

DATE PRESENTING CLINICAL SIGNS

4/17/26 **Patient History:** Senior screen. Hx of adrenal nodule. Anal sac nodule removed. Control PLN with diet, Telmisartan and Benazepril. Mild Ca elevation on recent BW.

PATIENT

Lilly Lyle

Current Medications: Renal diet, Telmisartan 20 mg SID, Benazepril 10 mg SID, Adequan monthly

Labwork Results: Labwork not attached, reported as: Ca 11.9, ALKP 366, UPC 0.3

Date of Previous IntraPet Ultrasound: Yes. Multiple. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Canine

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Australian Cattle Dog

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.

SEX

Spayed Female

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. Similar to prior sonogram. Slight areas of mineralization noted. The right kidney measured 6.15 cm. Slight pyelectasia noted in the left kidney at 0.41 cm. Left kidney measured 6.32 cm.

AGE

12/14/12

WEIGHT

50 lbs

Adrenal Glands

The **left adrenal gland** nodule has slightly increased in size compared to the prior sonogram. The left adrenal gland measured 1.06 at the cranial pole cm x 0.79 cm at the caudal pole and 2.68 cm in length. The nodule itself measured 1.08 cm x 0.90 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

The **right adrenal gland** presented normal size and contour, 2.53 cm x 0.98 cm at the cranial pole and 0.66 cm at the caudal pole.

HOSPITAL NAME

Hickory Veterinary
Hospital

Spleen

The **spleen** presented slight heterogeneous parenchymal changes, largely age related. No progression from the prior sonogram.

REFERRING VET

Dr. Lyle

Liver

The **liver** revealed occasional cyst and macronodular change in the left liver measuring 1.8 cm. Increased portal markings and remodeling noted. The gallbladder was unremarkable.

INVOICE

74570

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

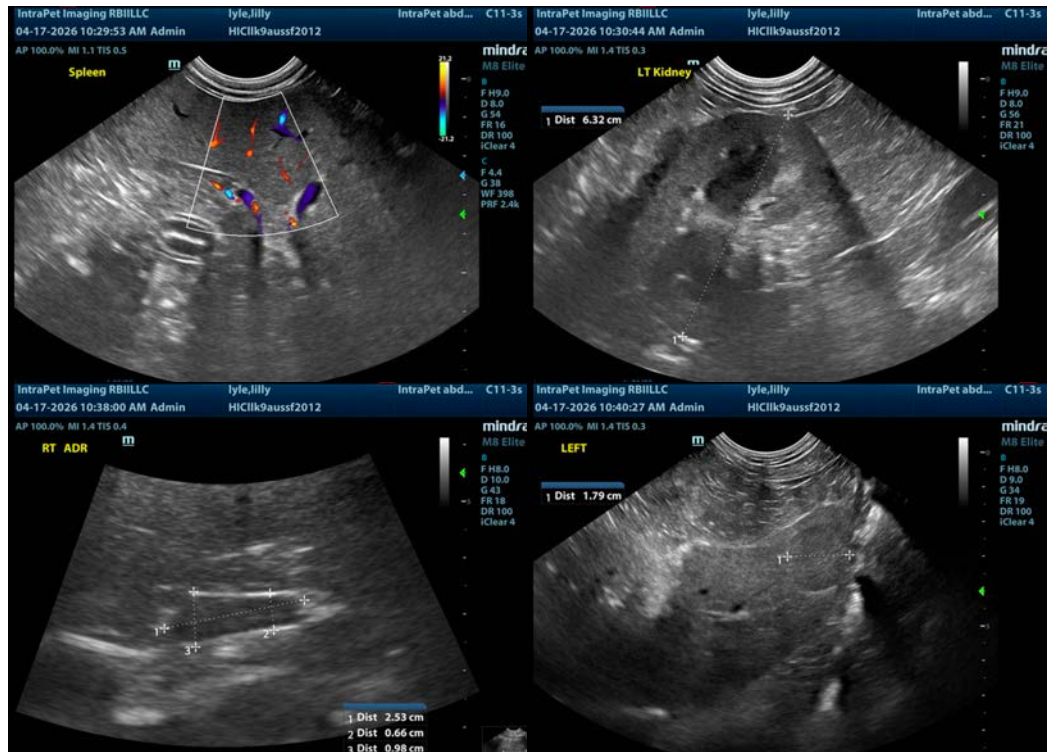
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

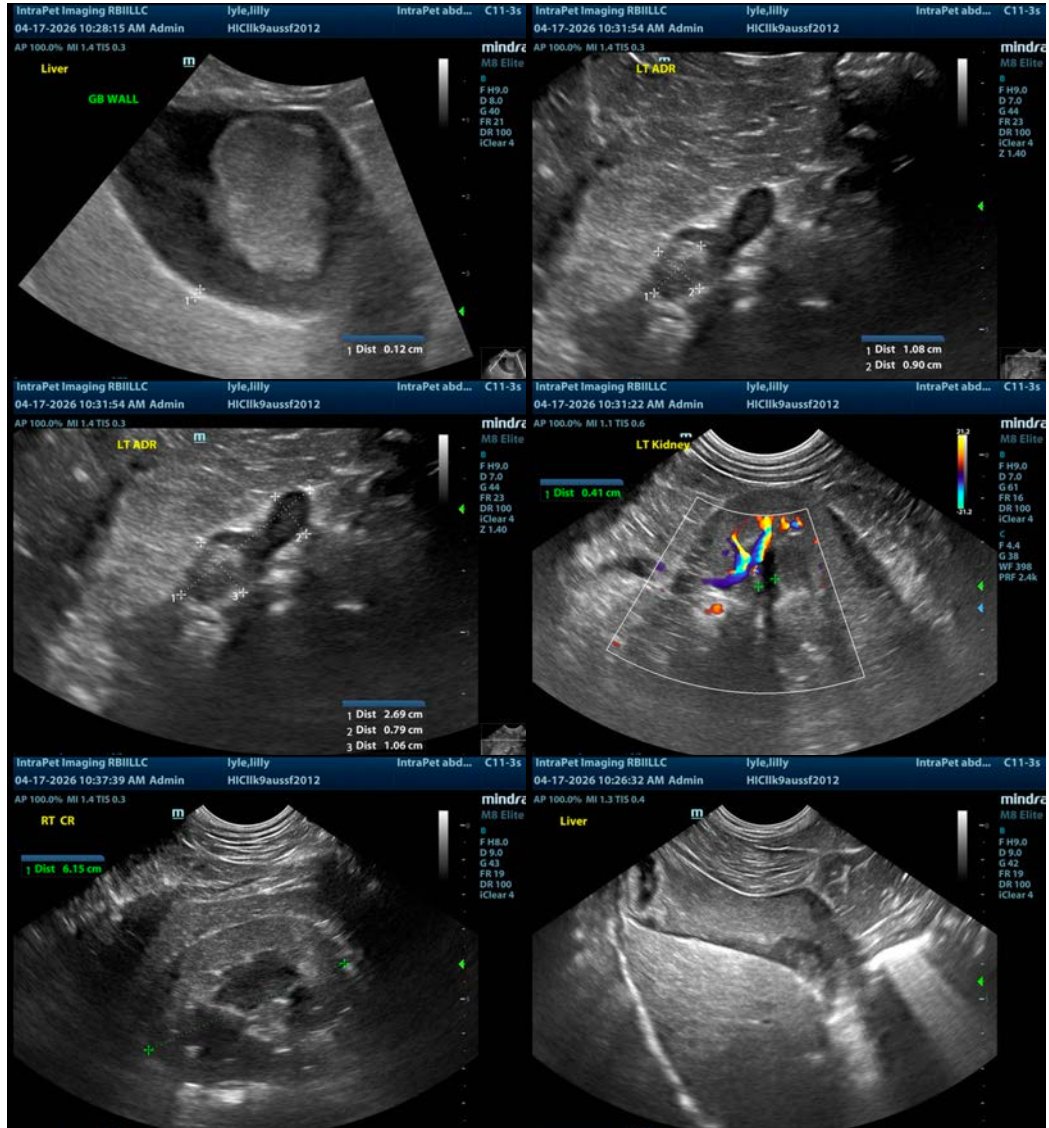
ULTRASONOGRAPHIC FINDINGS

- Persistent hepatopathy with nodular changes and minor excessive gallbladder debris, similar to prior sonogram.
- Slight progression of left adrenal nodule – Still likely adenoma. However, adenocarcinoma or pheochromocytoma are technically possible yet not suspected.
- Age related renal changes.
- Age related splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant progressive disease. 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.





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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