



PATIENT

Jameson Zeller

SPECIES

Canine

BREED

Cavalier

SEX

Neutered Male

AGE

8 Years 8 Months

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Armani

INVOICE

72341

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Cardiac murmur, recheck liver, chronic pancreatitis. Meds- hydrocodone, pimo, maropitant
Abnormal PE/Chem/CBC/UA Results: cpl-954

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 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. Similar to prior sonogram. Left kidney measured 5.9 cm. Right kidney measured 6.32 cm.

Adrenal Glands

The **left adrenal gland** has significantly increased in size, measuring 4.73 cm x 1.62 cm at the cranial pole and 1.52 cm at the caudal pole.

The **right adrenal gland** presented fairly normal size and contour, measuring 2.2 cm x 1.14 cm at the cranial pole and 0.70 cm 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** presented lobar biliary calculi, non-obstructive. Mild hepatic remodeling noted, similar to prior sonogram. The gallbladder presented a minor amount of sand.

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.



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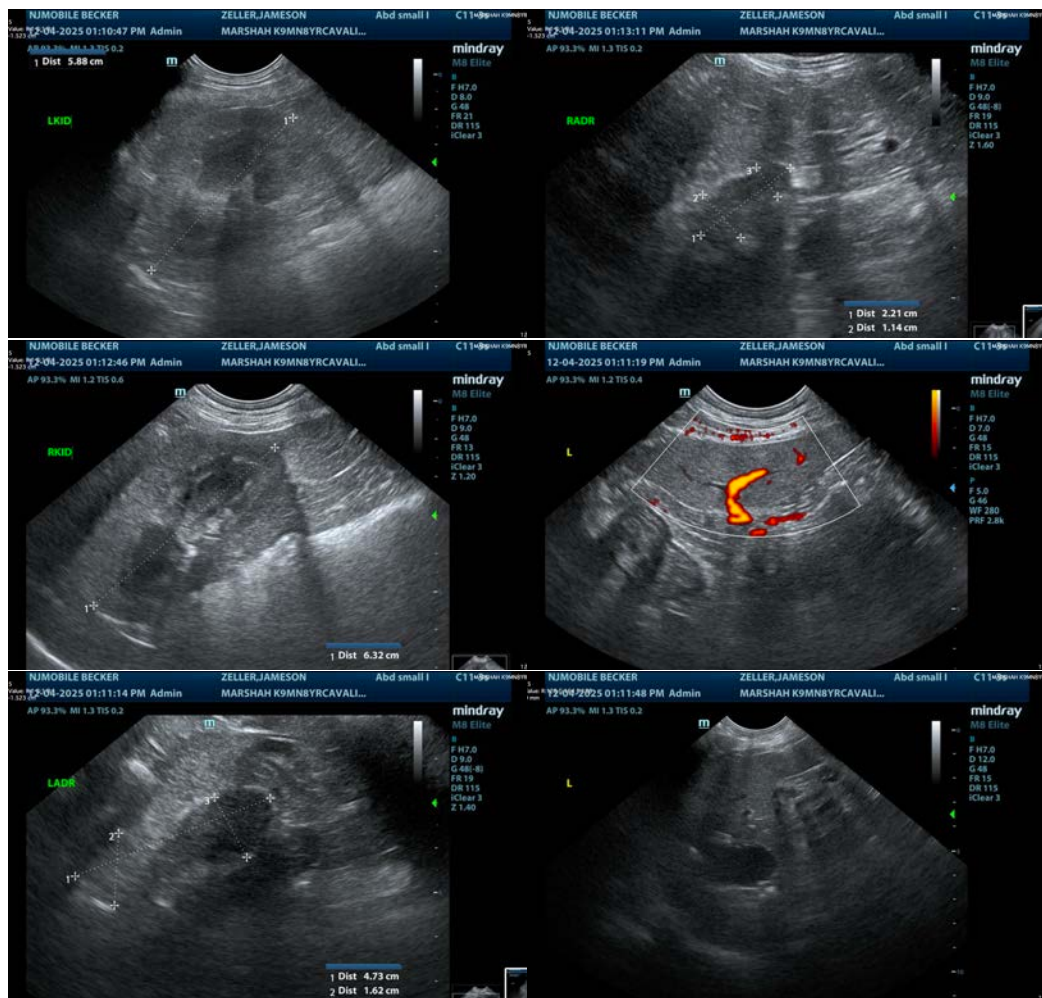
12/4/25

ULTRASONOGRAPHIC FINDINGS

- Hepatic mineralization, similar to prior sonogram with minor remodeling.
- Progressively enlarged left adrenal gland – strong concern for emerging pheochromocytoma or adenocarcinoma. Hyperplasia or adenoma possible.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal appears resectable. If any paraneoplastic manifestations of adrenal disease such as hypertension or Cushing's status are present, then left adrenalectomy warranted, or direct left adrenalectomy, given there is distinct progression in size.





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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.

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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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Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com

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