



**DATE PRESENTING CLINICAL SIGNS**

03/27/26 Patient History: Pancreatitis, Dehydration, Inappetence, Cervical pain, Metacarpal mass (historical finding).

**PATIENT**

Current Medications: Denamarin for mild elevation of liver enzymes, Gaba and Ondansetron  
Labwork Results: Labwork not attached, reported as: Pancreatitis, Mild Elevation of WBC, Mild Liver Enzyme Elevations.

Kimber Templeton

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Stat Report: Not requested.

Canine

Imaging Performed by: Rachel Brillhart, RDMS.

**BREED**

**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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 5.65 cm in length. The right kidney measured 6.34 cm in length.

**Adrenal Glands**

The **left adrenal gland** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.32 cm x 0.99 cm width at the cranial pole and 0.84 cm width at the caudal pole.

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.3 cm x 0.59 cm width at the cranial pole and 0.47 cm width at the caudal pole.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Campbell

**Spleen**

The **spleen** revealed a mineralized nodule measuring 2.2 cm x 1.4 cm in the mid body with capsular expansion and some disruption of architecture.

**INVOICE**

14704

**Liver**

The **liver** revealed coarse architecture with increased portal markings and isoechoic nodular changes. The gallbladder was mildly over distended with suspended striating debris not to the level of mucocele formation. Gallbladder sand was also noted with an accumulation measuring approximately 1.5 cm. The

gallbladder wall was mildly echogenic. The liver also revealed hyperechoic nodular changes that appear nondisruptive.

### **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.

### **Free Abdomen**

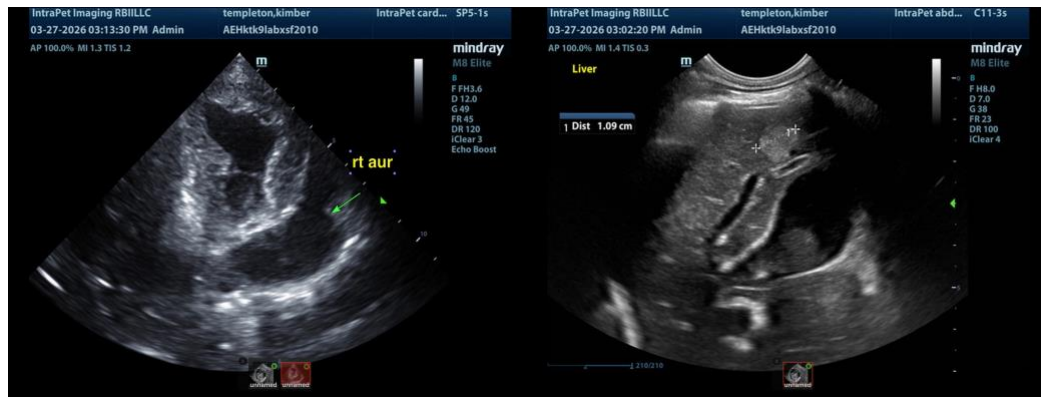
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

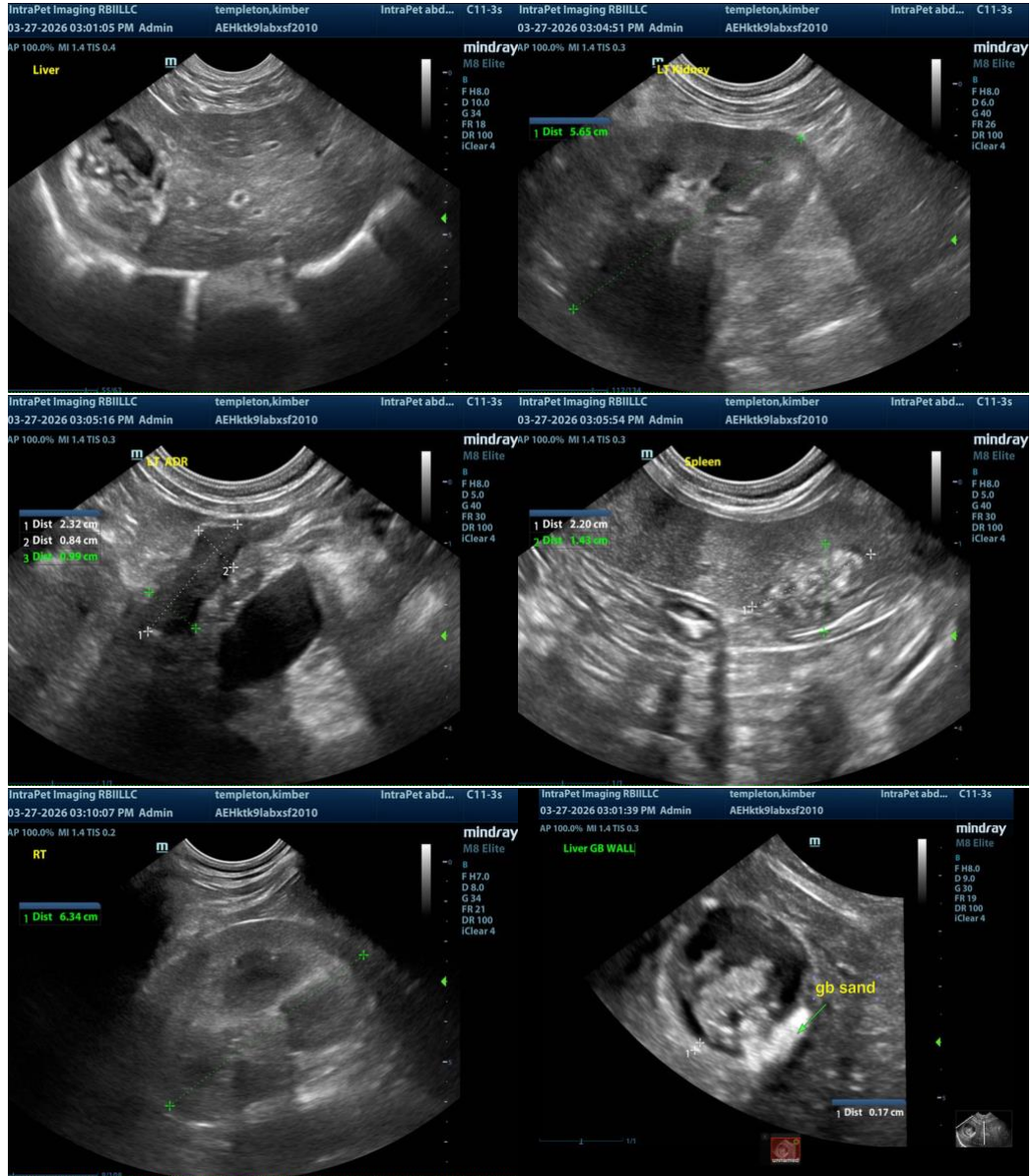
## **ULTRASONOGRAPHIC FINDINGS**

- Nonspecific hepatic remodeling with gallbladder sand/debris not to the level of mucocele formation.
- Age-related renal changes with slight mineralizations.
- Splenic nodule likely sclerotic plaque, however, cannot rule out emerging neoplasia.
- Structurally unremarkable GI tract.
- Enlarged left adrenal gland- hyperplasia, likely pheochromocytoma or carcinoma possible, though not suspected.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressure is warranted in this patient to assess for any hypertension related to the left adrenal gland. Supportive care should prove effective, however, FNA of the splenic nodule is indicated. Ursodiol over the next six to eight weeks is indicated. Recheck sonogram in six to eight weeks to assess for progression of the left adrenal and gallbladder.







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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