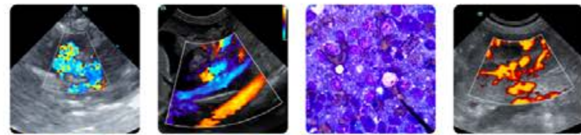


PATIENT
Suzie Scelfo

SPECIES
Canine

BREED
Jack Russell x

SEX
Spayed Female

AGE
10 Years 11 Months

WEIGHT
20.1 lbs

INTERPRETED BY
Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Vincent Ravancho, CVT

HOSPITAL NAME
Budd Lake Animal Hospital

REFERRING VET
Dr. Horn

INVOICE
73215

DATE
2/24/26

PRESENTING CLINICAL SIGNS

Chronic Vomiting/Diarrhea, Suspect IBD. Chronic GI issues for past 8 months. Hx of Seizures. On Hill's Z/D, Purina EN, some occasional Simply Nutrish Food. Medications - 16 mg Cerenia SID, 125 mg Metronidazole BID, Visbiome Vet, Cobaliquin, 250 mg Keppra TID

Abnormal PE/Chem/CBC/UA Results: B12/Folate/TLI - WNL ACTH Stim - WNL U/S at Eclipse 6/5/25 - mild pancreatitis and colitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is completely empty. The bladder wall appears normal. No obvious bladder masses or stones are seen. The ureteral papillae are not seen.

The right kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

There is a small mass at the cranial pole of the right adrenal gland measuring 1.1 cm x 0.59 cm. It is isoechoic to the remainder of the adrenal gland. Otherwise, the right adrenal gland appears normal. The cranial pole measures 10.6 mm and the caudal pole measures 4.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm and the caudal pole measures 5.1 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

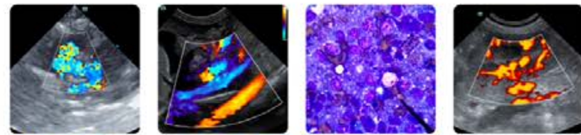
Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with a mild amount of gravity dependent echogenic debris, which appears clinically incidental at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction. No concern for gallbladder disease.

Gastrointestinal

The stomach contains a mild amount of retained ingesta. The gastric wall diffusely has normal layering and thickness, measuring 2.2 mm in width. Diffusely the small intestines have normal wall layering and thickness. Small intestinal wall thickness measures 3.5 mm. Colon contains normal contents with normal wall thickness.



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Pancreas

The pancreas appears isoechoic to the surrounding mesentery and is normal in size. No obvious evidence of pancreatitis seen on this exam.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mass lesion at the cranial pole of the right adrenal gland – This may be a functional mass lesion. It may represent benign adrenal hyperplasia or may represent malignant neoplasia such as adenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening the patient for hyperadrenocorticism via either ACTH stimulation test or preferably a low-dose Dexamethasone suppression test, as it has an increased sensitivity and specificity over an ACTH stimulation test.

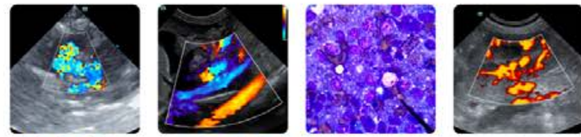
Also recommend obtaining systemic blood pressure. If the patient is found to be hypertensive, or if the patient is showing any signs that may be consistent with a pheochromocytoma such as intermittent vomiting, lethargy, or agitation, then recommend submitting a urine metanephrine test to screen the patient for possible pheochromocytoma. If functionality is ruled out for this mass, recommend rechecking the mass for changes in size or appearance every 2-3 months via ultrasound. If this mass does appear to be increasing in size over time, then recommendation would be referral to a surgery facility to discuss adrenalectomy and submitting adrenal gland for histopathology.

Pancreatitis was not obviously seen on this exam. If clinical suspicion exists for pancreatitis, recommend submitting a cPLI to screen further for the possibility of pancreatitis.

No obvious cause for patient’s chronic GI issues is seen on this exam. The patient’s gastrointestinal tract showed no significant abnormalities. Given the reported history of pancreatitis, consider switching patient to an ultra low-fat formulation of hydrolyzed diet and attempting to cut out the occasional reported commercial dog food, as it may have too high fat content for a patient with history of pancreatitis.

If there is any concern for lower urinary tract disease, recommend recheck urinary bladder ultrasound when the bladder has had more time to fill with urine.

At this time, patient’s prognosis is open pending results of recommended diagnostics.



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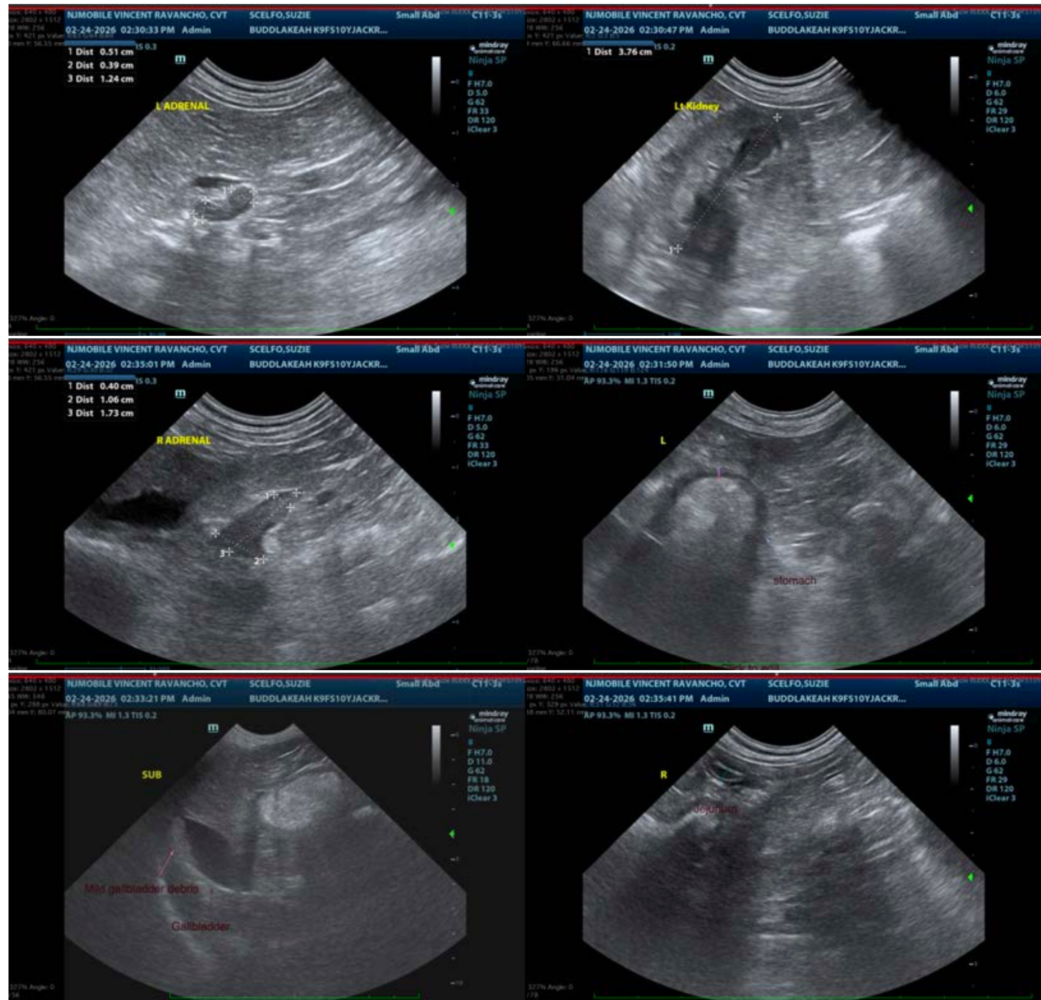

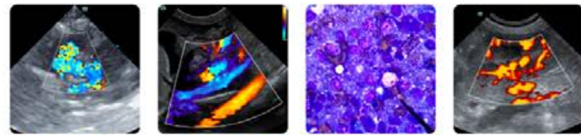

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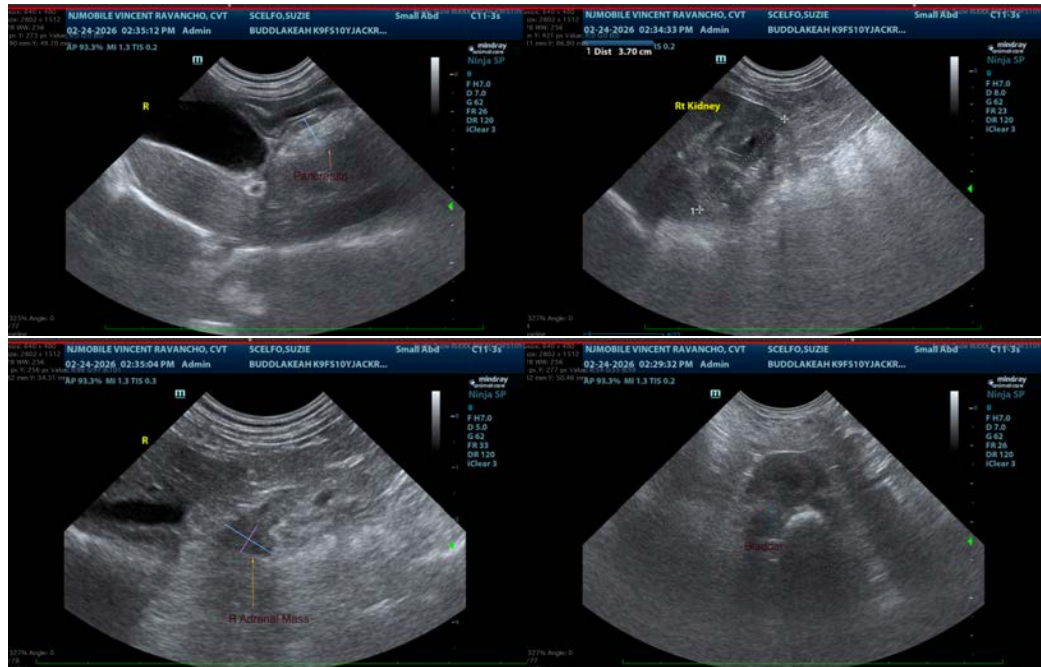

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com