



PATIENT

Waldo Benzine

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

79 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Brian Klug, Technician

HOSPITAL NAME

Sondel Family
Veterinary Clinic

REFERRING VET

Dr. Hannah Mortensen

INVOICE

13337

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Ongoing regurgitation/vomiting since beginning of December. Still has a good appetite.
- Responds to ondansetron/Cerenia combo

Abnormal PE/Chem/CBC/UA Results: NSF on PE, thoracic rads, abdominal rads Cortisol normal NSF on CHEM/CBC/T4

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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.6 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.86 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.0 cm width at the caudal pole.

Spleen

The spleen exhibited areas of mild heterogenous splenic parenchyma. Small intermittent noncapsule deforming well demarcated hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. No masses were evident. A solitary caudal splenic noncapsule deforming heterogeneous nodule was visualized as well and measured 1.2 cm in diameter.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty with no evidence of retained ingesta, fluid 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. The duodenum wall measured 0.51 cm wall width. The jejunum wall measured 0.46 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

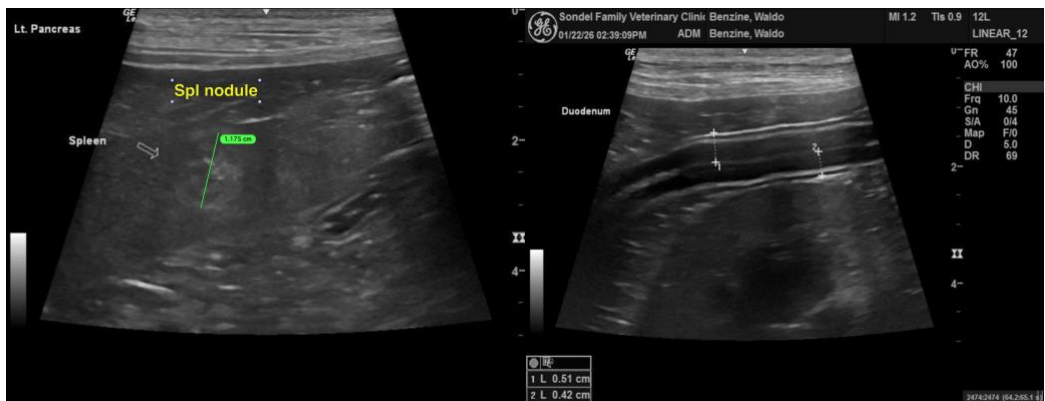
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract.
- Small to discrete noncapsule distorting hyperechoic/nonhomogenous splenic nodules- tend to trend benign, hyperechoic myelolipomas, hyperplasia, granuloma favored.
- Age-related renal changes.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology or obstructive pattern. Empirical therapy for possible esophagitis or mild gastritis, including current gastrointestinal support and consideration for as needed omeprazole, 1.0 mg/kg SID +/- dietary trial. Sonographic monitoring of the splenic nodules for evidence of progression with initial recheck in six weeks is recommended.





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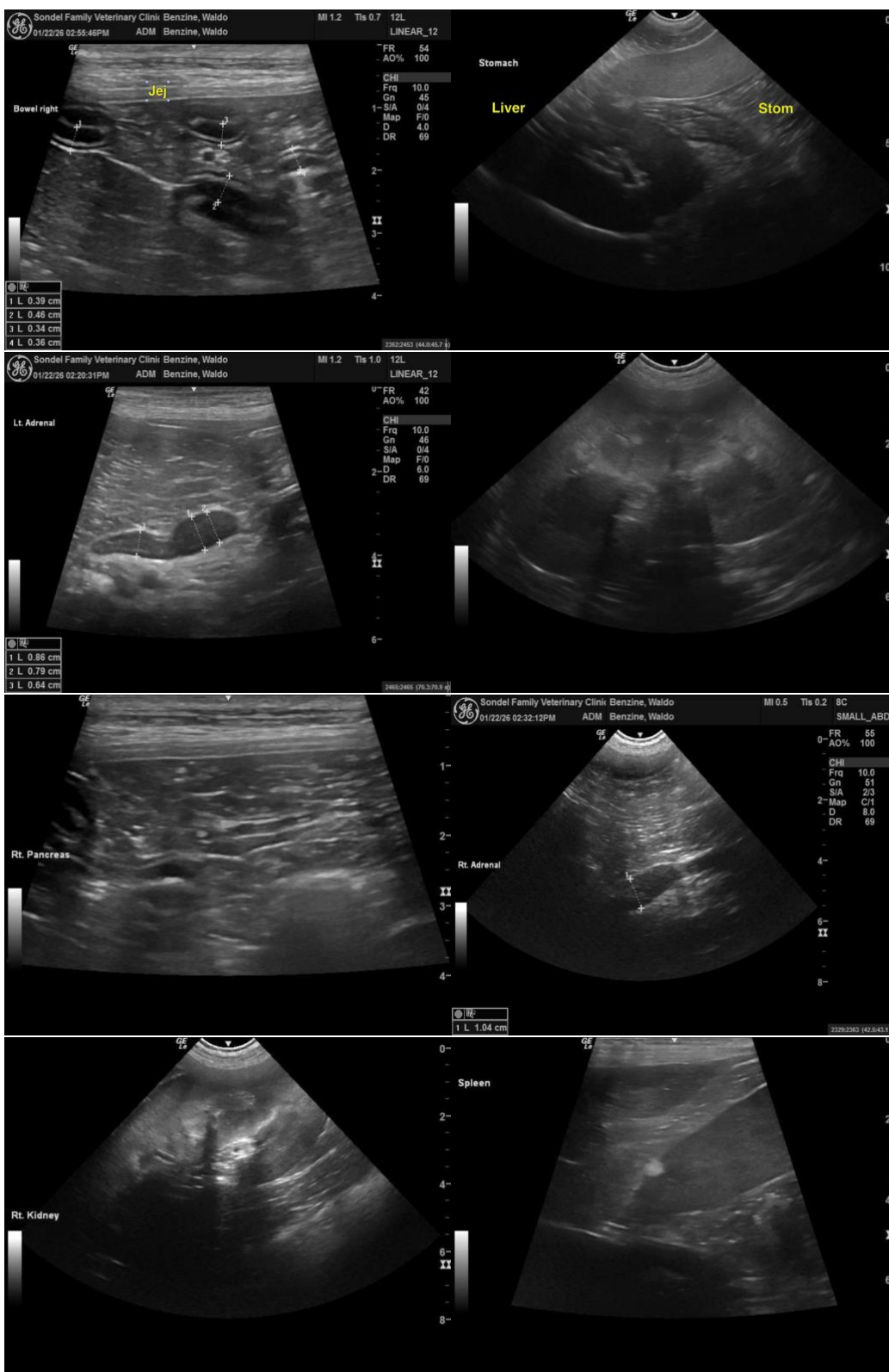
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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