



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sam Samra	Recurrent UTI's and pollakiuria (diabetic). Meds: Clavamox 625mg bid.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Labrador Retriever	No evidence of pathology in the area of the aortic trifurcation.
<b>SEX</b>	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. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 5.6 cm in length. The right kidney measured 6.9 cm in length.
FS	
<b>AGE</b>	
13 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
89 lbs.	The left adrenal gland was variably enlarged in size exhibiting nonhomogeneous parenchyma and mid-cranial pole mildly irregular, nonhomogeneous, nonmineralized nodule. The nodule measured ~3.1 cm x 2.5 cm. The overall left adrenal 3.6 cm length x 2.5 cranial pole width and 0.77 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 3.2 cm length x 0.86 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Well-demarcated, nonhomogeneous, hyperechoic, nondisruptive nodules were present throughout the cranial to caudal parenchyma with an example measuring 1.8 cm diameter. No splenic masses were noted. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
<b>IMAGING PERFORMED BY</b>	
Shari Reffi, CVT	
<b>HOSPITAL NAME</b>	
Glen Rock VH	
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Stekler	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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.
<b>INVOICE</b>	
14793	
<b>DATE</b>	<b>Gastrointestinal</b>
8/3/23	



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
Sam Samra	
<b>SPECIES</b>	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
Labrador Retriever	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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted. Subjective mild increased intrabdominal fat was present.
<b>AGE</b>	
13 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
89 lbs.	<ul style="list-style-type: none"> <li>• Sonographically unremarkable urinary bladder and visible proximal urethra</li> <li>• Mild chronic renal changes</li> <li>• Enlarged, nonhomogeneous/nodular left adrenal gland - functional vs. nonfunctional adenomatous change, benign hyperplasia, emerging neoplasia i.e., pheochromocytoma, possible</li> <li>• Mild hepatic parenchyma remodeling - benign</li> <li>• Mild gallbladder sediment (non mucocele)</li> <li>• Benign splenic nodules - consistent with benign myelolipomas</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Recheck urine C/S on a sterile urine sample 7 days post completion of current antibiotics is suggested. Full adrenal workup if clinical signs of adrenal hyperfunction, as well as screening BP to assess for evidence of hypertension which may allude to left pheochromocytoma is recommended. If evidence of hypertension or concern for left pheochromocytoma, urine catecholamine levels are warranted.
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Shari Reffi, CVT	
<b>HOSPITAL NAME</b>	
Glen Rock VH	
<b>REFERRING VET</b>	
Dr. Stekler	Sonographic monitoring of the left adrenal gland for evidence of progression with an initial recheck in 4 weeks is recommended. Alternatively, abdominal CT for further assessment of the left adrenal gland including assessment for evidence of nonobvious vascular invasion +/- surgical planning could be considered.
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**PATIENT**

Sam Samra

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

13 years

**WEIGHT**

89 lbs.

**INTERPRETED BY**

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

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Shari Reffi, CVT

**HOSPITAL NAME**

Glen Rock VH

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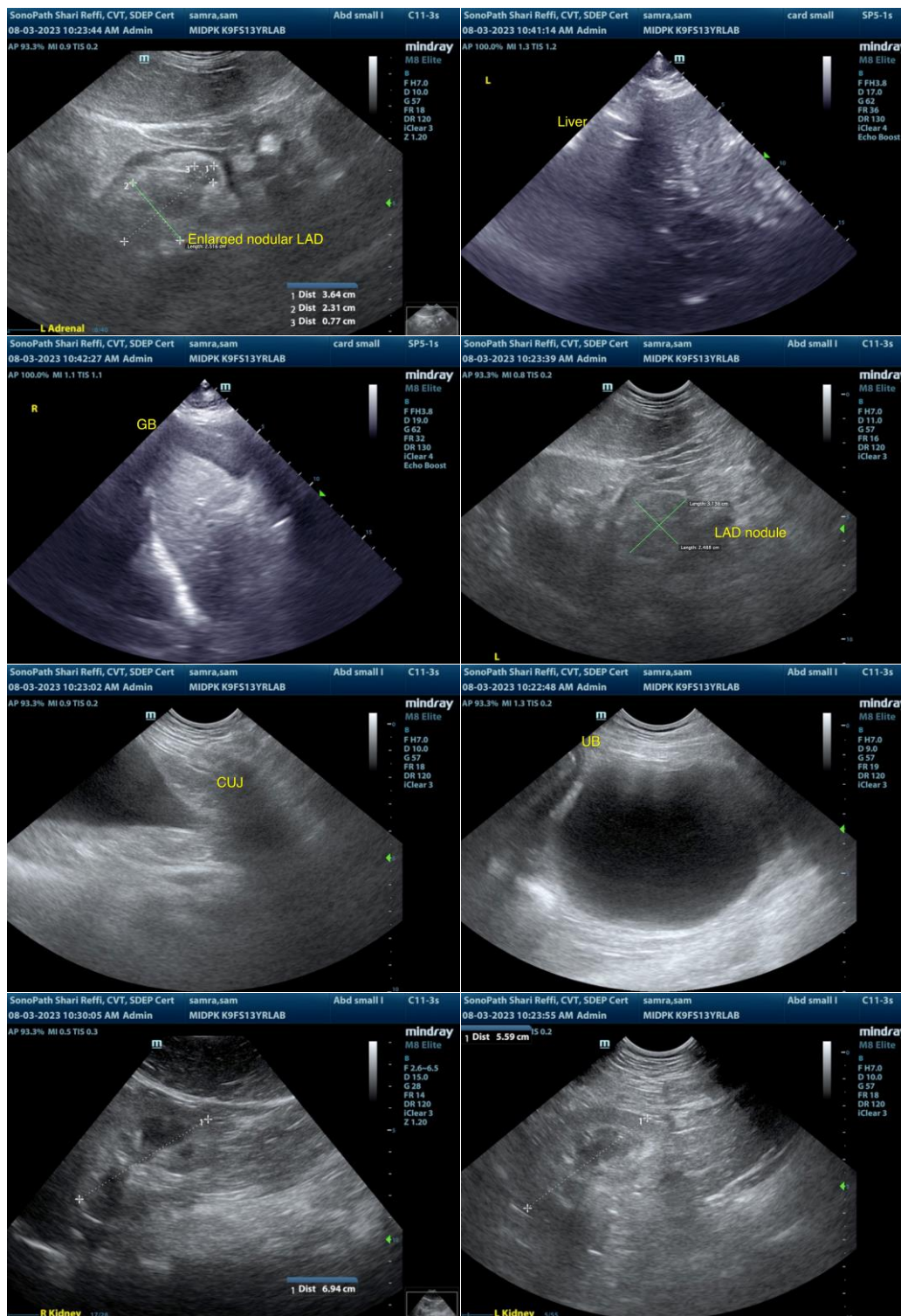
Dr. Stekler

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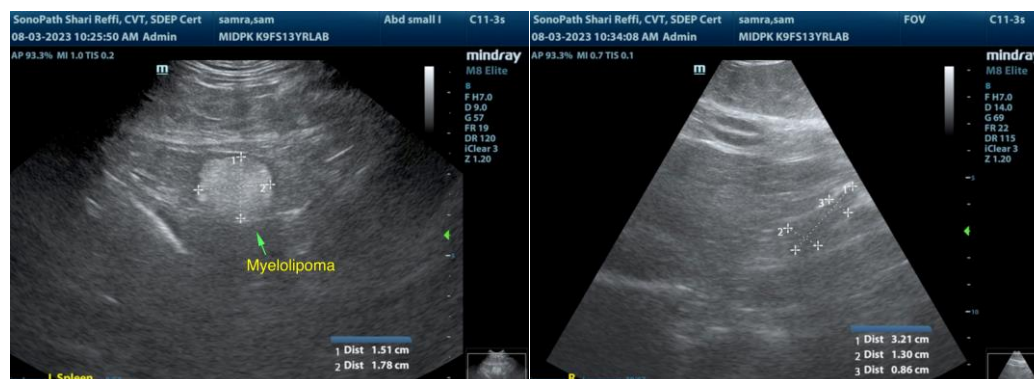
Dr. Stekler

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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)**  
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