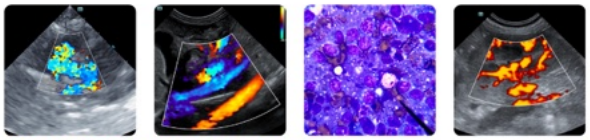

PATIENT

Toby Hill

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered male

AGE

9 years

WEIGHT

29 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Laura Owens

INVOICE

69387

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History PU/PD since spring 2025, had bloodwork at previous DVM and ALT 148, otherwise unremarkable. Examined here for eyelid mass and perianal mass, bloodwork had ALT elevation 162
POC ultrasound pre op showed suspected enlarged, nodular left adrenal/mass and suspected enlarged right adrenal, called owner and recommended Sonopath ultrasound.
Pot bellied appearance. Stress leukogram on recent bloodwork. ALT 162

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney measured 4.54 cm. The right kidney measured 4.9 cm. Blood flow to the kidneys appeared adequate on power Doppler assessment.

Adrenal Glands

Left **adrenal** nodule was noted in this patient and measured 3.1 x 2.19 cm at the caudal pole and 1.2 cm at the cranial pole. The right adrenal gland was nodular and heterogenous with loss of corticomedullary definition. There was no obvious caval invasion. The right adrenal gland measured 2.85 x 1.1 cm at the caudal pole and 1.05 cm at the cranial 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder polyps were noted, yet were not pathological.

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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

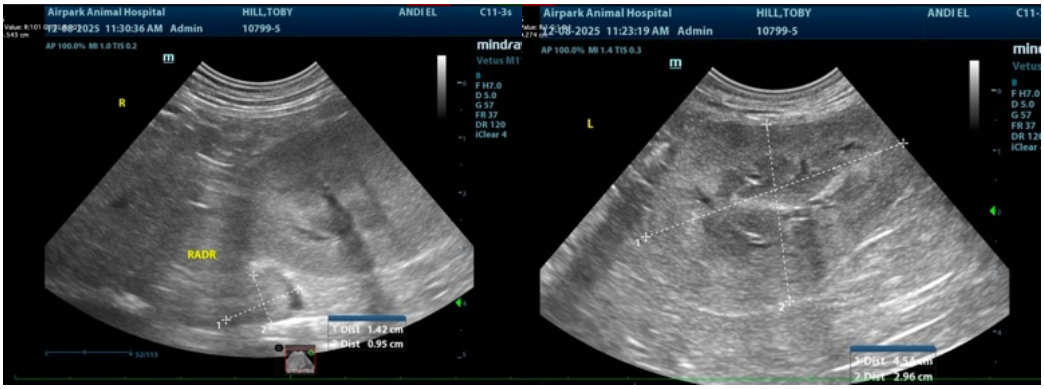
Bilateral nodular adrenal glands, possibilities are multiple. Adenoma, adenocarcinoma, pheochromocytoma are less likely. Nodular hyperplasia is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are indicated. If hypertension is present then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid an argument can be made for either PDH or adrenal dependent Cushing's or a combination of both.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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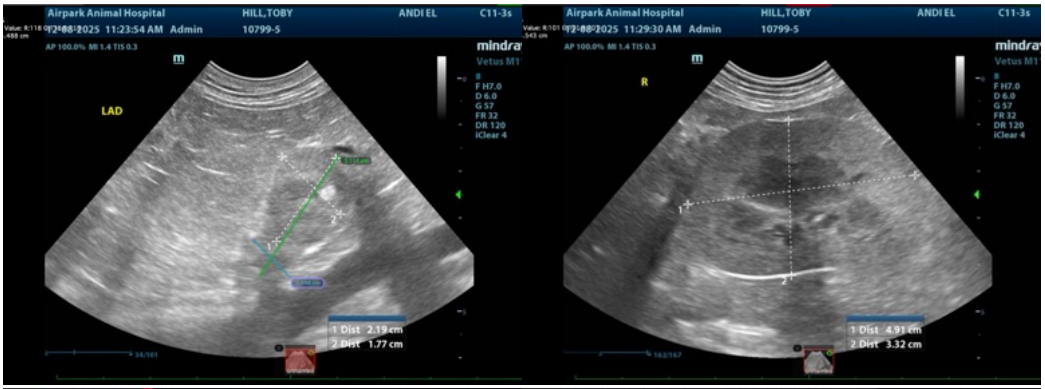
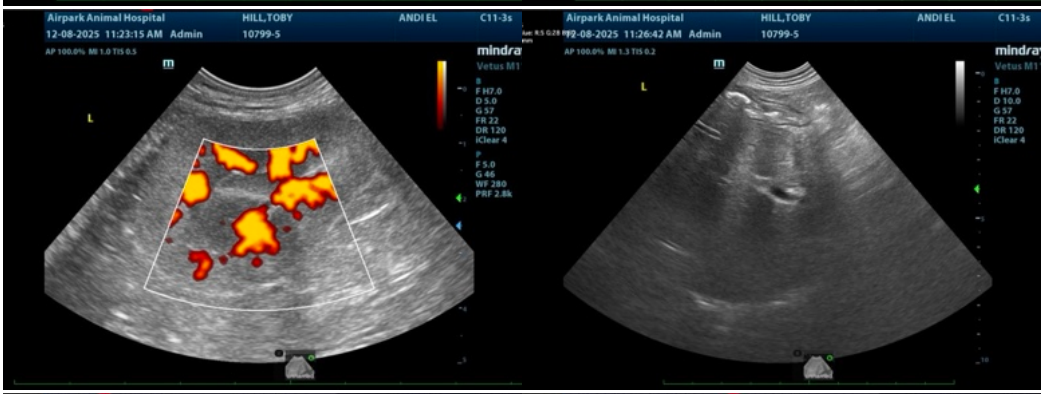
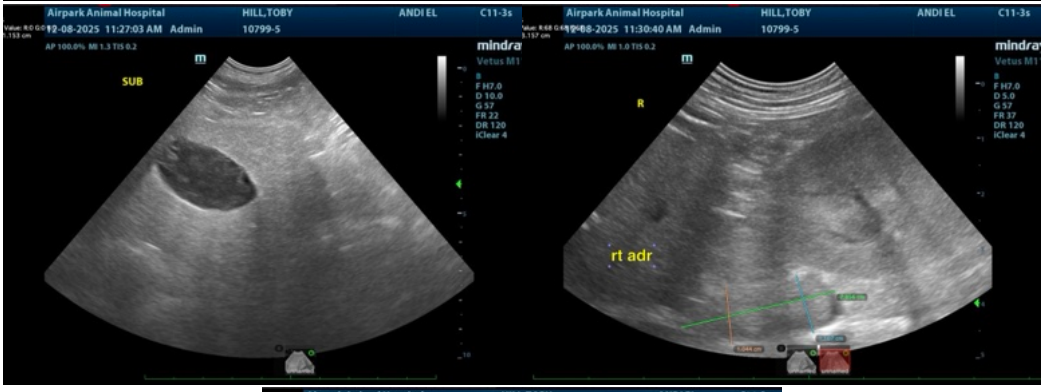
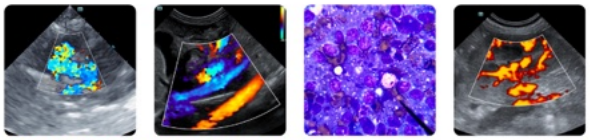






The information and recommendations provided are based on the images presented by the



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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