



**PATIENT**

Karma McKenzie

**SPECIES**

Canine

**BREED**

Golden retriever

**SEX**

Female, spayed

**AGE**

10 Yrs. 3 months

**WEIGHT**

38.45 kg.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

14637

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

History: Previous AUS LAD mass, R/C size of LAD mass and for any signs of BV invasion  
Abnormal PE/Chem/CBC/UA Results: Previous Xrays 1. Possible of mid abdominal mass. Given the lateral displacement of the left kidney, it is suspected this is in location of the adrenal glands. The possibility of adrenal neoplasia needs to be highly considered. The abdomen is otherwise unremarkable. 2. Unremarkable geriatric overweight thorax. Previous LAD 1) Mass in the left mid-abdomen, suspected to be of left adrenal gland origin. UCCR 26 Values <34 then Hyperadrenocorticism is highly unlikely, values >34 then Hyperadrenocorticism is possible LDDST: Cortisol baseline 30 (N 28-120) Cortisol 4 hr <28 Cortisol 8 hr <28 The results of the LDDST in this dog do not support a diagnosis of hyperadrenocorticism Metanephrine Creatinine (urine) 39 (N 18-359) Normetanephrine Creatinine (urine) 90 (N 28-380) Therefore these results are NOT supportive of a pheochromocytoma

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.98 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (8.33 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is enlarged (4.49 cm at cranial pole) (1.16 cm at caudal pole) with a 5.71 x 4.18 cm heterogeneous mass effect at the cranial to mid aspect. There is no obvious left renal or vascular invasion.

The right adrenal gland is normal size (1.34 cm at cranial pole) (0.66 cm at caudal pole) (2.21 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (2.44 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

*Liver*

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct



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focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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***Pancreas***

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Left adrenal mass. The tumor is similar to slightly larger compared to the previous sonogram. Based on the lab results, a functional tumor is considered unlikely. However, neoplasia is still suspected given the appearance of the tumor.

**Secondary Findings:**

- Mild bilateral, age-related renal changes with dystrophic mineralization.
- Urinary bladder debris.
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., endocrine, idiopathic) is suspected. However, correlation with the patient's liver values is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an adrenalectomy is a consideration in this patient, consider referral to a board-certified surgeon. An abdominal CT scan would be useful in pre-surgical planning.

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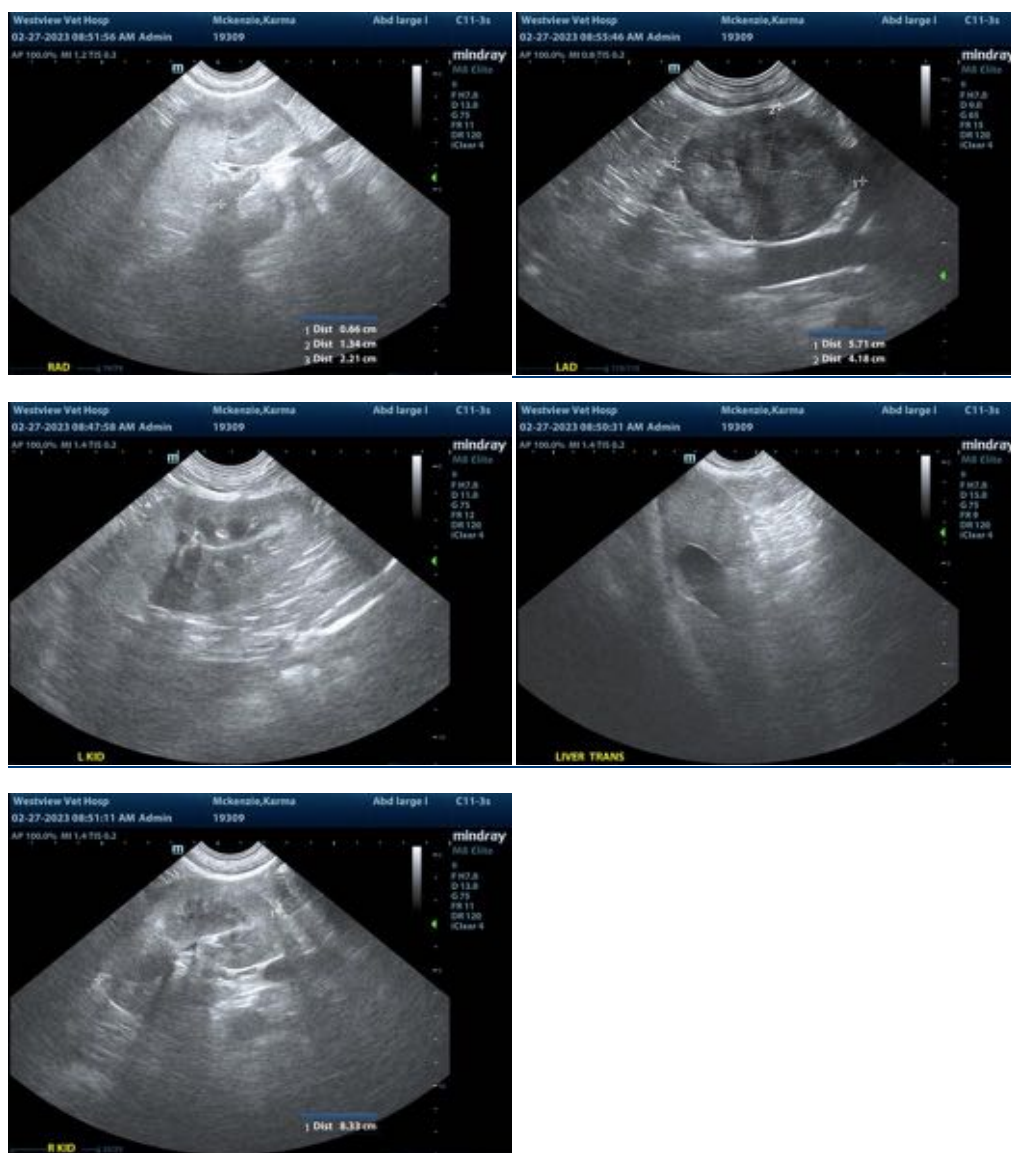
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com



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