



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sherlock Sudol	Aging golden that is picky about food, want to r/o neoplasia + underlying causes
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: WNL as of 12/23/22 12/23/22 - Protein 3+, WBC 21-50, Cocci 10 SG: 1.025
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Golden Retriever	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 changes were noted.
<b>SEX</b>	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 7.0 cm in length. The right kidney measured 6.8 cm in length.
M	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	The prostate was enlarged in size 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 non-homogenous exhibiting mild to microcystic parenchymal changes. The prostate measured 5.0 cm in diameter.
9yr	
<b>WEIGHT</b>	
99lb	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 3.2 cm length.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Val Shumskaya	The spleen exhibited normal size and contour with homogenous parenchyma. A solitary discrete non-disruptive cranial splenic nodule was present measuring 0.9 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Ramapo Valley AH	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Katara	<b>Gastrointestinal</b>
<b>INVOICE</b>	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.
13065ag	
<b>DATE</b>	
03/01/2023	



**PATIENT**

Sherlock Sudol

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.

**SPECIES**

Canine

**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.

**BREED**

Golden Retriever

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

M

**ULTRASONOGRAPHIC FINDINGS**

- Non-homogenous to mildly cystic prostatomegaly-likely BPH with small intraparenchymal cyst, potential for prostatitis
- Mild chronic renal changes
- Subtle non-disruptive splenic nodule-subjectively benign
- Hepatic parenchymal remodeling-benign
- Sonographically unremarkable GI tract

**AGE**

9yr

**WEIGHT**

99lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, an early to mild age related abdomen without evidence of significant visceral pathology. No evidence of neoplastic criteria.

**INTERPRETED BY**

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

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

The subtle splenic nodule is suspected to be consistent with focal hyperplasia, hematopoiesis or similar. Neoplastic criterial thought unlikely. Sonographic monitoring of the nodule +/- FNA recommended if evidence of additional nodular changes or nodule progression.

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

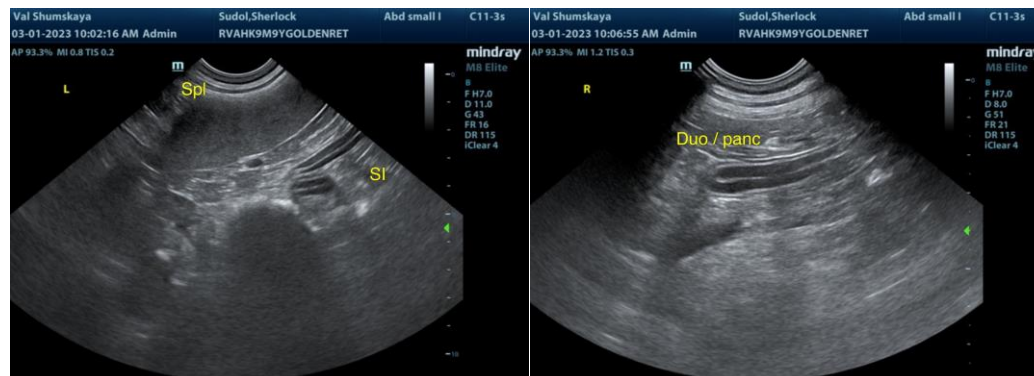
Dr. Katara

**INVOICE**

13065ag

**DATE**

03/01/2023





**PATIENT**

Sherlock Sudol

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

M

**AGE**

9yr

**WEIGHT**

99lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

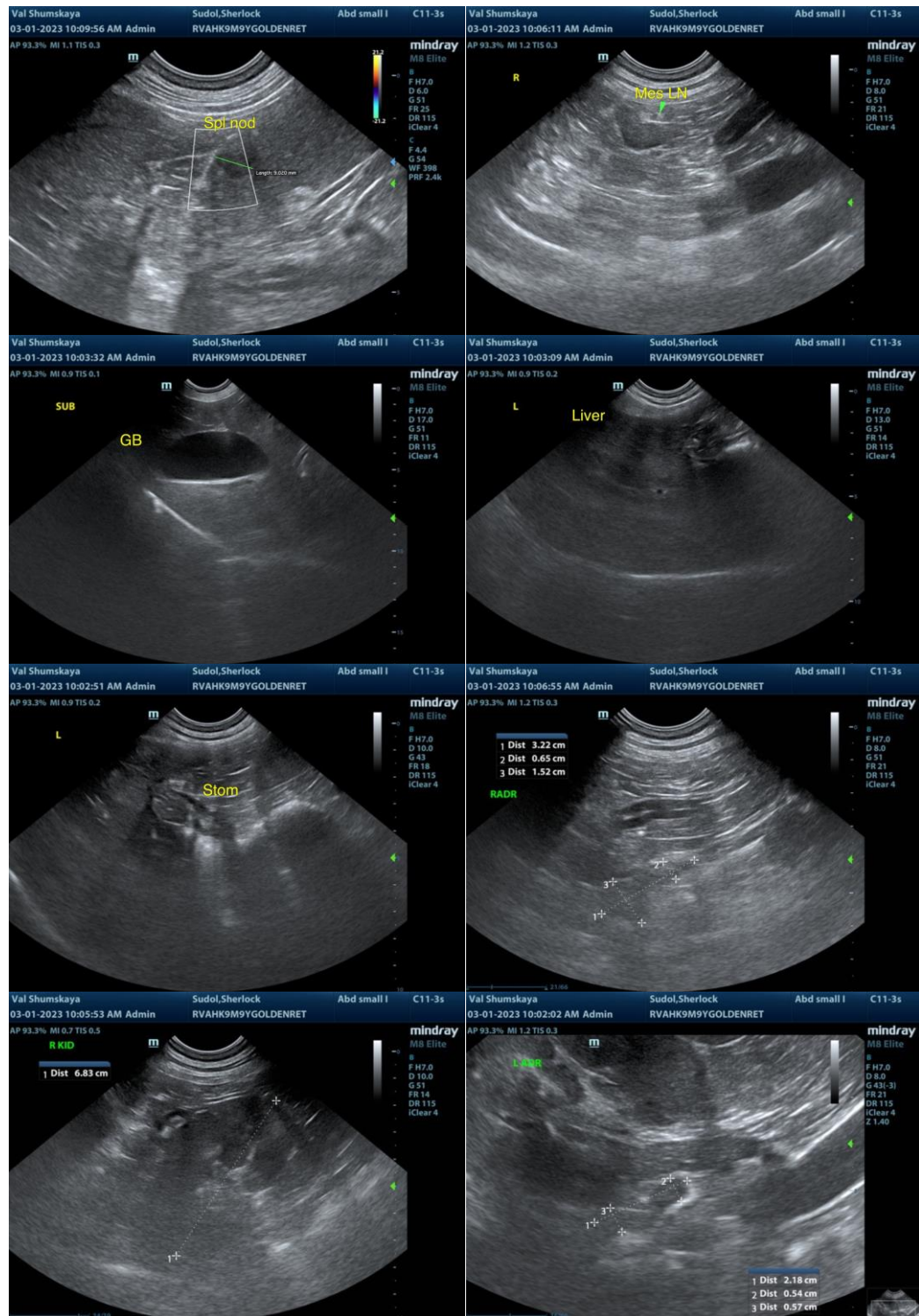
Dr. Katara

**INVOICE**

13065ag

**DATE**

03/01/2023





**PATIENT**

Sherlock Sudol

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

M

**AGE**

9yr

**WEIGHT**

99lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

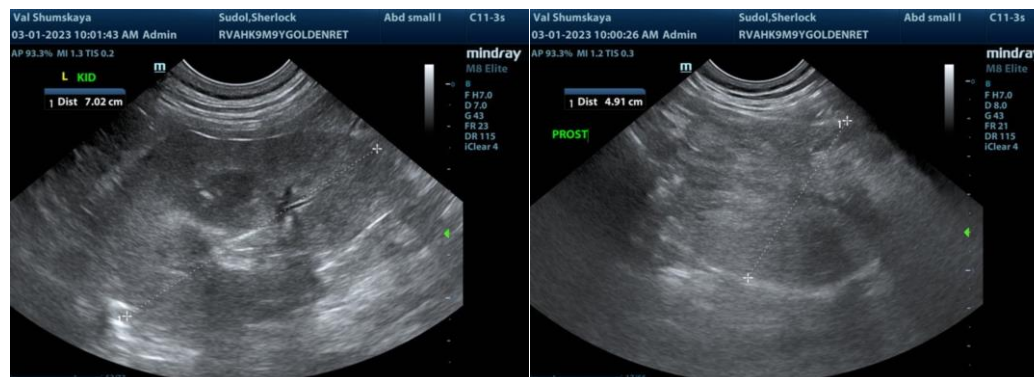
Dr. Katara

**INVOICE**

13065ag

**DATE**

03/01/2023



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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)