



DATE PRESENTING CLINICAL SIGNS

01/30/26 Patient History: Elevated liver enzymes, soft stool with no improvement. Has lost weight. Heart rate : 84/
tense abdomen (nonpainful?) and hips and muscle mass loss.

PATIENT

Kodiak Martel Current Medications: Provable-1 SID, Denamarin Adv- 1 SID, Welactin. 1/28/26- Ursodiol 250mg- 1/2
BID

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

01/10/2013

WEIGHT

42.8 pounds

INTERPRETED BY

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DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Bel Air Veterinary
Hospital

REFERRING VET

Dr. Stevenson

INVOICE

13489

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 6.38 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The **left adrenal gland** was enlarged measuring 3.0 cm x 1.2 cm width at the cranial pole and 1.18 cm width at the caudal pole with hyperechoic nodule at the cranial pole measuring 1.45 cm.

The **right adrenal gland** revealed an expansive hypoechoic mass deriving from the cranial pole and measuring 2.4 cm x 2.3 cm. The right adrenal gland measured 3.2 cm x 0.70 cm width at the caudal pole.

Spleen

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** in this patient revealed multiple coalescing hyperechoic masses, the largest of which measured 6.97 cm. The gallbladder and right cranial liver appeared unremarkable.

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 region of the **pancreas** revealed a separate mixed echogenic mass measuring 6.8 cm x 3.5 cm with similar echotexture to that of the hepatic mass. The mass was moderately vascular with an area of cavitation.

Heart

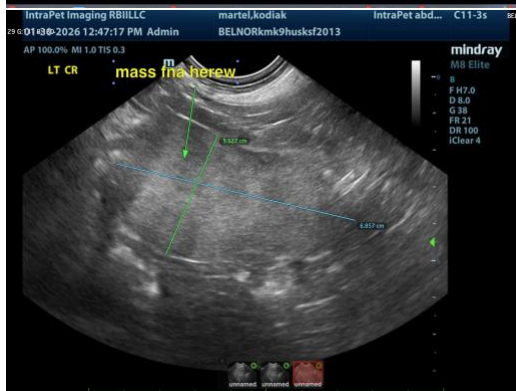
Rapid view of the **heart** revealed no evidence of volume nor pressure overload. Normal structure in the right auricle and pericardium particularly given the abdominal pathology.

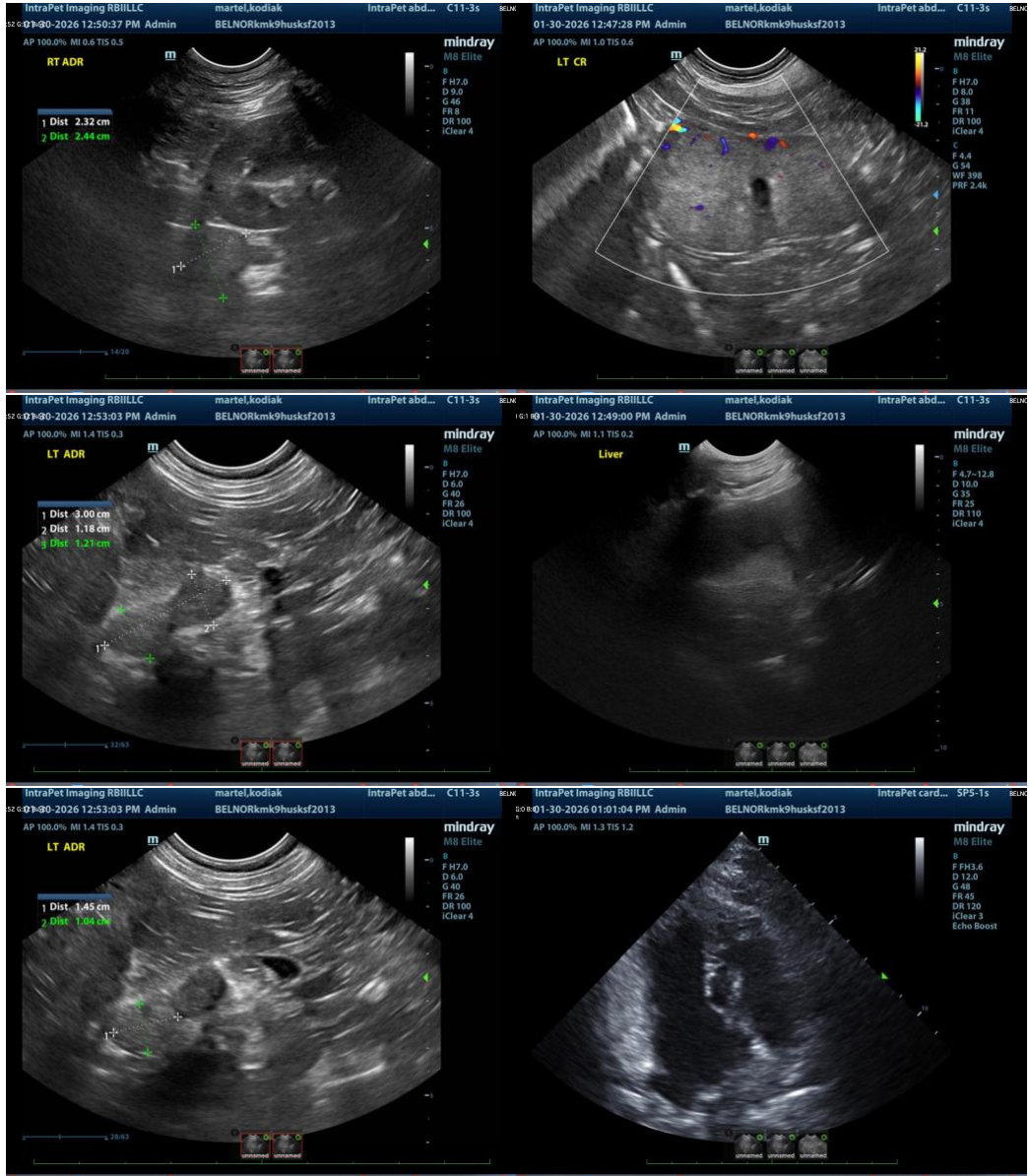
ULTRASONOGRAPHIC FINDINGS

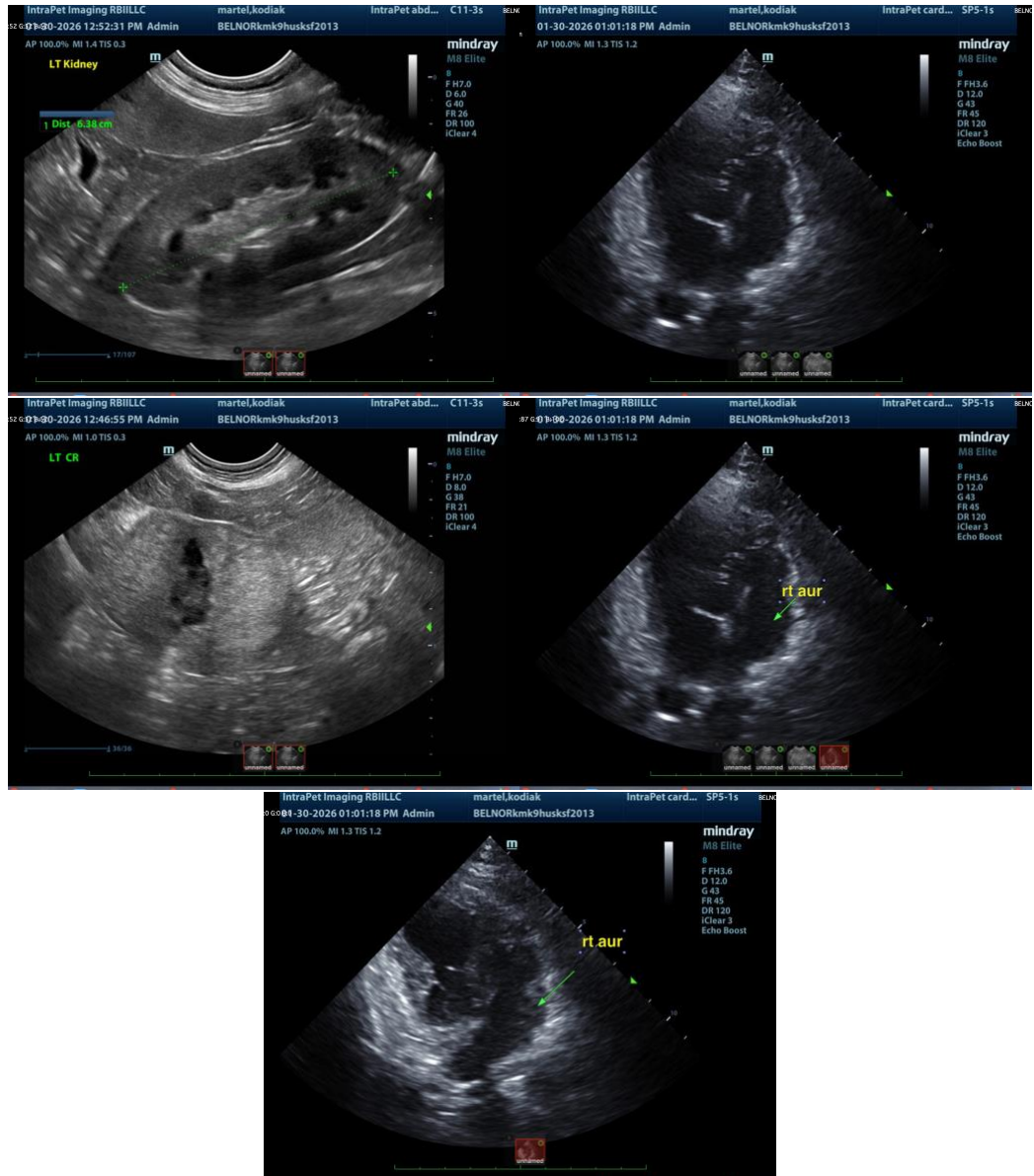
- Left pancreatic mass and concurrent left hepatic masses- the hepatic and pancreatic masses may be related. Pancreatic lesion differentials include adenoma, adenocarcinoma, granulomatous disease. Liver differentials include carcinoma, potentially primary or metastatic granulomatous lesion possible.
- Age-related renal changes.
- Right adrenal mass and concurrent nodular left adrenal gland- right adrenal differentials include adenoma, adenocarcinoma, pheochromocytoma. Left adrenal differentials include hyperplasia, likely adenoma or carcinoma, pheochromocytoma possible yet less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple comorbidities in this patient. The adrenal pathology and hepatic/pancreatic pathology are likely unrelated. Ultrasound guided FNA of the pancreatic and hepatic lesions are recommended for staging purposes. CT evaluation for potential surgical planning of the adrenal glands. I am most concerned about the right adrenal gland.







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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