



PATIENT

Hunter Walker

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

13 years

WEIGHT

72.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Fackrell

INVOICE

75587

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to elevated ALKP and ALT
Abnormal PE/Chem/CBC/UA Results: ALT 327, ALKP 375

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.37 cm. The right kidney measured 7.12 cm.

Adrenal Glands

The **left adrenal gland** was mildly heterogenous, nodular and mildly enlarged measuring 3.3 x 1.14 cm at the cranial pole and 1.05 cm 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 1.8 x 0.69 cm at the cranial pole and 0.37 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 a moderate amount of remodeling, increased portal markings and isoechoic, coalescing nodular changes. This is consistent with chronic inflammatory hepatopathy. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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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ULTRASONOGRAPHIC FINDINGS

- Nodular enlarged left adrenal gland, likely hyperplasia.
- Chronic inflammatory hepatopathy pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of neoplasia. However, if any Cushingoid signs are present then work-up for either PDH or adrenal dependent Cushing's is possible. FNA of the liver is indicated for further definition. Bile acid profile is warranted to assess for any potential early dysfunction. The gallbladder and common bile duct were unremarkable. Some of the nodular changes would potentially be reminiscent of hepatocutaneous syndrome. Assessment for crusting skin lesions is indicated. Surgical biopsies are also an option, yet, neoplasia is not suspected. Serial blood pressure measurements are warranted. If hypertension is present then urine metanephrine level is warranted given the left adrenal presentation. Ideally a recheck sonogram of the left adrenal gland is recommended in 6-8 weeks to ensure that an emerging neoplastic event is not present.

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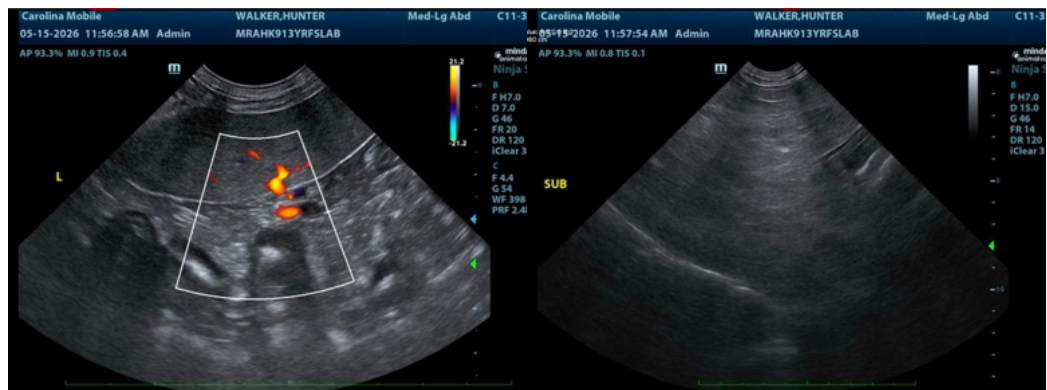
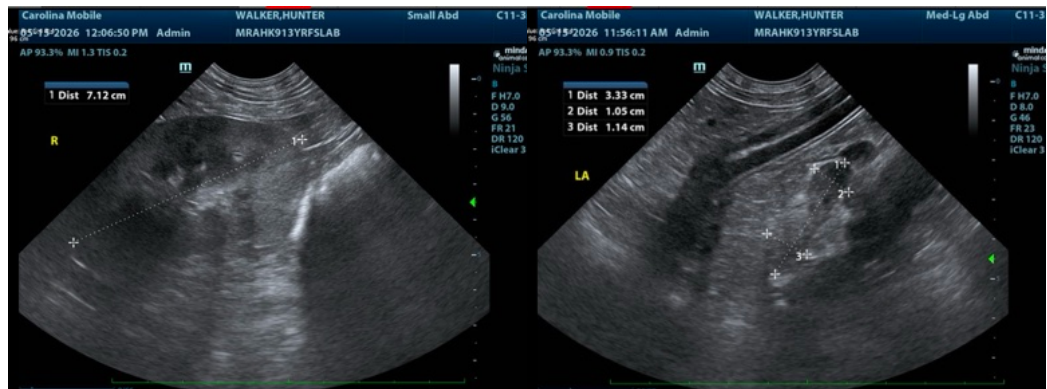
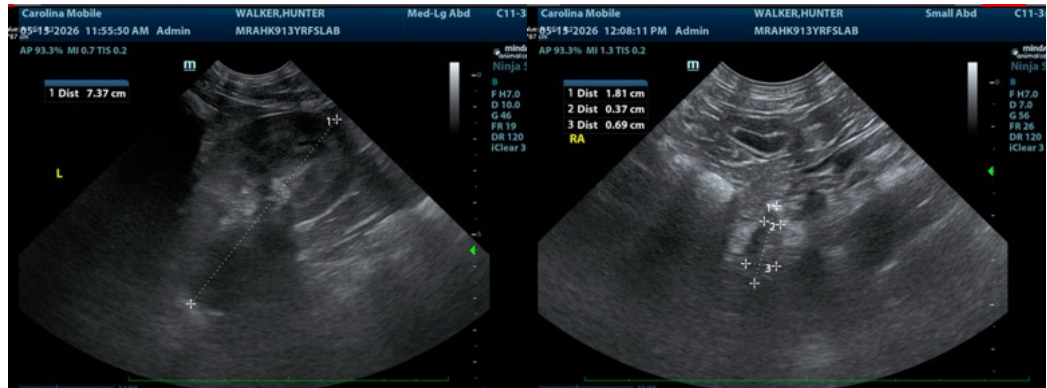
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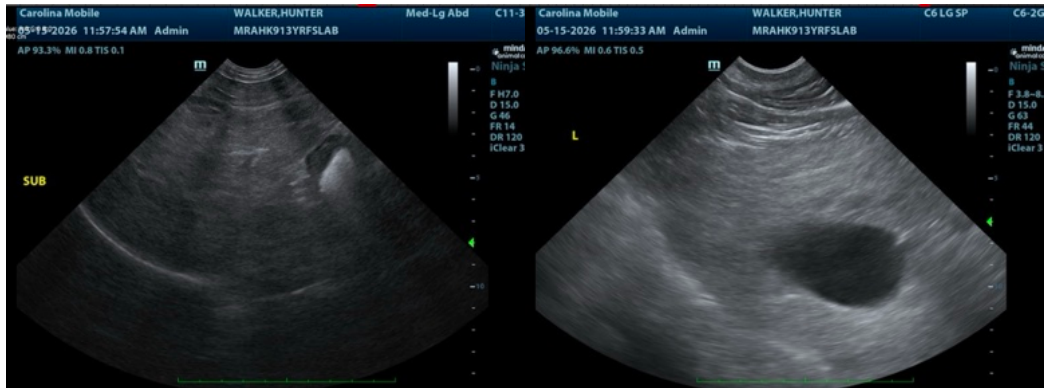
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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