**PATIENT**

Lucy Northcutt

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

11 years

WEIGHT

45.8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

13267

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Annual AUS (previous AUS report attached). No clinical signs. Patient has maintained weight.

Abnormal PE/Chem/CBC/UA Results: Current BW pending. Last year ALKP 180, ACTH stim normal. USG 1.039.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland exhibited generalized enlargement with maintained intact primarily symmetrical capsule contour. A mildly expansive variably echogenic to focal hyperechoic non-shadowing nodule was present in the mid to caudal left adrenal gland, measuring 2.2 cm x 2.1 cm. The mid to cranial left adrenal gland exhibited nonhomogeneous to indistinctly nodular parenchyma without evidence of mineralization. No overt vascular invasion associated with the left adrenal gland was noted. The overall left adrenal gland measured 4.0 cm length x 1.5 cm width at the cranial pole and 2.1 cm width at the caudal pole.

A mildly expansive, homogeneous to mildly hyperechoic, nonmineralized nodule was present in the mid to cranial right adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.7 cm x 1.4 cm. The overall right adrenal gland measured 2.9 cm length x 0.45 width at the caudal pole.

Spleen

The spleen was normal in overall size and contour with generalized mild splenic parenchyma heterogeneity. A solitary, subtle, echogenic non-expansive nodule was present in the caudal spleen measuring 0.9 cm in diameter. Suspect focal areas of medial capsule fibrosis were noted.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibited progressive to strong distal acoustic shadowing.

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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Left adrenomegaly exhibiting nonhomogeneous to nodular parenchyma
- Right adrenal concurrent homogeneous nodule
- Hepatic parenchymal remodeling - subjectively benign
- Minor gallbladder debris
- Mild chronic renal changes
- Gastric ingesta
- Nonspecific caudal splenic nodule with suspect focal medial capsule fibrosis - suspect subtle myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on previous ultrasound report, the overall left adrenal gland appears to be primarily static in appearance exhibiting likely similar appearing nodular changes. General considerations for both the generalized left adrenal gland, as well as the right adrenal nodule may include functional vs. nonfunctional adenoma, hyperplasia, lipogranuloma, or neoplasia such as adenocarcinoma, pheochromocytoma, or other. Without reported clinical signs, adrenal hyperfunction is considered likely. Assessment of and monitoring of blood pressure for evidence of hypertension is recommended. Urine catecholamine levels to Marshfield Labs could be considered if clinical concern for pheochromocytoma. Otherwise, serial sonographic monitoring of the bilateral adrenal glands for evidence of progression would be appropriate. Sonographic monitoring of the splenic nodule is suggested.

The gastric ingesta is likely indicative of post prandial presentation. Correlation with most recent meal ingestion is recommended. Correlation with pending lab work is suggested.

IMAGING PERFORMED BY

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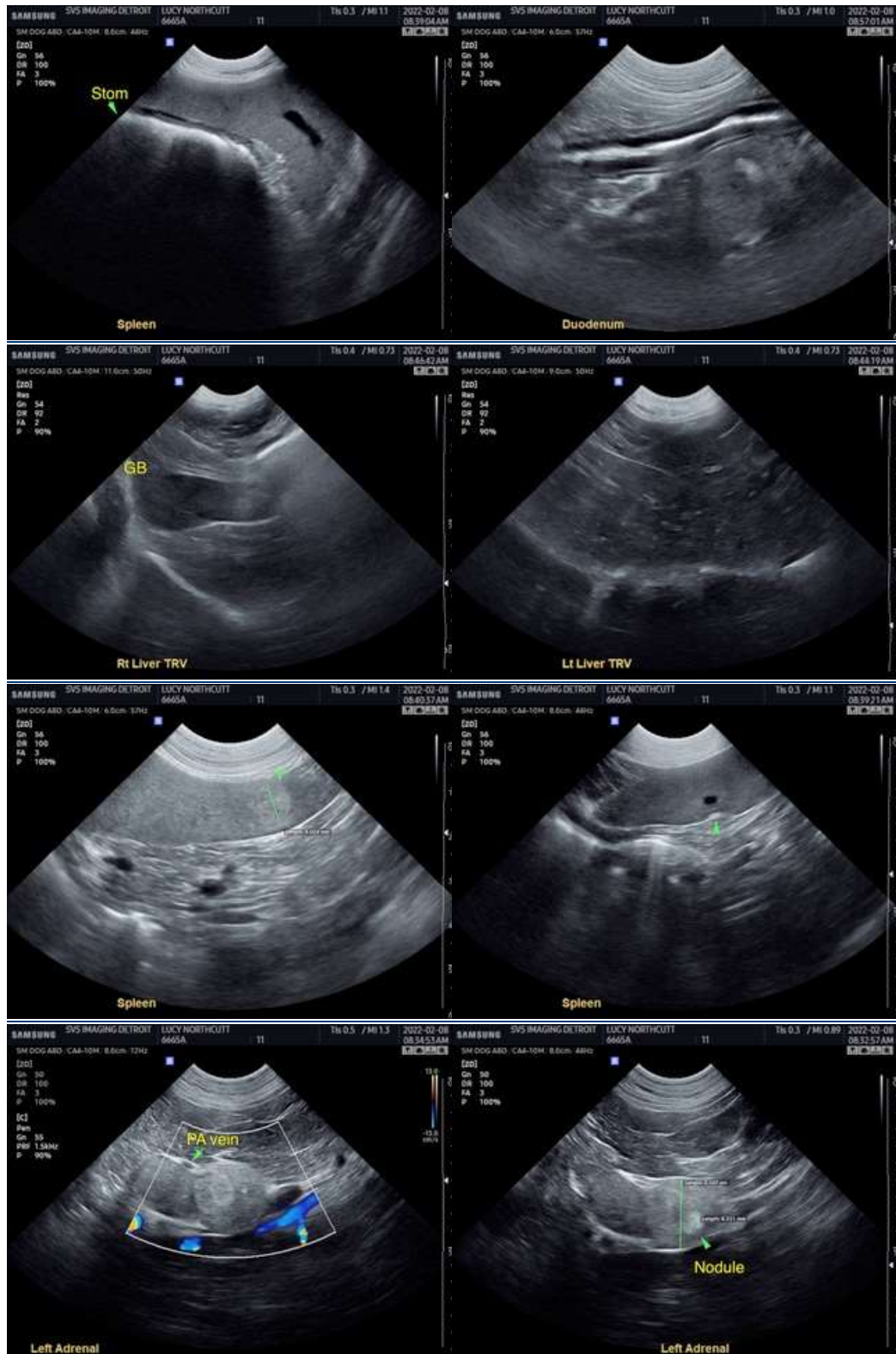
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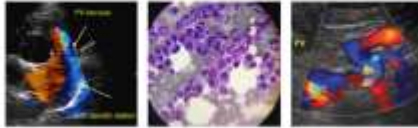
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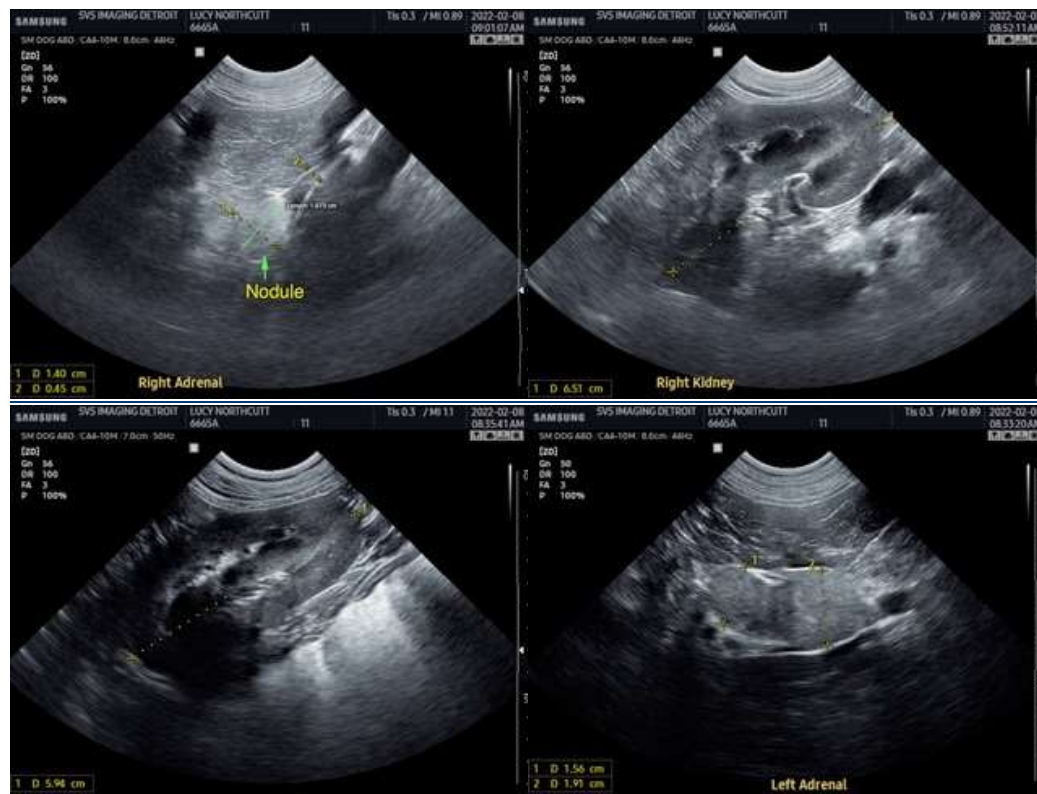
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

<https://www.marshfieldlabs.org/labnews/Documents/Pheochromocytoma%20Diagnosis%20Update%20BF.pdf>