



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kona Crumback	Previous Hx of low USG 1.008 and mild ALP elevation. Developed pu/pd with continued low USG. LDDST normal. Treated with baytril after positive urine culture. ALP elevated at 348.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALP elevation mild. Urine culture positive for A. Lwoffii. Hyposthenuria.
Canine	
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Lab Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.
<b>SEX</b>	
MN	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 7.4 cm in length.
<b>AGE</b>	
7yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
45.4kg	The area of the residual prostate was free of pathology.
	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A spherical mildly non-homogeneous mass was present in the area of the right adrenal gland measuring ~ 5.6 cm x 4.4 cm. No obvious evidence of associated mineralization or vascular escape.
	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen exhibited normal size with indistinct areas of increased parenchyma echogenicity adjacent to the hilus likely consistent with potential emerging myelolipoma. Generalized mild parenchyma heterogeneity was present. The capsule was primarily smooth and regular with areas of minor medial capsule asymmetry. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No masses or nodules were noted.
Dr. Barthelemy	
<b>HOSPITAL NAME</b>	<b>Liver</b>
Britannia Kingsland Veterinary Clinic	The liver exhibited subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture. Mildly increased yet indistinct portal vascular borders were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>REFERRING VET</b>	
Dr. Murphy	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild dependent debris in the lumen and gallbladder neck. The cystic and common bile ducts were normal.
<b>INVOICE</b>	<b>Gastrointestinal</b>
11546ag	
<b>DATE</b>	
09/06/2022	



**PATIENT**

Kona Crumback

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

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.

**BREED**

Lab Mix

**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.

**SEX**

MN

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

7yr

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**WEIGHT**

45.4kg

- Mass in the area of the right adrenal gland-probable primary adrenal origin
- Mild hepatopathy-benign
- Minor gallbladder debris (non-mucocele)
- Overtly normal bilateral kidneys
- Unremarkable urinary bladder

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Right adrenal mass considerations include pheochromocytoma, adenocarcinoma or other. Screening BP to assess for evidence of hypertension which may allude to a right adrenal pheochromocytoma is recommended. If evidence of hypertension, urine catecholamine levels to Marshfield labs would be warranted. Abdominal CT for further assessment and surgical planning is likely ideal if possible.

**IMAGING PERFORMED BY**

Dr. Barthelemy

**HOSPITAL NAME**

Britannia Kingsland  
Veterinary Clinic

Urine catecholamine Marshfield labs:

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

**REFERRING VET**

Dr. Murphy

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**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

7yr

**WEIGHT**

45.4kg

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**IMAGING PERFORMED BY**

Dr. Barthelemy

**HOSPITAL NAME**

Britannia Kingsland  
Veterinary Clinic

**REFERRING VET**

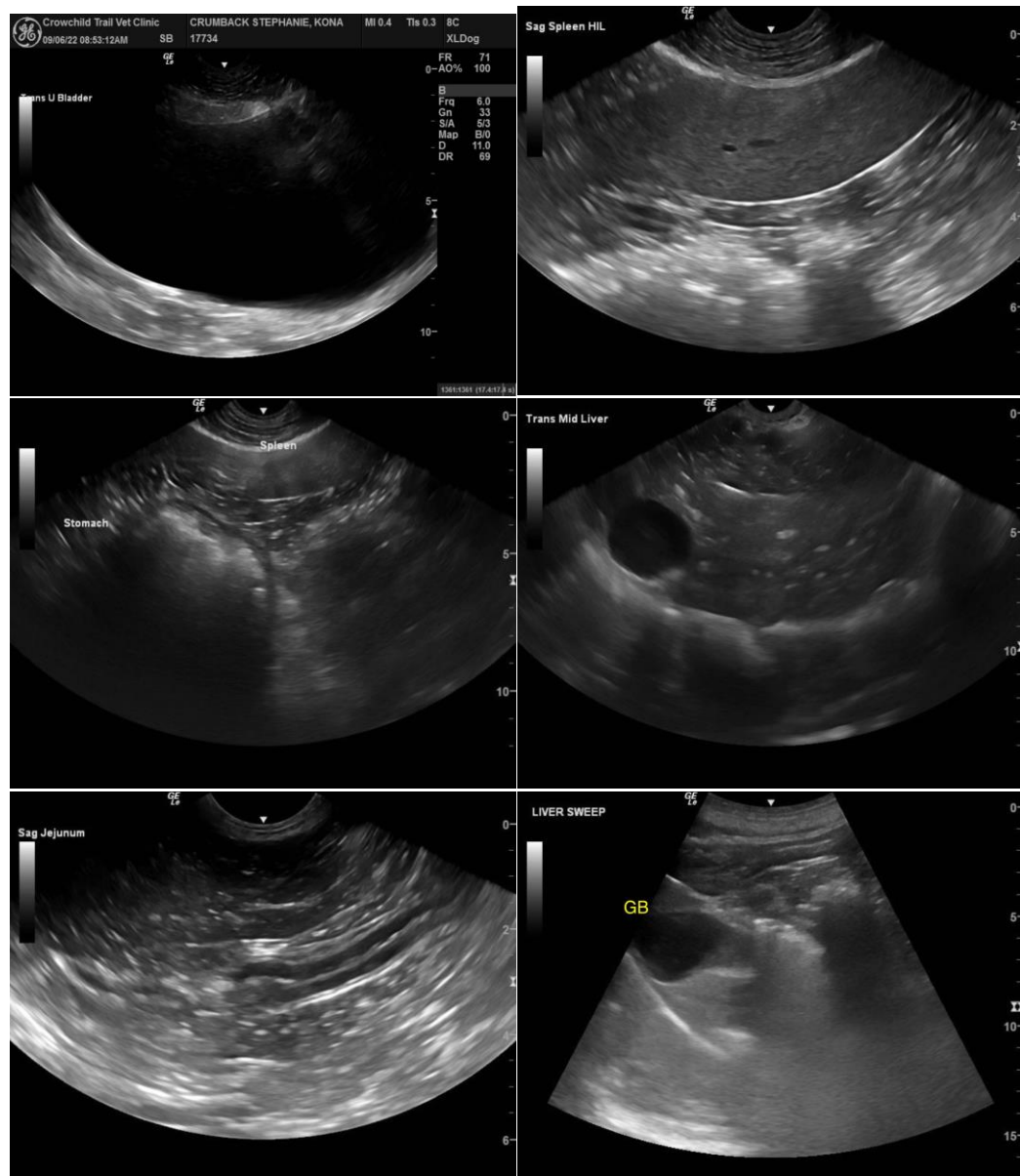
Dr. Murphy

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**PATIENT**

Kona Crumback

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

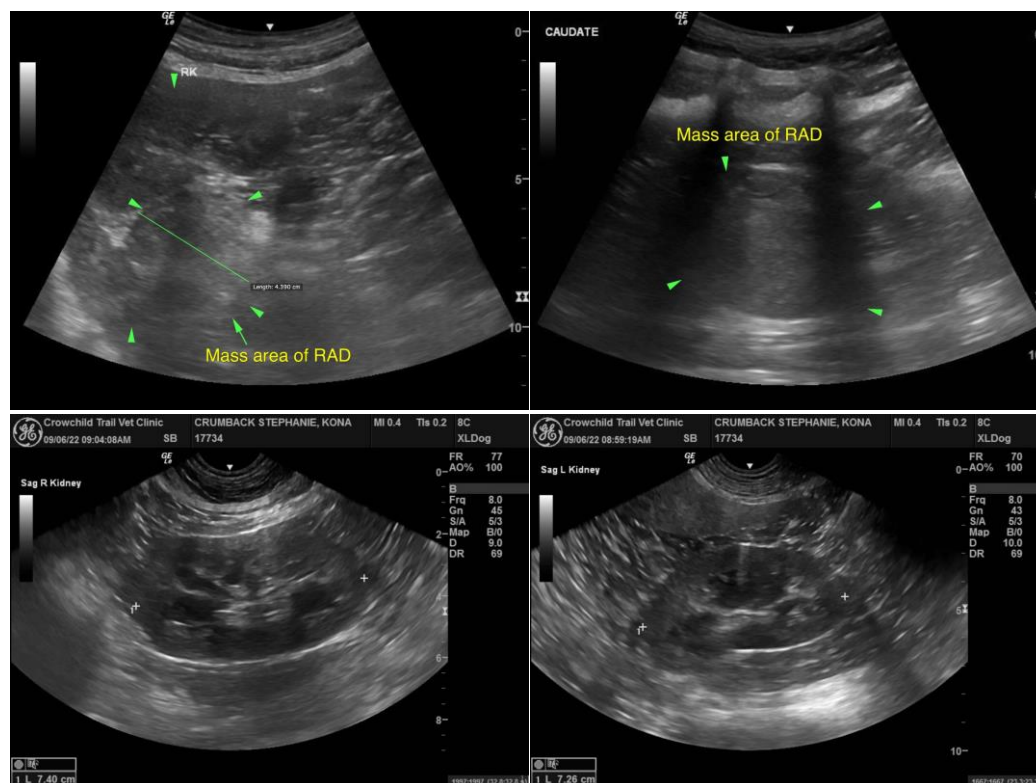
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**AGE**

7yr

**WEIGHT**

45.4kg



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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