



PATIENT

Rambo Blumenstein

SPECIES

Canine

BREED

Lab Retriever

SEX

Male

AGE

9 Years

WEIGHT

89.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Clinic

REFERRING VET

Dr. Pryor

INVOICE

75571

DATE

5/30/26

PRESENTING CLINICAL SIGNS

Rambo presented today for daily vomiting lasting 1 week. Radiographs revealed a suspicious cranial abdominal gas pattern. There was a hyperechoic region with fluid noted on abdominal ultrasound.

Concern for foreign body. Rambo is known for eating things he shouldn't (paper towels, etc.). He was given SQ fluids, Cerenia, and rx'd sucralfate, famotidine, maropitant, and proviable.

Abnormal PE/Chem/CBC/UA Results: labs WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate appears normal for a 9 year old intact male dog, measuring 2.8 cm in diameter. It appears symmetrical with uniform echotexture.

The visible right kidney appears normal. It measures approximately 5.5 cm.

The left kidney presents normal size (5.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen on this exam.

In the caudal pole of the left adrenal gland there is a hypoechoic mass lesion with hyperechoic foci present within it. The mass measures 1.1 cm in width. The hyperechoic foci measure 2.3 mm in width. The cranial pole of the left adrenal gland measures 3.9 mm in width.

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 anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



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The small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

In the right abdomen there are several markedly enlarged, markedly hypoechoic, rounded lymph nodes present. A representative node measures 3.7 cm x 2.1 cm.

No free abdominal fluid is seen.

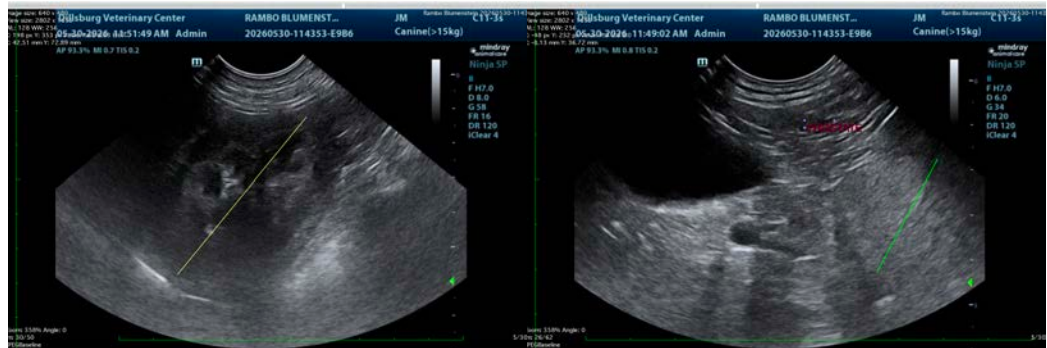
ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass lesion.
- Markedly enlarged right abdominal lymph nodes.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass at the caudal pole of the left adrenal gland should be tested for functionality. Recommend low-dose Dexamethasone suppression test to rule out a functional cortisol producing mass. Also recommend ruling out a pheochromocytoma. Recommend submitting urine metanephrine testing. Once functionality is determined and treated (if present), consider CT scan of the abdomen to determine if a left adrenalectomy could be performed.

These right abdominal lymph nodes are most certainly enlarged due to malignant neoplasia, most likely infiltrative neoplasia such as lymphoma, mast cell disease, or histiocytic sarcoma, although they could possibly be enlarged due to metastatic neoplasia. Recommend ultrasound guided fine needle aspirate for cytology to help determine etiology. If aspirates are inconclusive, recommend CT scan of the abdomen to further evaluate as to the cause of the lymph node enlargement.





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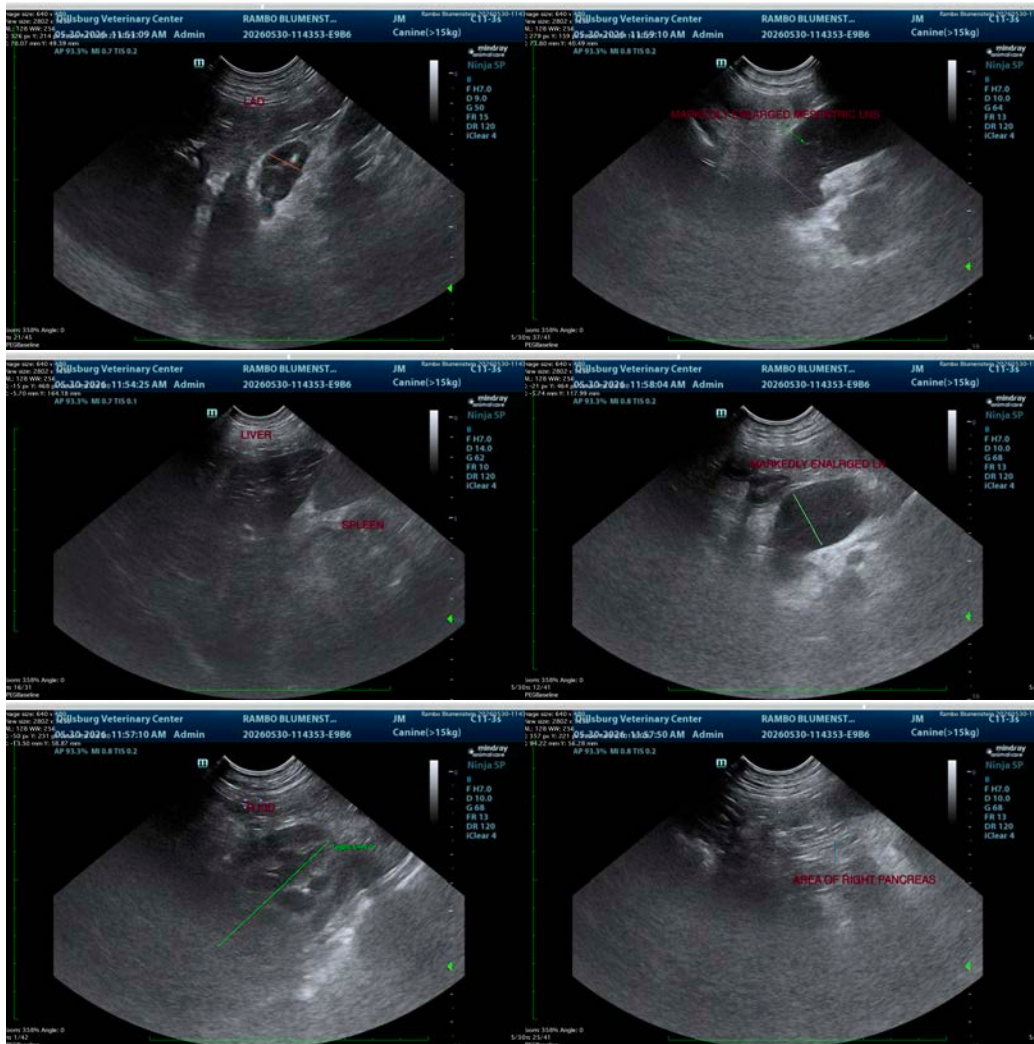
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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