

**PATIENT**

Bear Lauderdale

SPECIES

Canine

BREED

Labrador Retriever

SEX

M/I

AGE

11 yr, 10 mo

WEIGHT

92.6 lbs.

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

Rachel Runnells, RVT

HOSPITAL NAMESVS Imaging Kansas
City**REFERRING VET**

Dr. Jonathon Renfro

INVOICE

15857

DATE

1/17/23

PRESENTING CLINICAL SIGNS

Lethargy. Grade 2 (low) dermal mast cell tumor, excised in 2/2022 normal CBC/Chem/ negative fecal on 1/16/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 prostate was mild to moderately enlarged in size yet maintained capsule integrity with mild asymmetrical capsule contour. Nonhomogeneous generalized prostatic parenchyma exhibiting diffuse primarily small parenchyma cysts was noted. No evidence of parenchymal mineralization. The prostate measured 6.2 cm x 3.6 cm. Post prostatic urethra was normal to a depth of 3.0 cm.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 was present. The left kidney measured 8.2 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

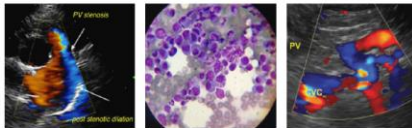
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No adrenomegaly or tumors. The left adrenal gland measured 2.6 cm length x 0.80 cm width at the caudal pole. The right adrenal gland measured 2.9 cm length x 0.91 cm width at the caudal pole.

Spleen

The spleen was normal in size with a symmetrical capsule contour and generalized parenchyma heterogeneity. A small nondisruptive, well-demarcated, hypoechoic nodule was present in the caudal spleen measuring 0.76 cm. A non-expansive isoechoic nonhomogeneous nodule was present in the cranial spleen measuring 1.2 cm in diameter. Concurrent very small probable medial parenchymal myelolipomas were noted. No splenic masses were observed.

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 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, primarily dependent, gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted.

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Gastrointestinal

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.

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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly exhibiting nonhomogeneous cystic parenchyma - benign prostatic hyperplasia with parenchymal cysts, potential for prostatitis
- Mild chronic renal changes
- Nonspecific yet subjective benign variably echogenic splenic nodules - hyperplasia, hematopoiesis, granuloma, myelolipomas, or similar likely
- Hepatic parenchymal remodeling - benign
- Minor gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of intraabdominal metastasis from previous cutaneous mast cell tumor with largely geriatric abdominal changes present. Technically, the possibility of early metastasis to the spleen cannot be definitively excluded. Given the patient history and assuming normal clotting status, FNA cytology of the variably echogenic splenic nodules using a 25-gauge needle is warranted for further assessment. Sonographic monitoring of the splenic nodules for evidence of progression with initial recheck in 4-6 weeks would be a more conservative approach.

Prostatic sampling either via ultrasound guided FNA or prostatic wash for cytology +/- C/S may be considered if clinical signs consistent with BPH or prostatitis.

IMAGING PERFORMED BY

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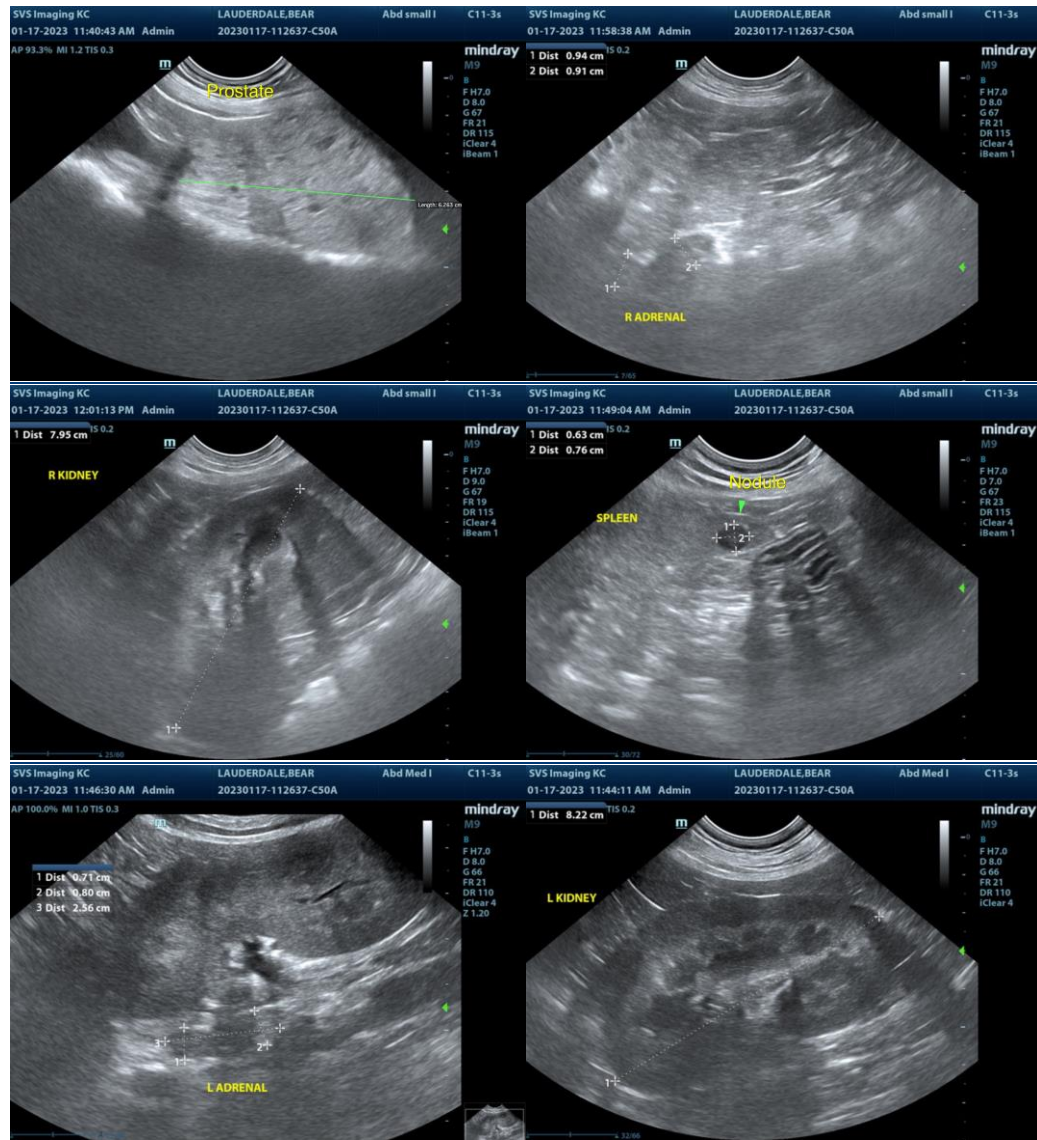
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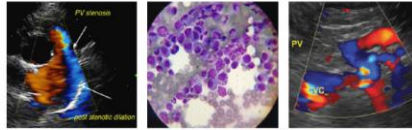
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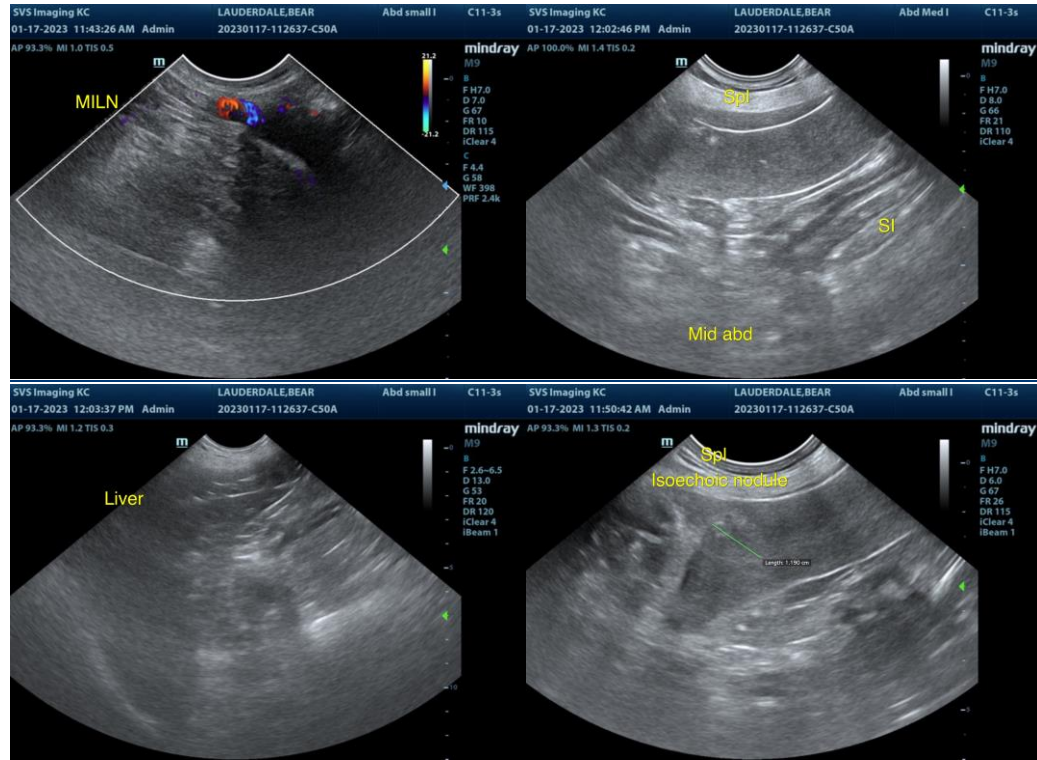
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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