



PATIENT

Billy Reiter

SPECIES

Canine

BREED

Labrador Ret

SEX

Male

AGE

12yr

WEIGHT

99.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Kristin Marciszewski,
DVM

INVOICE

24452

DATE

04/10/2026

PRESENTING CLINICAL SIGNS

Presented for weight loss, acute vomiting, diarrhea, decreased appetite

Abnormal PE/Chem/CBC/UA Results: Wt Loss; normally 104 lbs; now 99 lbs Tense on cranio-ventral abdominal palpation; difficult to appreciate obvious mass effect/organomegaly NSF on rectal Chronic lick granuloma Chronic, unchanged SQ lipomas Lenticular sclerosis Chronic progressive OA with mild CP delay in hindlimbs CBC: Mild non-regenerative anemia HCT 33.6 RBC: 5.45 HGB 12.7 ALT 426 ALP 1649 Cholesterol 348 Radiographs: Loss of detail in cranial abdomen aFAST: no free fluid seen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 8.3 cm in length. The right kidney measured 7.5 cm in length. Possible mild underestimation of right kidney size.

The area of the aortic trifurcation was free of pathology.

The prostate gland was indistinctly visualized exhibiting subjective enlarged size and non-homogenous non-mineralized parenchyma subjectively measuring 5.5 cm in diameter.

Adrenal Glands

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. 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 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



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congestion. The gallbladder was non-distended in size with mild non-organized congealed debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid. No evidence of obstruction to pyloric outflow.

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 mechanical/metabolic ileus, obstruction or foreign material.

The visible descending colon exhibited semi-formed to soft fecal matter.

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

An undifferentiated non-homogenous cranial abdomen mass medial to the spleen and caudal to the stomach was present measuring ~ 5 cm in diameter.

Mild surrounding hyperechoic omentum.

No evidence of peritoneal effusion

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild hypomotile gastritis pattern
- Sonographically unremarkable empty small intestine
- Semi-formed to soft fecal matter in descending colon
- Non-specific hepatopathy- vacuolar, inflammatory, reactive, metabolic, cholestatic or acute, occult neoplastic hepatopathy possible
- Mild congealed gallbladder debris

Secondary

- Age related renal changes
- Normal spleen
- Probable benign prostatic hyperplasia, potential for prostatitis
- Normal left adrenal gland, non-visualized right adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or visualized overt gastroenterocolic mural pathology. The undifferentiated mass may indicate benign or neoplastic etiologies with neoplastic criteria suspected. Given location, pancreatic, colon, omental or lymphatic origin possible.



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Assuming normal clotting status and using a 25g needle, a mass and hepatic FNA for screening cytology is warranted for further assessment.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Gastrointestinal support is indicated. Abdominal CT would be ideal for further assessment.

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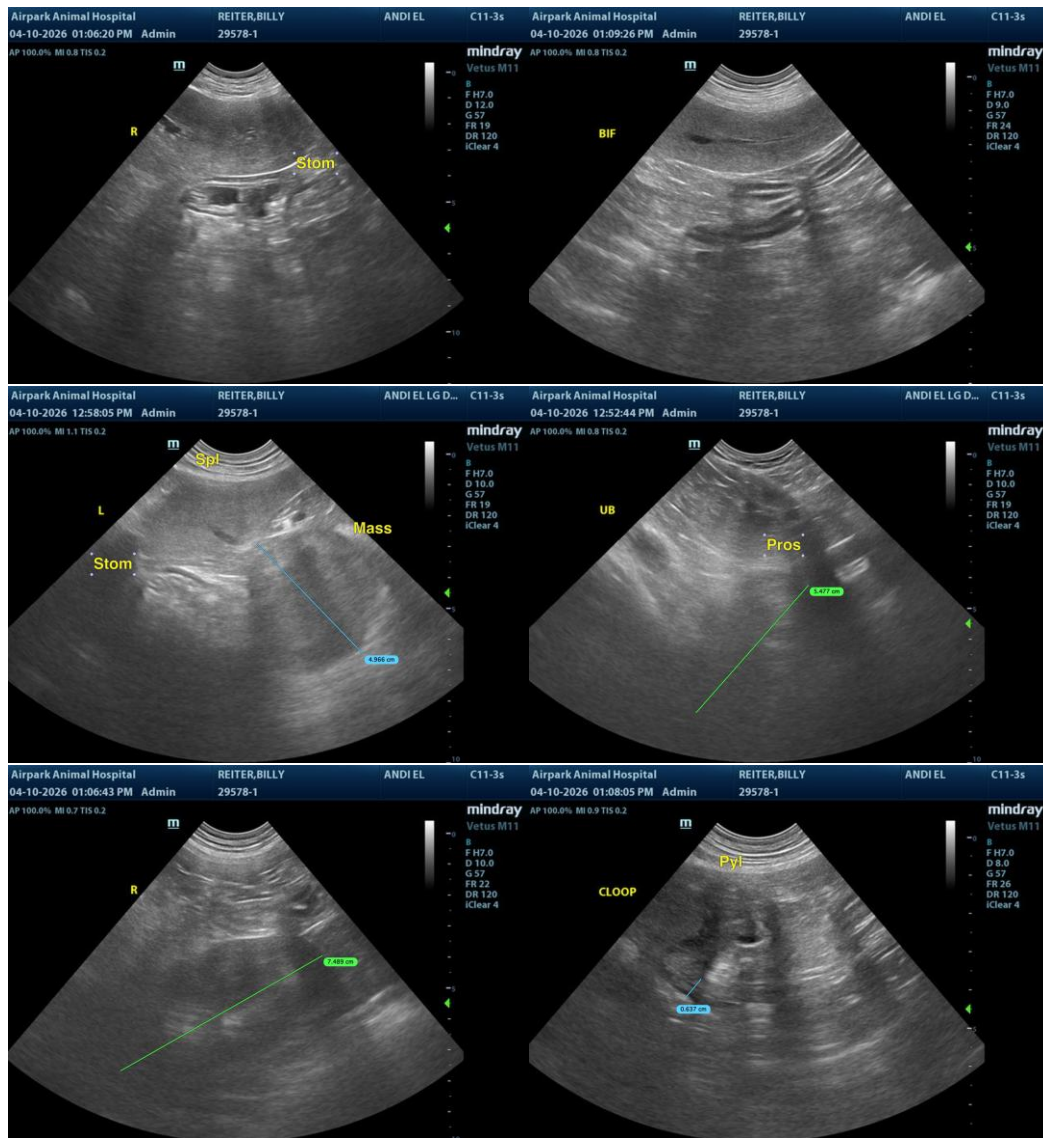
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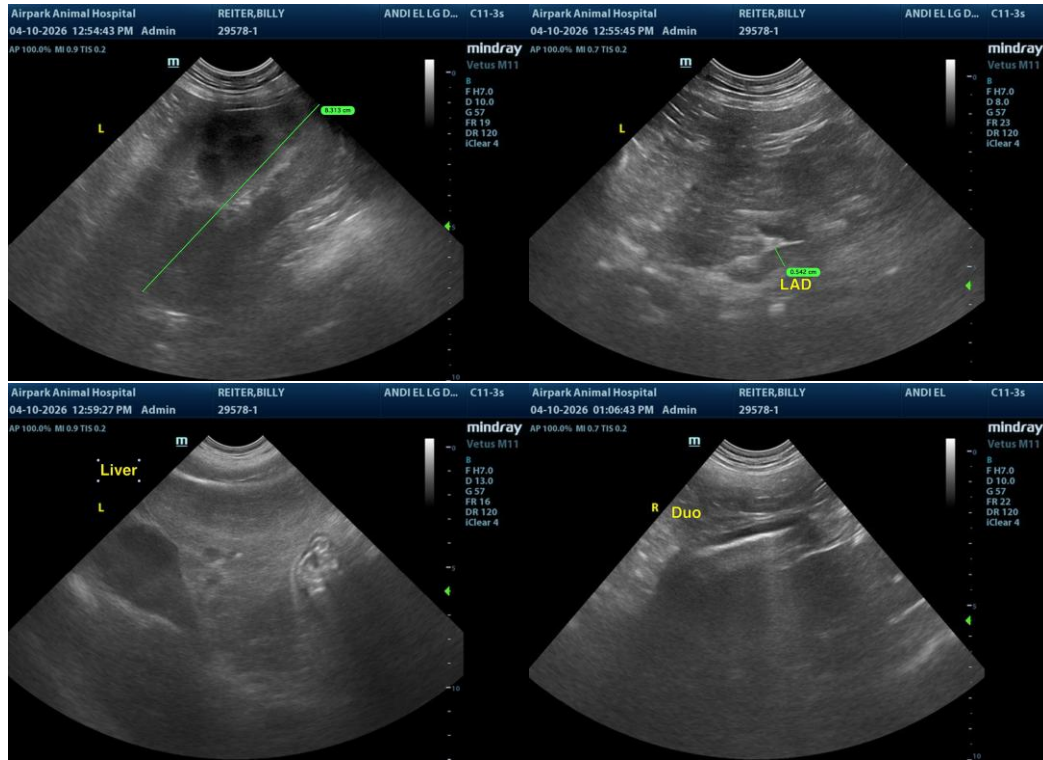
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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