

**PATIENT**

Oakley Campbell

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

4 Years 7 Months

**WEIGHT**

35 pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Countryside Animal  
Clinic

**REFERRING VET**

Dr. Cox

**INVOICE**

14253

**DATE**

03/11/26

**PRESENTING CLINICAL SIGNS**

- Hypertension- improved, BP 149/100, 16/143 - improved but still mildly elevated
- Rec. Abd U/S to evaluate for Pheochromocytoma
- Uveitis- resolved
- Meds: Gaba 100 mg 1 BID, Ofloxacin 1 drop OU BID, Enalapril 5 mg 1.5 tab BID, Carprofen 75 mg 1/2 BID

Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem WNL, e- are WNL, 2/21: BP avg 193/154, 2/27: 149/100, 165/143- improved but still mild elevation.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. Ureteral papilla was not seen.

The prostate was normal measuring 9.0 mm in width. The prostate is symmetrical and has uniform echotexture.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.3 mm and the caudal pole measures 4.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.4 mm and the caudal pole measures 3.8 mm.

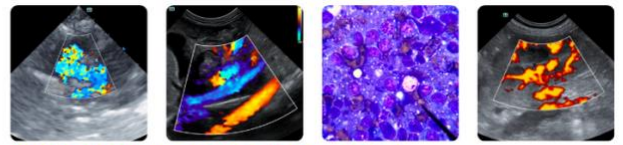
**Spleen**

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

**Liver**

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains formed stool with normal wall thickness.

**Pancreas**

The left and right limbs of the pancreas are normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

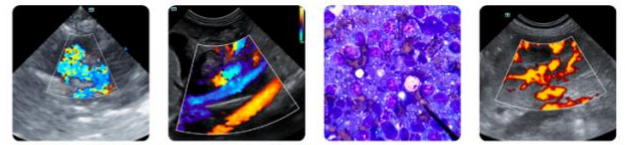
**ULTRASONOGRAPHIC FINDINGS**

- Normal abdominal ultrasound.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant findings were identified. No cause for the patient's hypertension or uveitis is seen on this exam. An adrenal mass was not seen. A pheochromocytoma is not suspected. If there is still clinical suspicion for a pheochromocytoma, consider submitting a urine metanephrine test to definitively rule out pheochromocytoma.

Other diagnostics to consider would be comprehensive vector-borne disease testing as vector-borne disease may explain the patient's uveitis. If three view chest radiographs have not been performed, recommend three view chest radiographs to continue evaluating for possibility of a neoplastic or infectious cause for the patient's uveitis.



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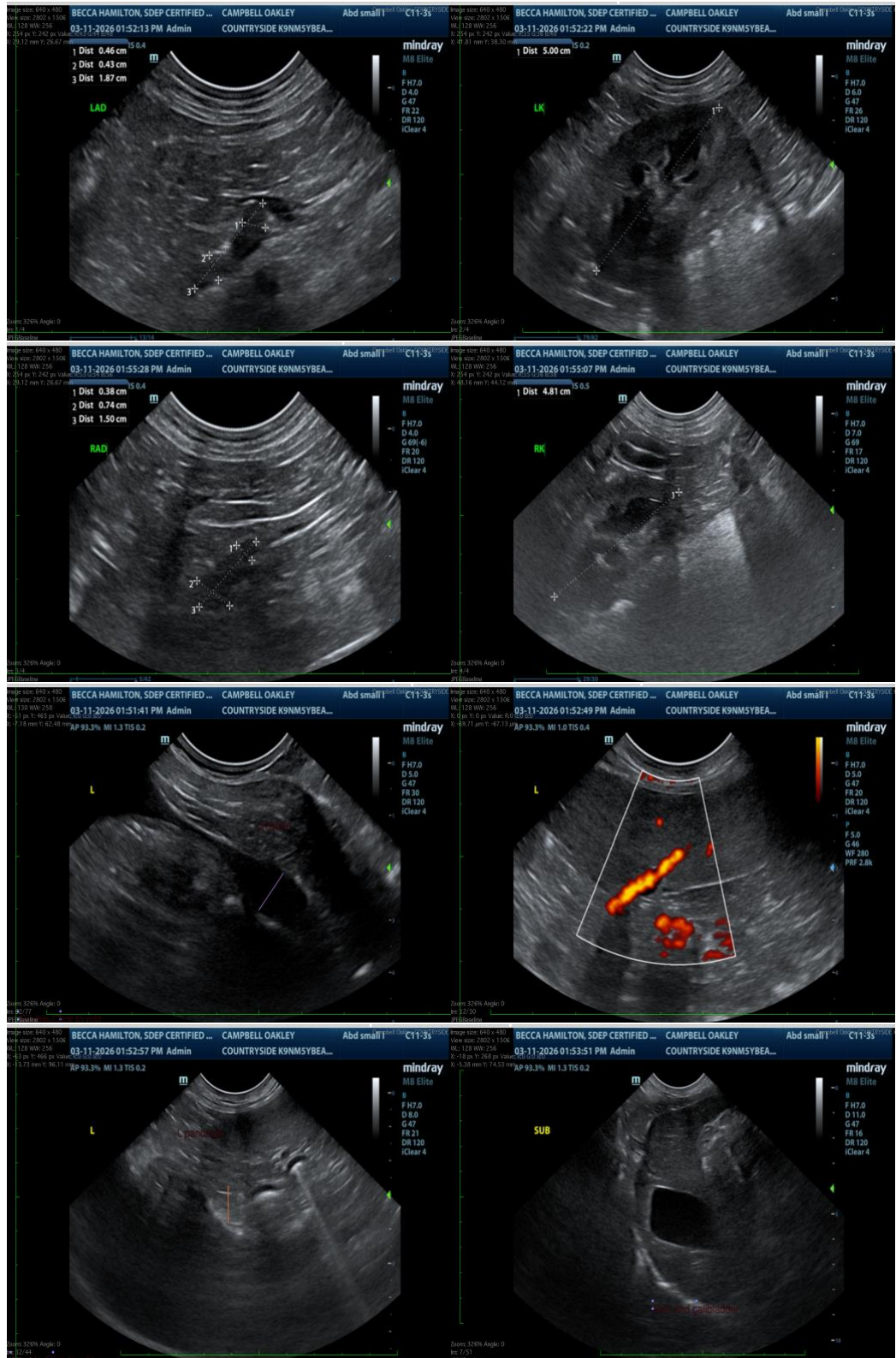
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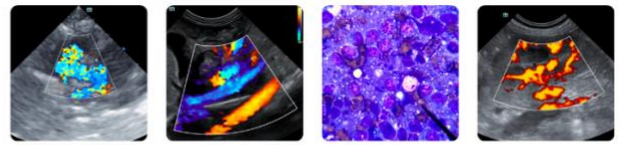
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Greg Kuhlman, DVM, DACVIM (SAIM)**  
Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)

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