



PATIENT

Duke/Junior Wilson

SPECIES

Canine

BREED

Lab

SEX

Intact Male

AGE

11 Years

WEIGHT

82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hurley

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hurley

INVOICE

71516

DATE

11/1/25

PRESENTING CLINICAL SIGNS

P has been vomiting. Still has a great appetite but vomits a few hours after eating.

Abnormal PE/Chem/CBC/UA Results: Normal PE Very mild non-regenerative anemia (35% HCT) Mild decrease in Lymphocytes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size (4.5 cm in diameter) with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 7.9 cm. Right kidney measures 7.5 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The visualized spleen was sonographically normal.

Liver

Generalized hepatomegaly noted. A mildly to moderately expansive, mildly irregular, non-homogeneous cranioventral liver mass was noted with associated hepatic capsule distortion. The mass measured approximately 8.0-9.0 cm in diameter. Intermittent separate non-disruptive discrete hypoechoic hepatic intraparenchymal nodules were noted, example measured 1.7 cm in diameter.

The gallbladder was non distended in size with mild, echogenic, non-organized, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

Overtly normal intact visible stomach wall. The lumen of the stomach contained mild to moderate nonshadowing ingesta most consistent with post prandial presentation without 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 primarily empty with segmental mild non-shadowing chyme without obstructive pattern to the level of the colon.



PATIENT

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

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Pancreas

SPECIES

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.

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Free Abdomen

Lab

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Intact Male

- Sonographically unremarkable visualized gastrointestinal tract with gastric and mild intestinal ingesta/chyme.
- Hepatomegaly with intraparenchymal mass and intermittent separate nodules. – hyperplasia, hepatoma, inflammation, neoplasia possible.
- Mild gallbladder debris (non-mucocele).
- Age related renal changes.
- Benign prostatic hyperplasia, possible prostatitis.
- Urine sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect recent meal ingestion. However, if documented NPO, some degree of metabolic or non-obstructive gastric stasis may be possible. Correlation with most recent meal ingestion recommended. Dietary trial and as-needed gastroprotectants (Omeprazole 1 mg/kg PO SID) may prove beneficial. Assuming normal clotting status, hepatic mass +/- nodule FNA cytology recommended for further clarification. Urine culture and sensitivity on sterile urine sample +/- prostatic sampling, if inflammatory sediment on urinalysis, is recommended.

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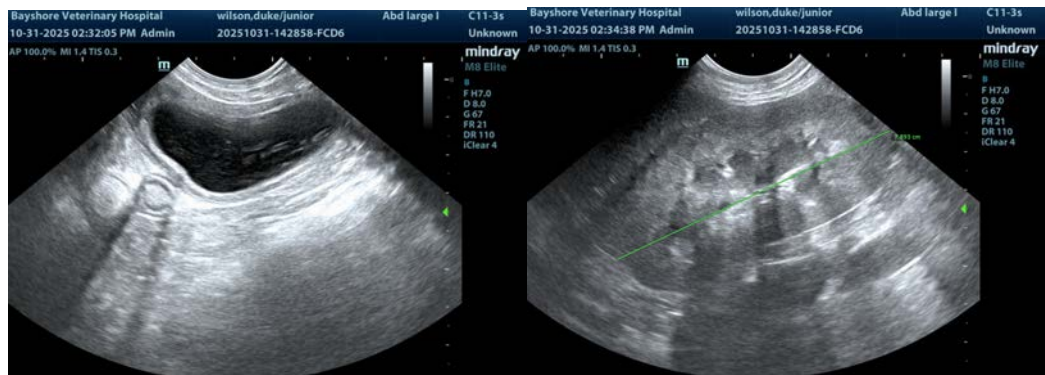
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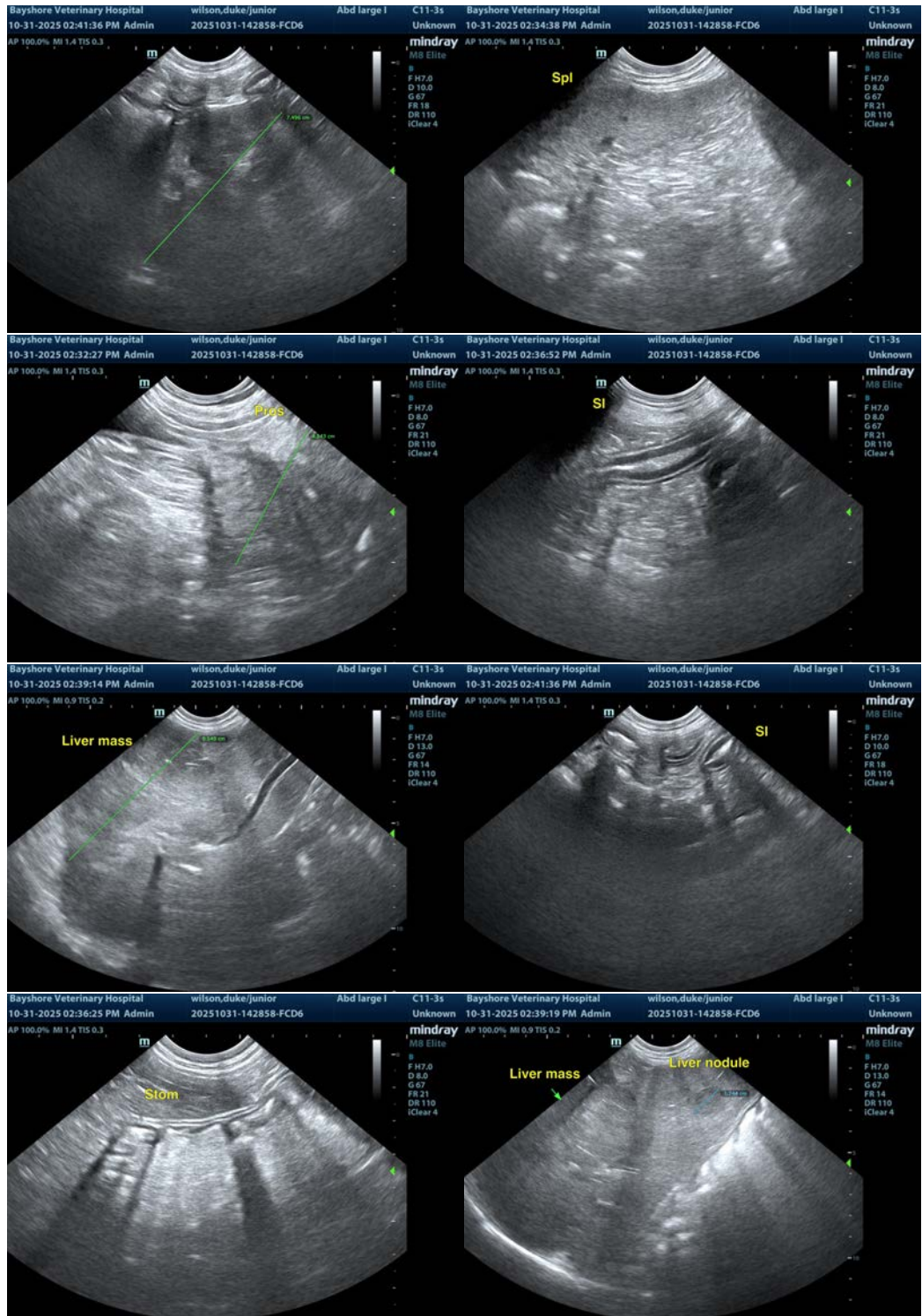
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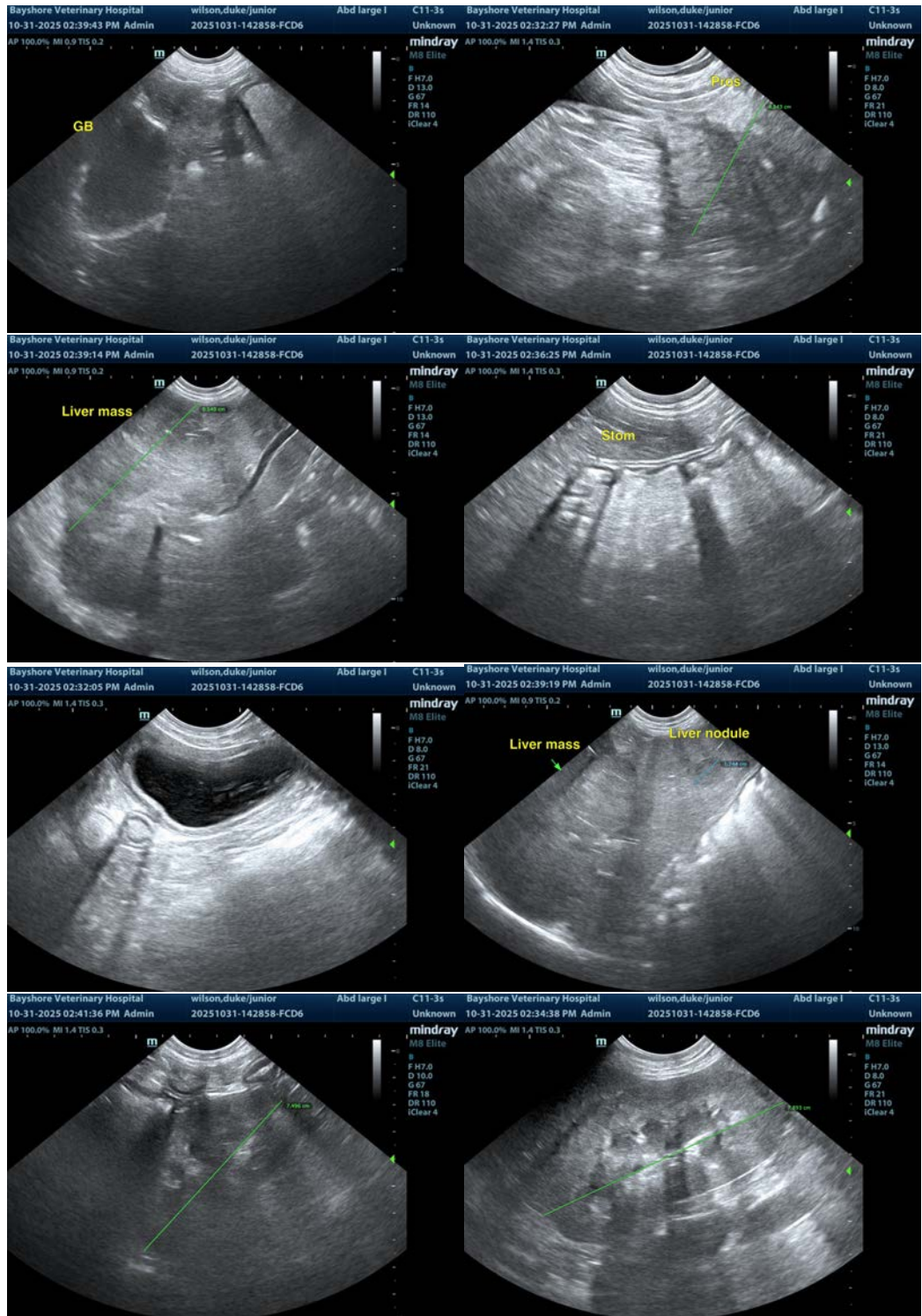
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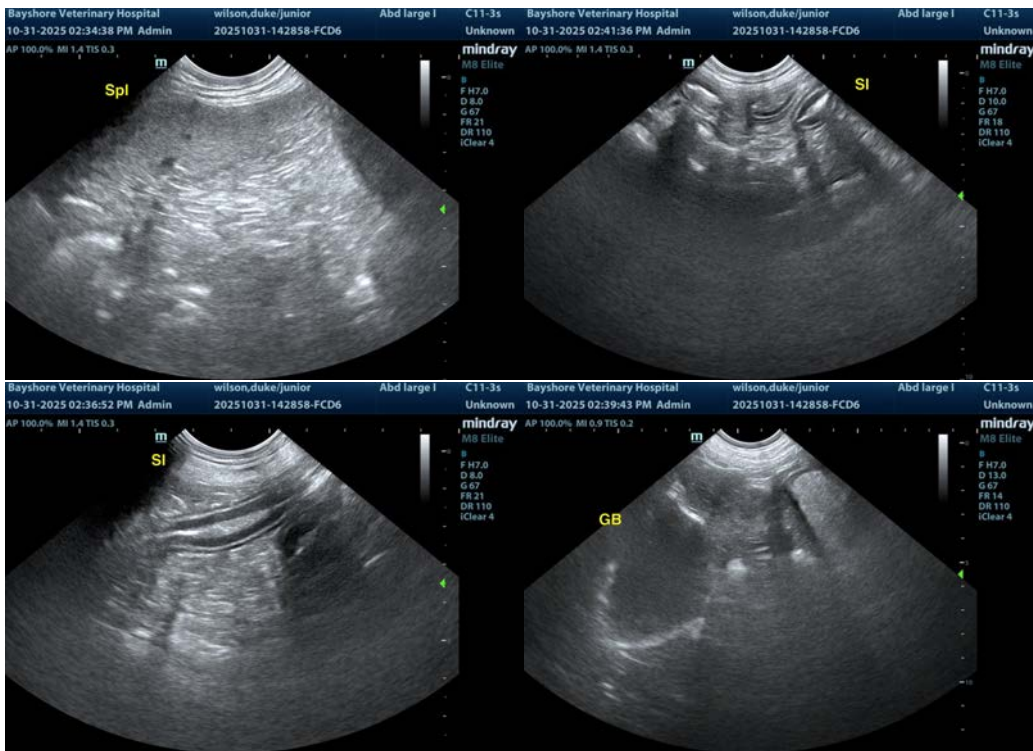
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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