



PATIENT

Oxley Rowland

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

30.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Patti Mayfield
DVM

HOSPITAL NAME

Sunriver Vet Clinic

REFERRING VET

Dr. Wendy Meredith
DVM

INVOICE

13871

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- hyposthenuria, possible PU/PD

Abnormal PE/Chem/CBC/UA Results: Senior wellness: - borderline anemia - Creat: 1.7 (H) - USG: 1.019

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.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

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 6.0 cm in length. The right kidney measured 6.1 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. The left adrenal gland measured 0.80 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the caudal pole.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary noncapsule deforming cystic appearing mid splenic nodule was present measuring 1.2 cm in diameter.

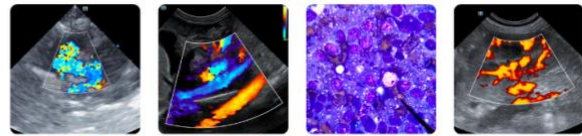
Liver & Gallbladder

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

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 signs of ileus, obstruction or foreign material.



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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 was evident.

Free Abdomen

A solitary caudal abdomen to peri-aortic mild asymmetrical nonhomogenous cystic subjective lymph node was present measuring 3.9 cm x 1.5 cm. No evidence of additional mesenteric lymphadenopathy or peritoneal effusion.

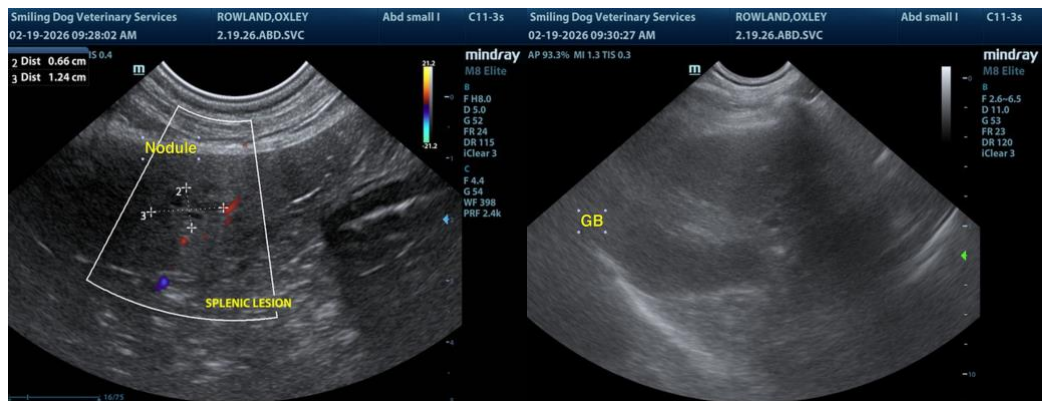
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Normal age-related adrenal glands.
- Mild hepatic parenchymal remodeling.
- Mid splenic cystic nodule- hematoma, hyperplasia, hematopoiesis, emerging splenic neoplastic nodule or tumor thought less likely yet not excluded.
- Probable caudal abdomen/peri-aortic nonhomogenous to cystic lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening urine culture and sensitivity and baseline UPC level if evidence of proteinuria for renal staging may be considered. Assuming normal clotting status and using 25-gauge needle, splenic nodule FNA cytology is warranted for further clarification versus serial sonographic monitoring for evidence of progression.

No overt adrenal pathology as an obvious contributing factor, yet adrenal screening with UCCR or resting cortisol level for further assessment could be considered.





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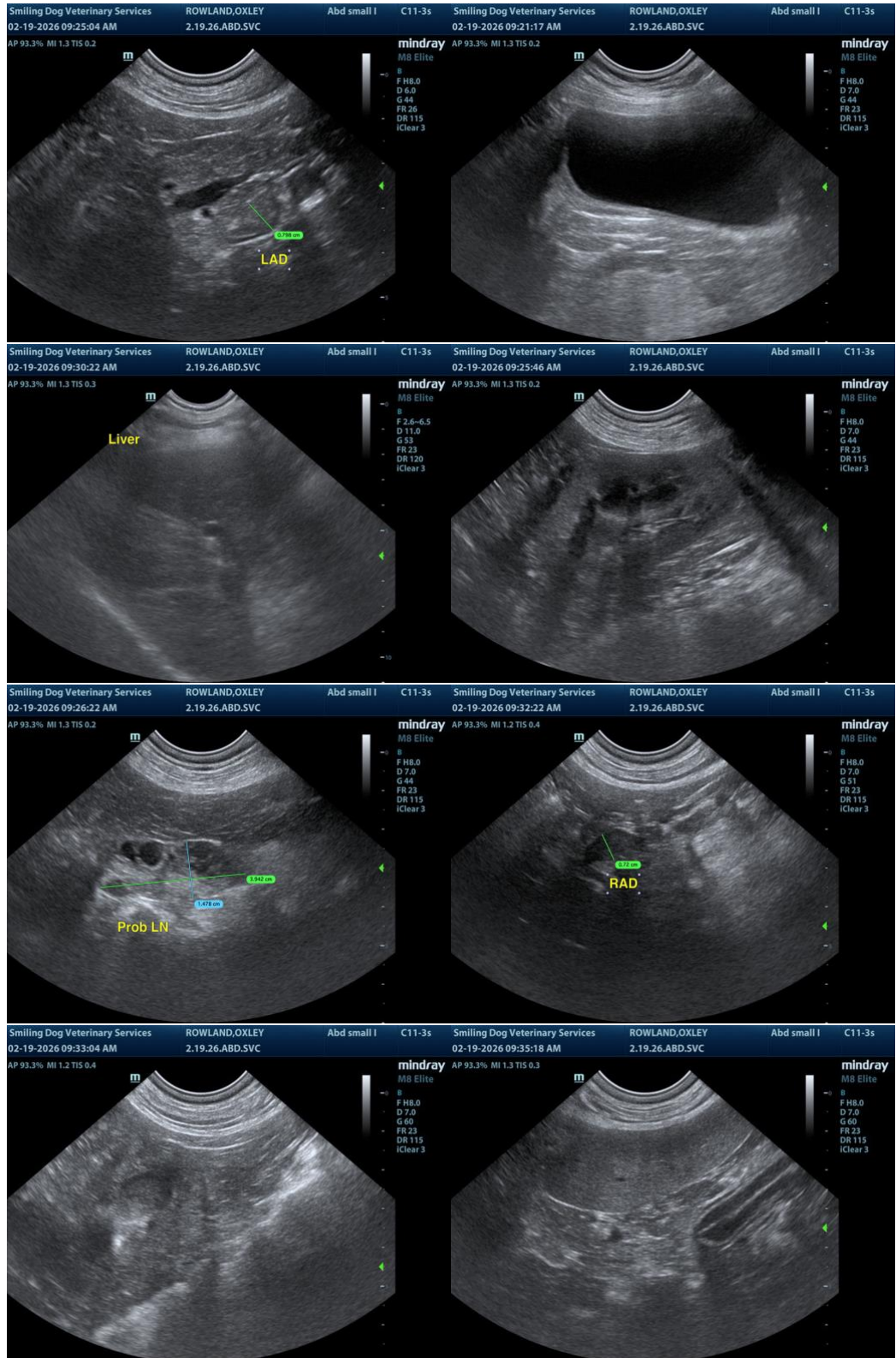
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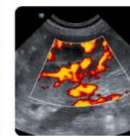
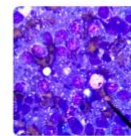
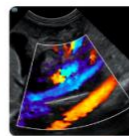
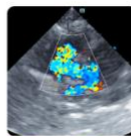
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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