterday with repeat radiographs showing possible bowel configuration changes compared to previous films. History of dermal or SQ mass (cancerous per owner) 7-8 years ago on hip, completely excised with no recurrence. Currently on lactulose and metronidazole (prescribed yesterday by primary veterinarian). Hx hypothyroidism on levothyroxine. Behavioral change: squats to defecate but only urinates, then continues normal activity without straining or signs of pain. Stool in colon appears normal consistency on radiographs, not desiccated or constipated.

Abnormal PE/Chem/CBC/UA Results: Eyes: Corneas clear and bright, no discharge or erythema, PLR and palpebral/menace intact OU, nuclear sclerosis OU Oral Cavity: Mucous membranes pink/moist, CRT <2s, mod. tartar/gingival erythema, sublingual clear Abdominal: Tense and compliant with no abnormalities or pain on palpation, unable to sink into caudal abdomen, but not overtly painful HAEC Diagnostics 5/20/2026: CBC: WNL Chem: ALP 384 (H), cholesterol 347 (H) cPL: WNL Radiographs: - Mild, diffuse gastroenteritis and colitis ; negative for obstruction - Mild amount of gastric and small intestinal content - Chronic intervertebral disc degeneration with spondylosis deformans - Otherwise normal exam.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 7.5 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, irregular and nodular with early phrenic invasion, measuring up to 2.2 cm x 4.3 cm. The vena cava appeared overtly free of evident pathology.

A nebulous nodular change was noted in the area of the **left adrenal gland** that was isoechoic to the surrounding fat, measuring 2.4 cm x 2.1 cm. I cannot discern whether this is the right adrenal gland from the left approach or truly a separate left adrenal nodule. The left adrenal gland measured 1.0 cm at the caudal pole and 0.8 cm at the cranial pole.

Spleen



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The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There were some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

- Enlarged, irregular and nodular right adrenal gland – hyperplasia is possible, carcinoma and pheochromocytoma are more likely.
- Nebulous nodular change in the area of the left adrenal gland, I cannot discern whether this is the right adrenal gland from the left approach or truly a separate left adrenal nodule.
- Age-related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation and adrenal assessment for paraneoplastic manifestation, such as hypertension or Cushing's is indicated.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue, metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020, then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.



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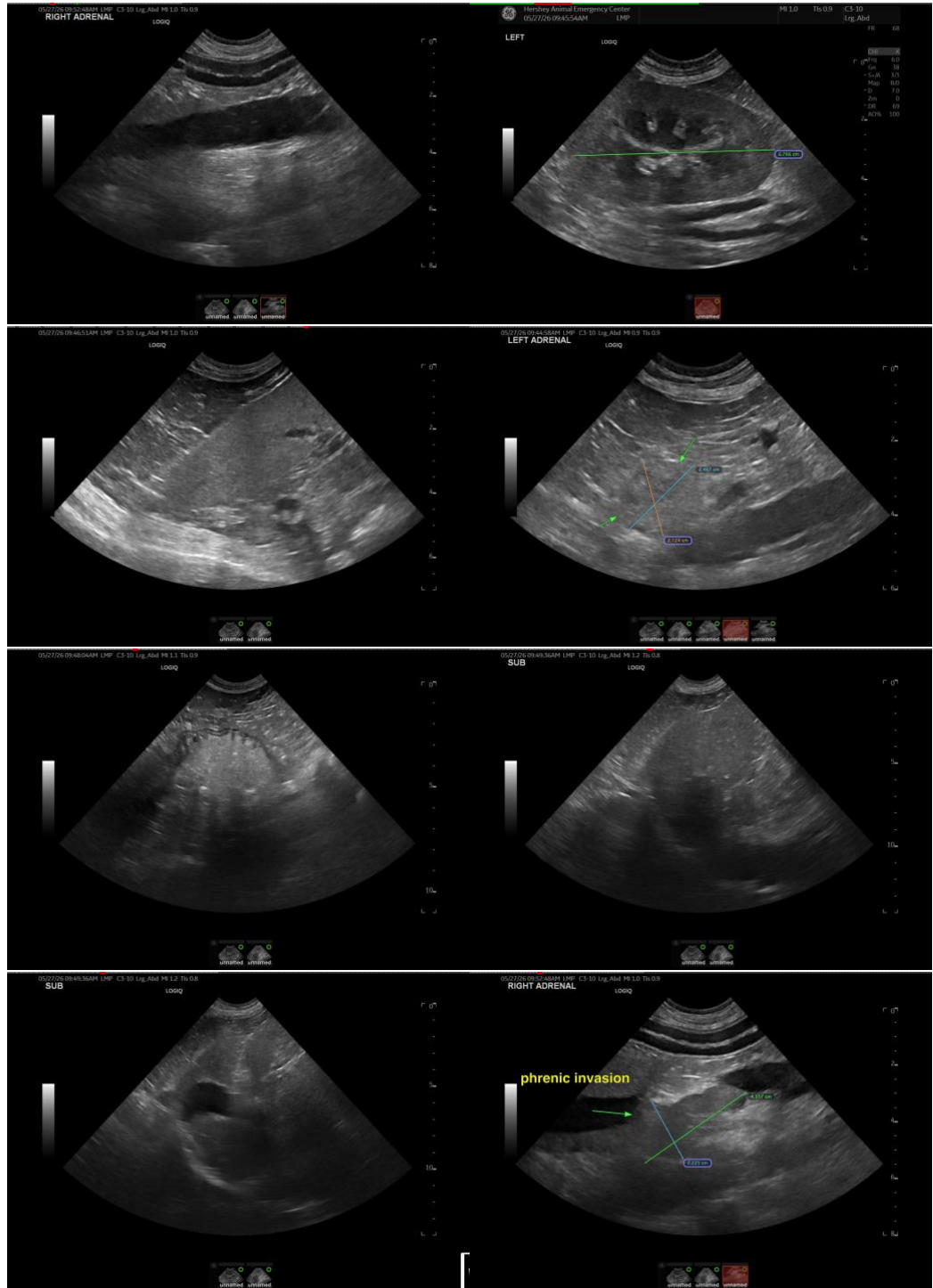
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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