



PATIENT

Tank Kruger

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

97 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

13030

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Tank has been intermittently vomiting since Thanksgiving, usually in the morning, with four episodes in total, including two today. Vomitus consists of food with some saliva and had a different, stronger odor this morning that caused the owner to gag. No new foods, treats, or extra snacks given recently; Last night vomited multiple small blood clots

Abnormal PE/Chem/CBC/UA Results: cbc NI Chem: normal

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 7.9 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 0.63 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

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.

The gallbladder was non distended in size with moderate congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach exhibited a mural mass exhibiting thickened hypoechoic gastric wall and loss of mural detail subjectively involving the mid gastric body extending into the area of the pylorus and upper duodenum and potentially upper duodenum. The mass measured approximately 4.0 cm x 4.0 cm with a wall width of 2.0 cm. The thickened intact stomach wall measured 0.72 cm wall width. The stomach was nondistended containing a mild amount of retained anechoic fluid. Indistinctly visualized yet subjective thickened upper duodenum wall measured 0.72 cm wall width. By comparison, the normal nonthickened mid to distal descending colon wall measured 0.55 cm. The remainder of the small intestine was sonographically normal and empty in appearance.

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

Pancreas

The pancreas base and right pancreatic limb were indistinctly visualized owing to increased perigastric omental artifact with no obvious pathology in the area of the left pancreatic limb.

Free Abdomen

Perigastric hyperechoic omentum. No obvious visualized significant omental lymphadenopathy although mild perigastric or cranial mesenteric lymphadenopathy is not definitively excluded. No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

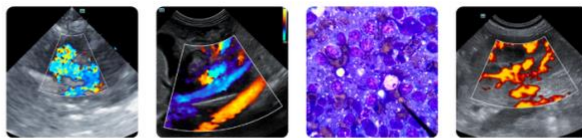
- Stomach mass with concurrent regional intact thickened stomach wall and mild retained gastric fluid.
- Concurrent thickened upper duodenum wall.
- Regional perigastric duodenal hyperechoic omentum.

Secondary Findings

- Age-related renal changes.
- Nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach and potentially upper duodenal mass is consistent with neoplastic criteria i.e. round cell neoplasia carcinoma or other with potential for associated ulceration or necrosis in conjunction with patient's history. The mass did not overtly appear to be currently obstructive to pyloric outflow. A definitive diagnosis would require biopsies for histopathology.



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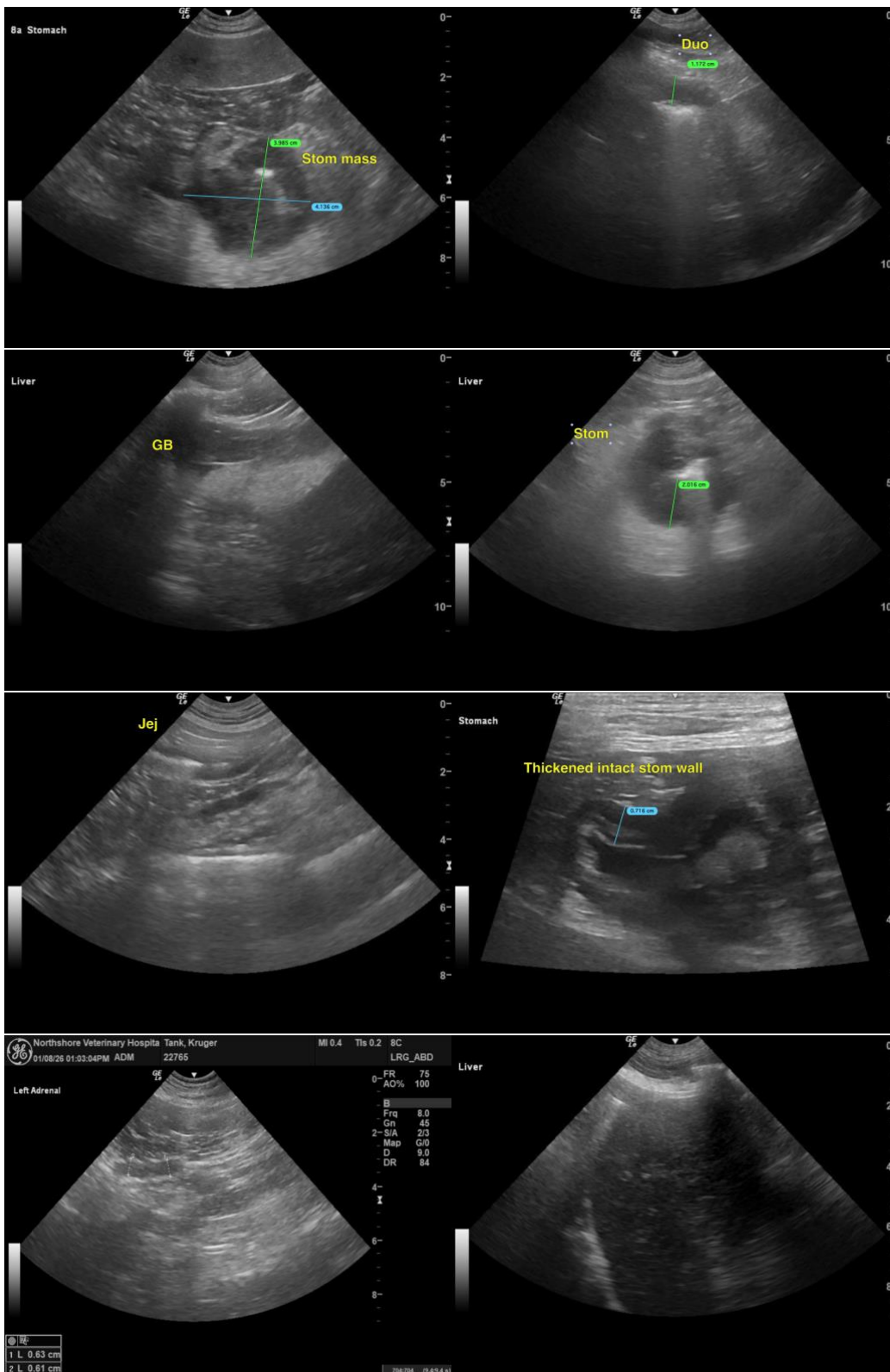
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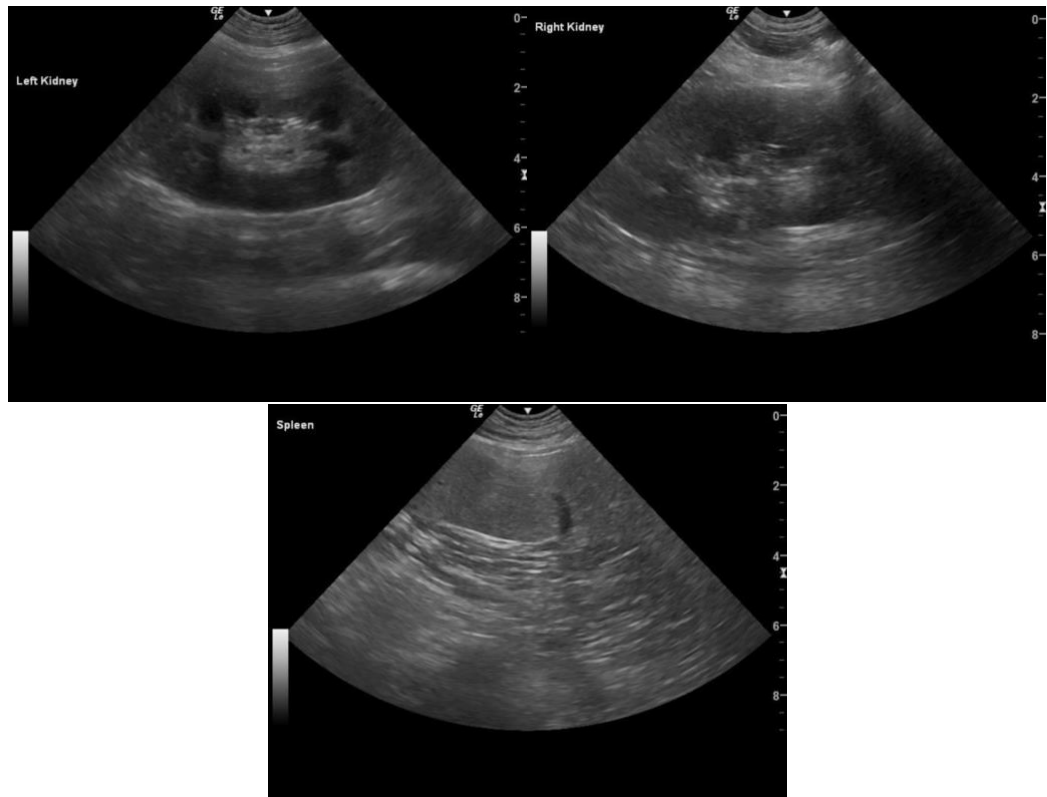
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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