



PATIENT

Riley Mac

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed female

AGE

5 years

WEIGHT

21.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel South, DVM

HOSPITAL NAME

River ValleyAH

REFERRING VET

Dr. South

INVOICE

70010

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: P was seen 12/23/25 for a dental consultation. O mentioned P has also vomited intermittently and it seems to be more frequent lately. Recommended abdominal ultrasound at that time.

Abnormal PE/Chem/CBC/UA Results: Pre-anesthetic bloodwork: CBC - basophilia and elevated hemoglobin, Chem - decreased ALKP and mildly elevated TBili

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.6 cm. The left kidney measured 3.7 cm.

Adrenal Glands

Slightly swollen cranial pole of the **left adrenal gland**. The left adrenal gland measured 0.8 cm at the cranial pole and 0.32 cm at the caudal pole. The **right adrenal gland** was uniform and measured 0.9 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

The **spleen** was slightly heterogenous, yet normal in size and contour. The splenic enlargement may be secondary to sedation.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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.

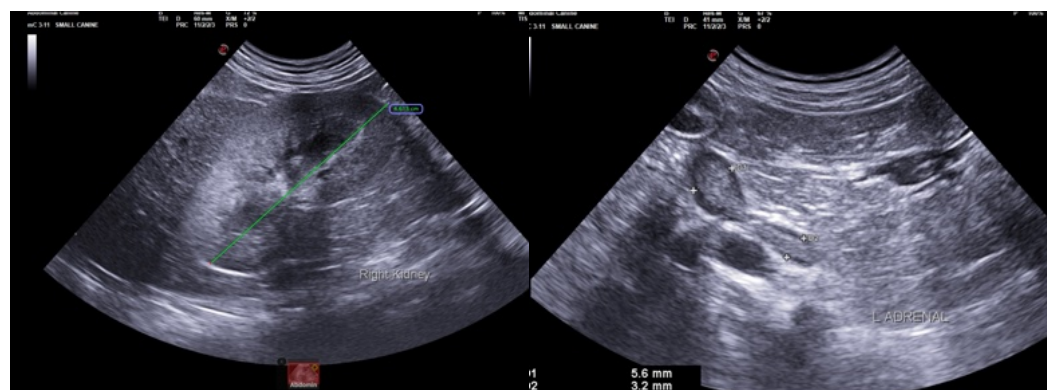
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with slight swelling of the left adrenal gland. Hyperplasia is likely or adenoma. Emerging carcinoma and pheochromocytoma is possible.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted to ensure that hypertension is not related to the left adrenal. Recheck sonogram of the left adrenal gland is recommended in a month to assess for any progression. The bilirubin value is likely artifactual as there is no structural reason for bilirubin elevation. Recheck of the bilirubin is indicated.





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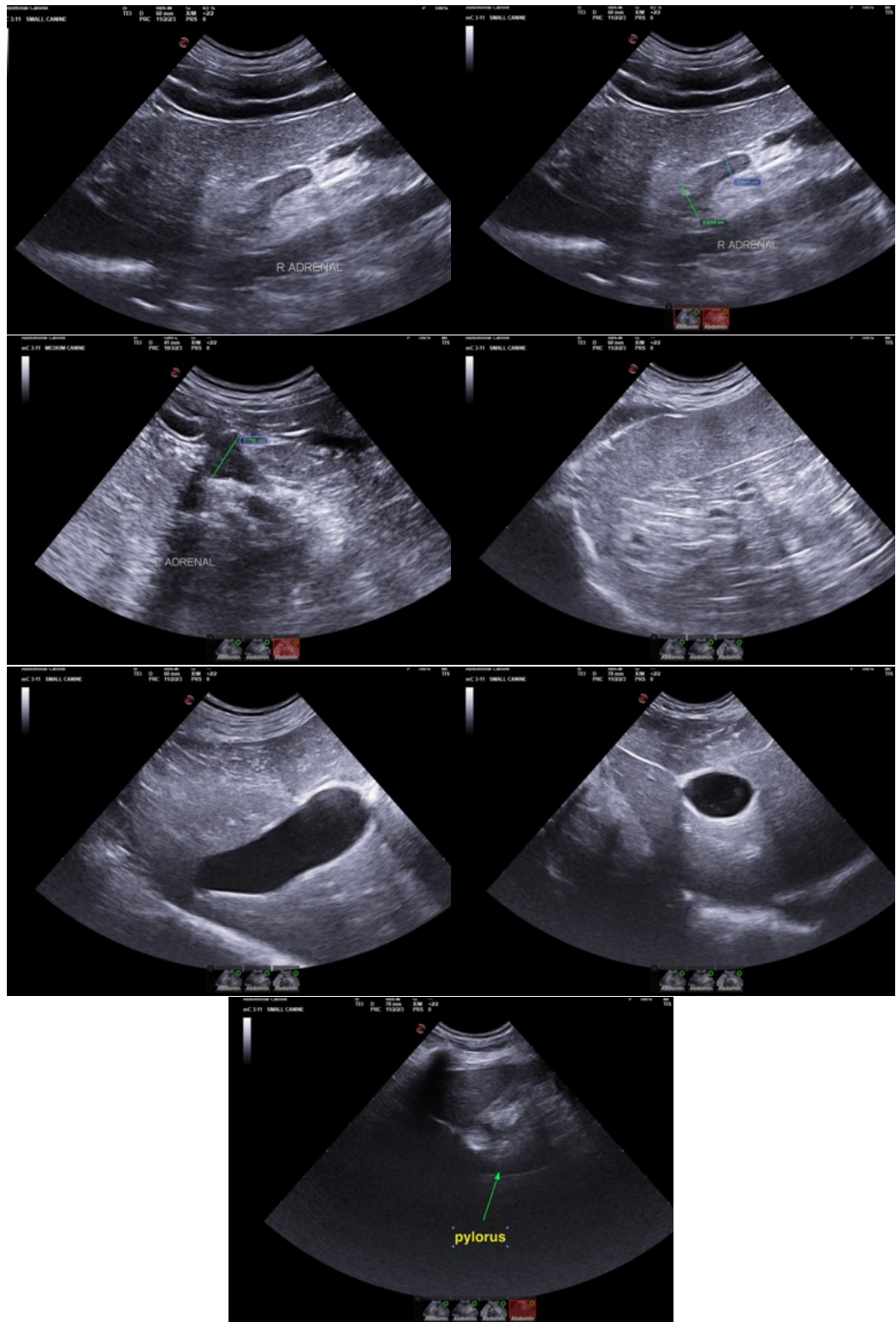
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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