



PATIENT

Karma Henry

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

13.5yr

WEIGHT

32.8kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr Davidson

INVOICE

22887

DATE

11/08/2025

PRESENTING CLINICAL SIGNS

Few months: excessive panting. PU/PD. 2 weeks ago hypertensive and started on Benazepril 5 mg 3 tab SID. Decreased appetite. Progressive heart murmur over 2 weeks. Historic Galliprant. Eyes: Corneas clear and bright, no discharge or erythema, PLR and palpebral/menace intact OU. Nuclear sclerosis OU Oral Cavity: Mucous membranes pink/mildly tacky CRT <2s, moderate tartar/gingival erythema, sublingual clear Cardiovascular: Grade 2/6 heart murmur, mostly heart on left, possibly soft on right. No arrhythmias, pulses strong/synchronous

Abnormal PE/Chem/CBC/UA Results: BP: 176/125 (138), 170/123 (137), 173/124 (141), 173/125 (140) Recheck BP: 153/91 (105), 150/91 (103), 148/92 (104) EPOC: HCT 32 (L), NSF UA: USG 1.010, Non-hyaline casts >1/LPF Radiographs: bridging spondylosis of thoracic spine and lumbar spine, no obvious pulmonary masses or tracheal elevation, no obvious pulmonary consolidation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor right kidney pyelectasia was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole. Irregular enlarged non-homogenous right adrenal gland measuring 6.3 cm x 5.2 cm. The enlarged right adrenal gland was noted directly adjacent to subjectively likely invading perirenal vasculature.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Right adrenal mass, likely invading vasculature
- Normal left adrenal gland
- Age related renal changes with minor right kidney pyelectasia
- Mild gallbladder debris (non-mucocele)
- Normal gastrointestinal tract with mild gastric ingesta / food

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is consistent with neoplasia with pheochromocytoma favored in conjunction with hypertension. Urine metanephrine testing is warranted. Abdominal CT could be considered for further assessment if indicated.



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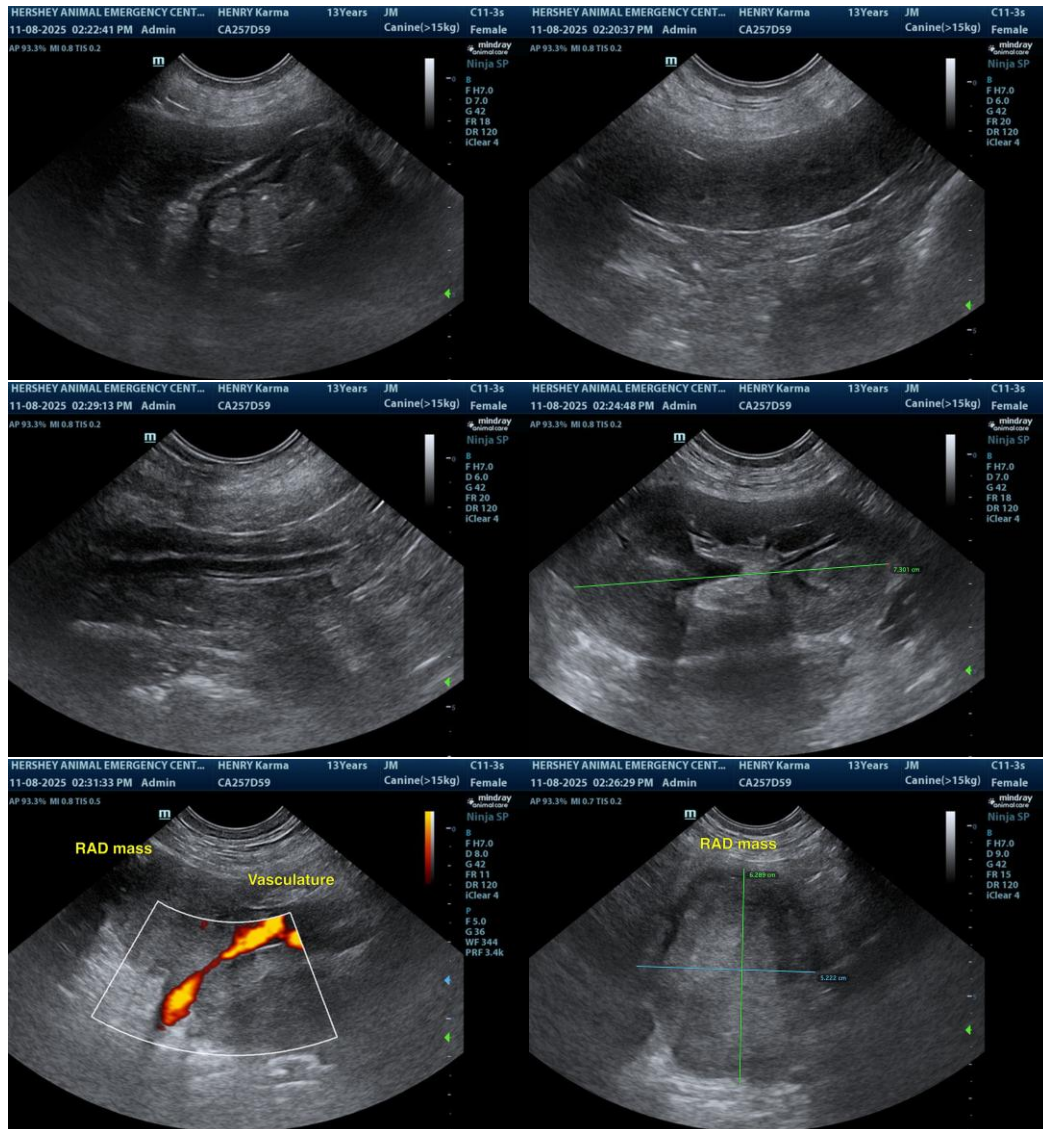
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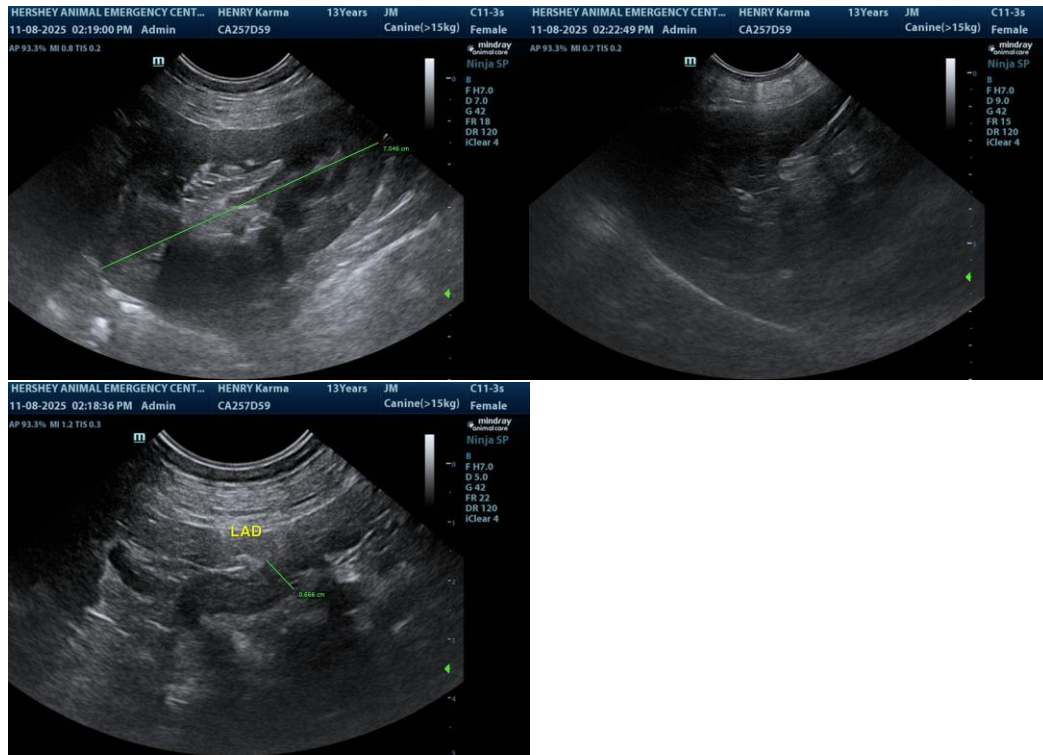
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com