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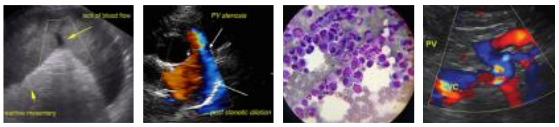


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Sonny Taylor

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

12 years

WEIGHT

72 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

INVOICE

13596

DATE

3/31/22

PRESENTING CLINICAL SIGNS

Apparently healthy 11 year old SF lab, performing ultrasound as wellness senior screening

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 changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 6.4 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.81 cm width in the caudal pole.

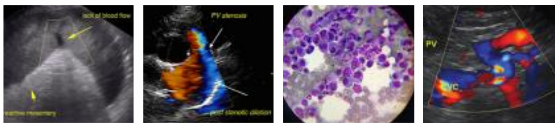
The right adrenal gland was mildly enlarged in size yet primarily maintained a symmetrical capsule contour with mild nonhomogeneous right adrenal parenchyma without overt evidence of parenchymal mineralization, vascular invasion, or parenchymal capsular escape. The right adrenal gland measured 3.6 cm length x 1.7 cm width at the cranial pole and 1.7 cm width at the caudal pole.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild hepatic parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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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.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Age-related kidneys
- Minor hepatic parenchymal remodeling - benign
- Mild gallbladder debris - non-mucocele
- Nonspecific mild right adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the mild right adrenomegaly, no evidence of significant visceral pathology with age-related to mild geriatric abdominal changes were noted.

The mild right adrenomegaly is nonspecific with considerations including adenomatous change, benign hyperplasia, while the possibility of emerging right adrenal neoplasia, i.e., pheochromocytoma, adenocarcinoma, cannot be excluded. Screening blood pressure is recommended to assess for evidence of hypertension which may allude to a pheochromocytoma.

Given the lack of reported clinical signs suggestive of adrenal hyper functionality, the mild right adrenomegaly may be nonfunctional. Sonographic monitoring of the right adrenal gland with an initial recheck In 4-5 weeks is recommended.

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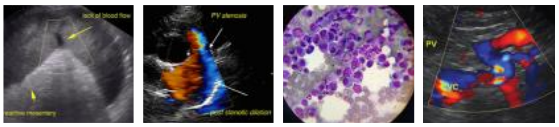

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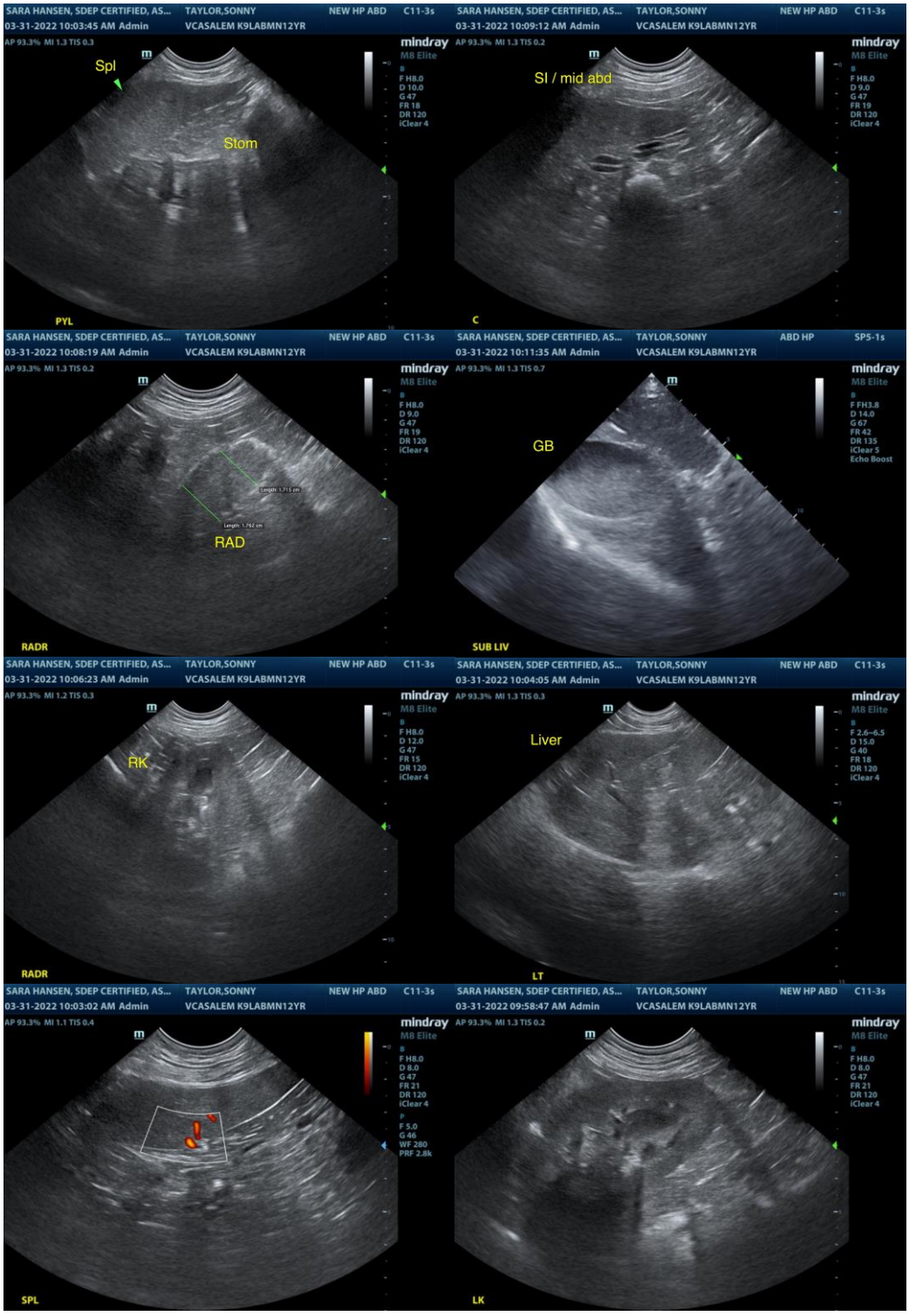

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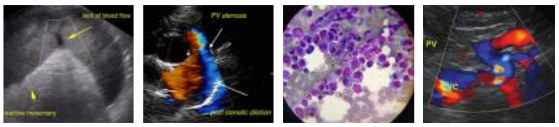

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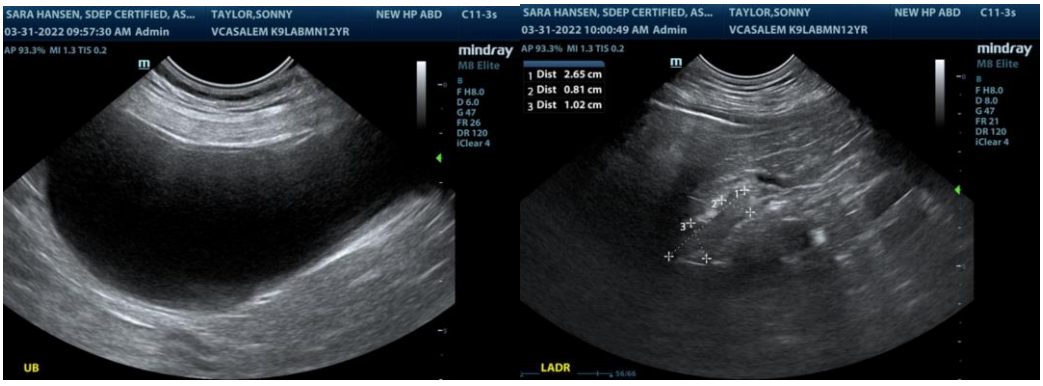

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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