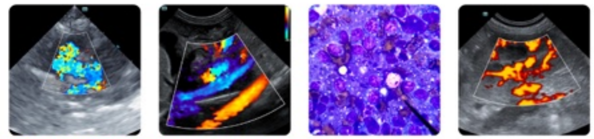


PATIENT

Huckleberry McDaniel

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered male

AGE

14 years

WEIGHT

37 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Megan Cassel
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Oms

INVOICE

68718

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: P. Hx advanced O/a, t/l discomfort, hip. Recently not eating, now panting, not pu/pd. Lose stools noted. Hx persistently elevated ALP. Meds- Denamarin, ursodiol, Carprofen, gabapentin, methocarbamol, Antinol and melatonin, Librela 1x/mo, Started famotidine, cerenia, probiotics, ON Friday and tramadol today.
Abnormal PE/Chem/CBC/UA Results: EDP- CBC- Plt cnt 980 H Plt est inc Chem- Alt- 139 H--108 Alp- 2769 H---3225 Creat 0.4 L Hem 1+/ lipemia 2+ u/a sp g 1046, prot 2+ u p:c 1.6 H BP- 130mmhg--with Torbugesic. W/o torbugesic and just gabapentin it is 200mmhg

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 right kidney measured 6.5 cm. The left kidney measured 6.0 cm.

Adrenal Glands

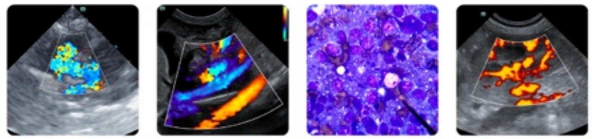
A right **adrenal gland** nodule was noted at the cranial pole. The cranial pole measured 1.5 cm and the caudal pole measured 0.6 cm. The left adrenal gland was normal in size and contour measuring 0.61 cm at the cranial pole and 0.84 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. A mildly hypoechoic nodule was noted at the mid caudal body of the spleen measuring 0.8 cm. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Areas of splenic mineralization were also noted. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive



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sludge was present. Occasional, hypoechoic nodular change was noted in the liver. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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. The mesenteric lymph nodes were reactive and measured up to 0.68 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal nodule. Differentials include adenoma (likely), adenocarcinoma, and pheochromocytoma.
- Hypoechoic splenic nodule. Hyperplasia, round cell neoplasia and emerging hemangiosarcoma are all possible.
- Hypoechoic hepatic nodular changes. Likely nodular hyperplasia.
- Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic and hepatic nodules are recommended. The right adrenal gland appears resectable. Right subxiphoid palpation is recommended in this patient.

The hyporexia may be owing to right limb pancreatitis or potential effects from right adrenal pathology or non-abdominal pathology such as orthopedic, CNS or thoracic disease should all be considered.

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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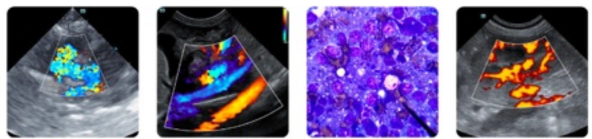

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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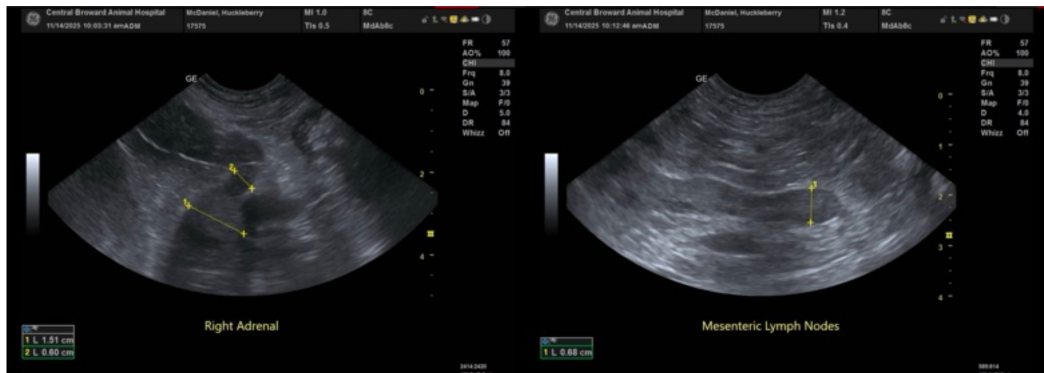

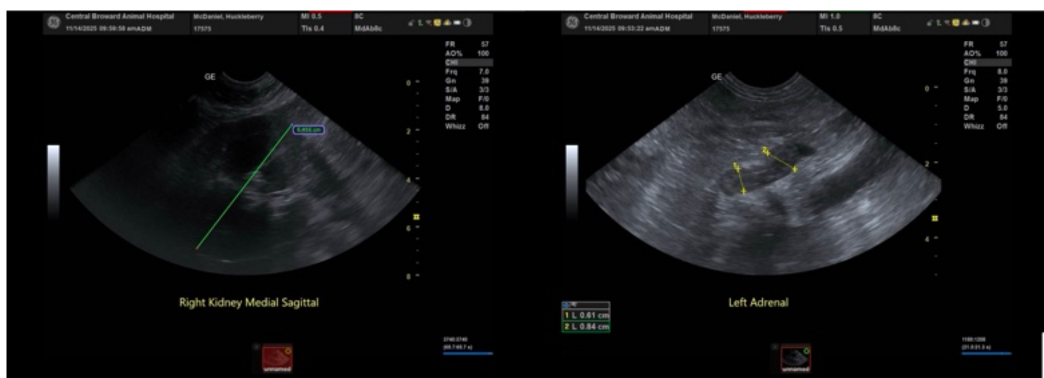

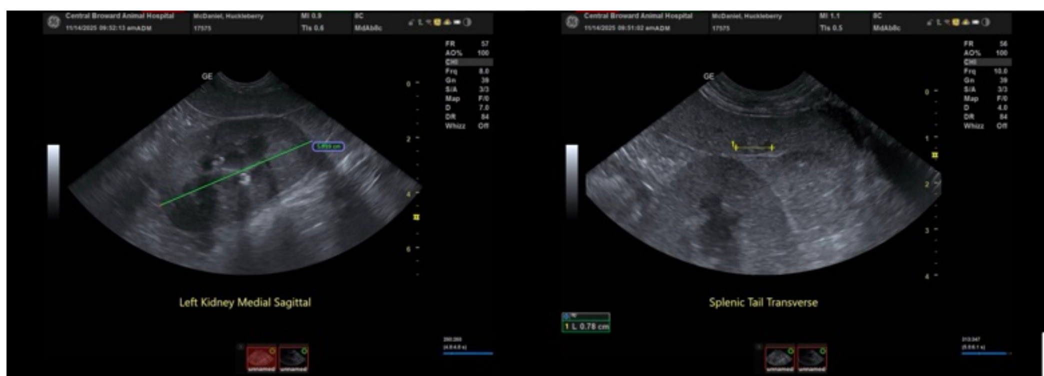

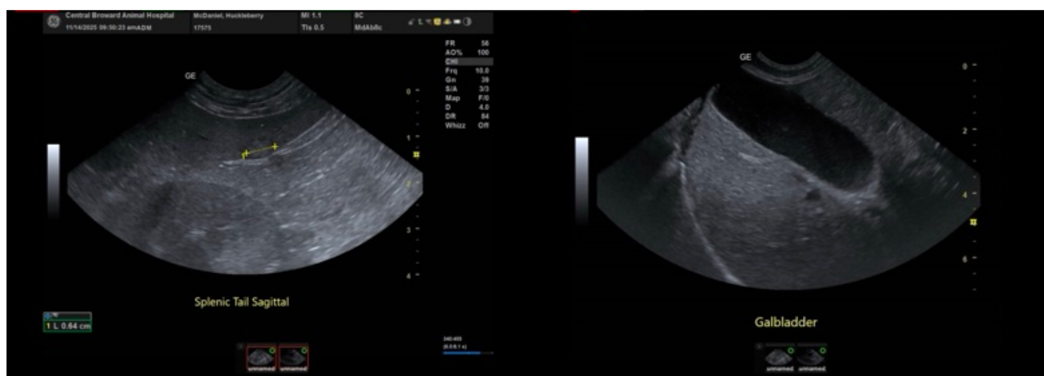

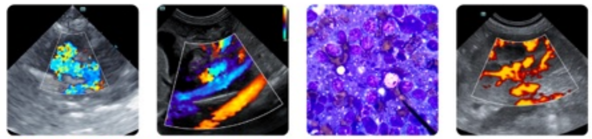

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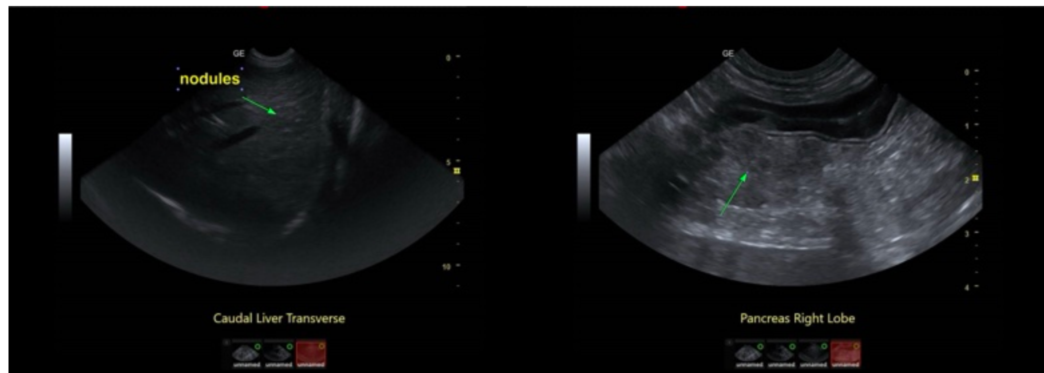

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com