



DATE PRESENTING CLINICAL SIGNS

3/27/2026

Patient History: 3/21/26- P presenting for excessive panting and increase thirst. History of elevated ALKP since June 2020.

PATIENT

Current Medications: Gabapentin 100mg capsules: 1 cap PO BID since 3/21/26

Bleu Horton

Labwork Results: Labwork not attached, reported as: 3/21/26- Chem/CBC- ALKP 1877 U/L, Chol 325mg/dL, remaining wnl.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

BREED

Shih Tzu

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

FS

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

8 years

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

WEIGHT

20.6 lbs

The left kidney has a normal shape and size (4.41 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (4.61 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Banfield Pet Hospital
Timonium

Adrenal Glands

REFERRING VET

Dr. Falkowski

The left adrenal gland is large in size and irregular in shape, measuring 1.06 cm at the cranial pole and 0.7 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that the cranial pole is hyperechoic and enlarged. The hyperechoic nodule at cranial pole measures 0.93 cm x 1.23 cm. No evidence of vascular invasion is visualized.

INVOICE

11573

The right adrenal gland is borderline large in size and slightly irregular, measuring 1.19 cm at the cranial pole and 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is slightly irregular in that the cranial pole is rounded and enlarged, creating the appearance of a poorly defined isoechoic nodule measuring 0.99 cm x 1.1 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.36 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.52 cm in wall thickness) and the jejunum measured as normal (0.33 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large hyperechoic nodule in the cranial pole of the left adrenal gland. The appearance is most consistent with a benign adenoma. An early neoplastic lesion is possible.
- Isoechoic, poorly defined nodule at the cranial pole of the right adrenal gland. This is a more subtle lesion and could represent anatomic variation, an adenoma, less likely a carcinoma or neoplastic lesion.
- Changes consistent with pancreatic remodeling in the right limb.

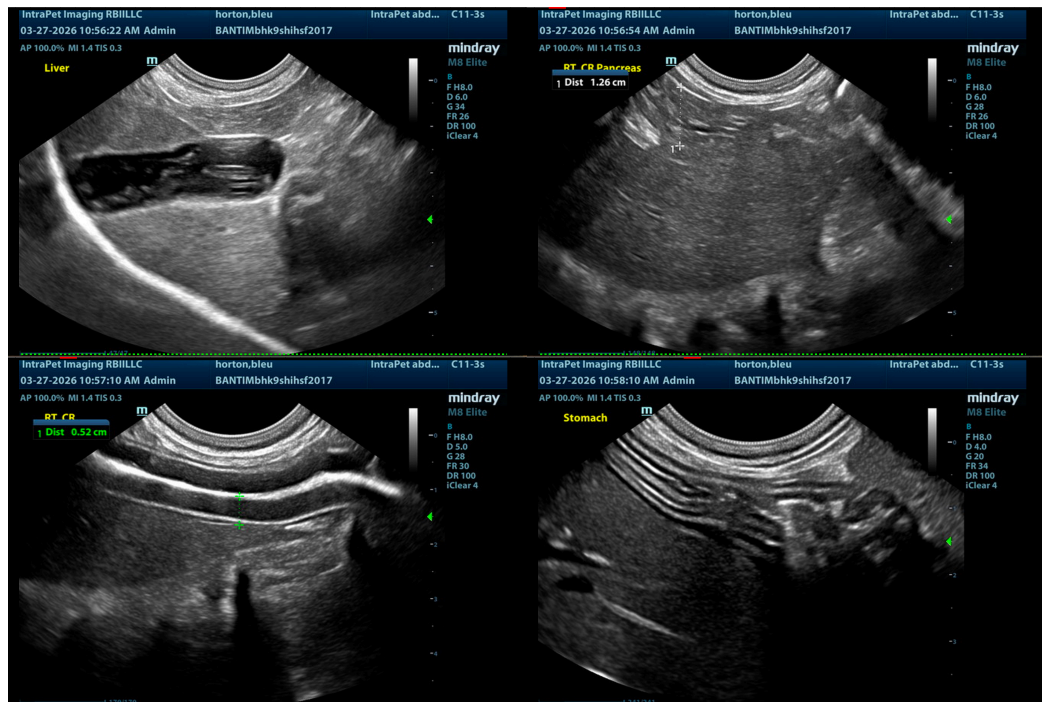
- Heterogenous hepatomegaly. Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

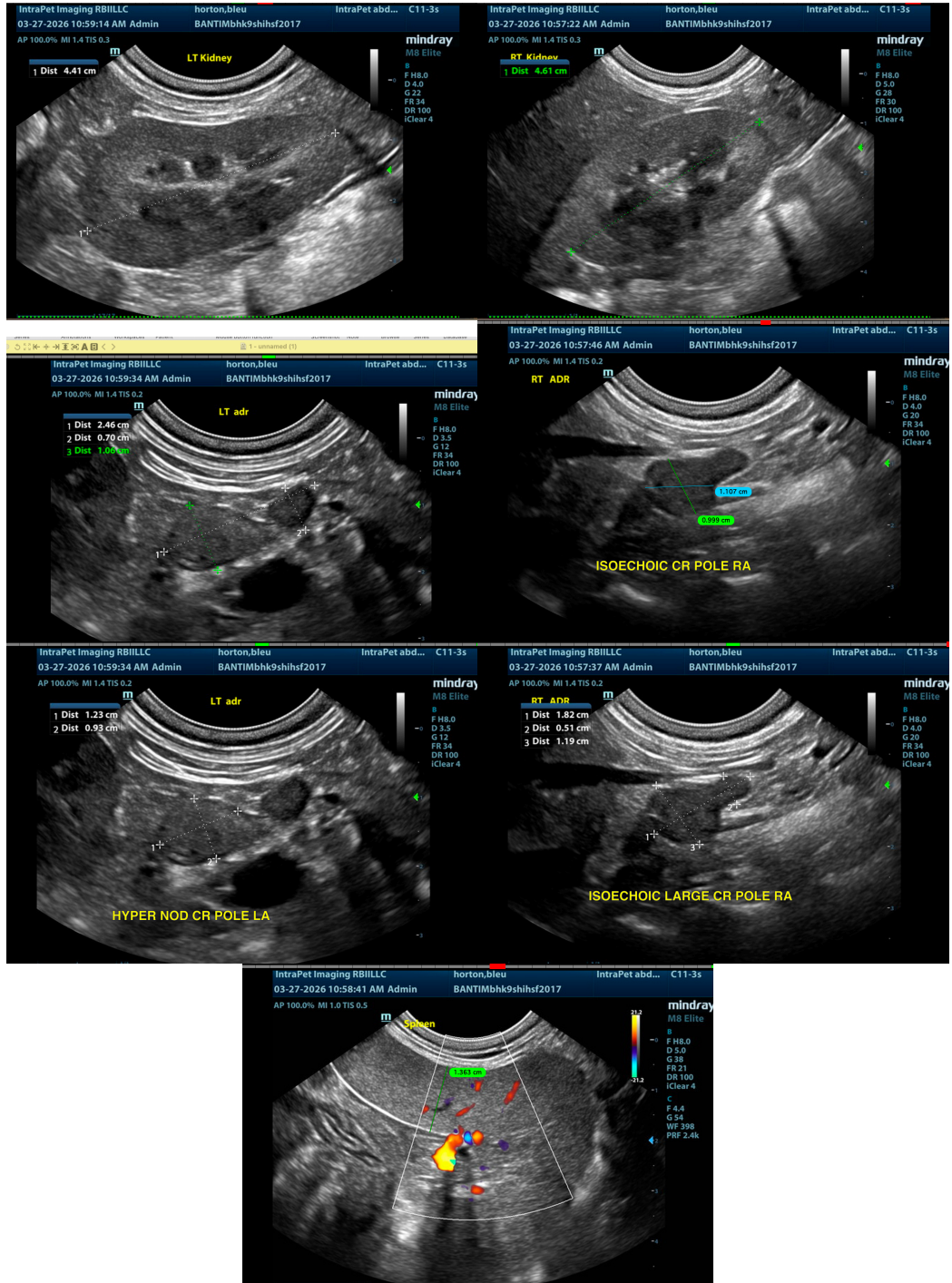
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are somewhat abnormal in that the cranial poles are enlarged. The left adrenal is more significantly abnormal in that there's a hyperechoic nodule at the cranial pole. The cranial pole of the right adrenal is isoechoic. Both lesions generally have the appearance most consistent with a benign lesion, although an early neoplastic lesion can have a similar appearance. Consider adrenal function testing to determine if a cortisol excess exists. Additionally, consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels to evaluate for possible pheochromocytoma.

Unfortunately, it is difficult to determine if both lesions are active or which adrenal lesion is active. If cortisol excess is present, you could consider medical therapy and continued monitoring of the adrenals. Otherwise, a contrast CT scan could be considered and potentially surgical removal of the more concerning lesion. Re-check imaging in 2-4 months is recommended.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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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