



PATIENT

Brutus Patterson

SPECIES

Canine

BREED

Labrador Retriever,
Choc

SEX

Male Intact

AGE

11 years

WEIGHT

81

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson,
CVT

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Bessler

INVOICE

10801

DATE

4/14/26

PRESENTING CLINICAL SIGNS

increased seizure like activity over the past 2 weeks. Always coughs and then has the episode. Ruled out heart, exam under sedation revealed larpap bilateral

Abnormal PE/Chem/CBC/UA Results: BP: 1st 211/128/139 2nd: 101/75/81

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The prostate was moderately enlarged in size with intact, asymmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. There was no evidence of periprostatic inflammation. Nonhomogeneous, hyperechoic parenchyma was present exhibiting diffuse microcystic parenchymal changes.

No evidence of pathology in the area of the aortic trifurcation.

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 7.2 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized without overt pathology, exhibiting potential for mild subnormal size. The right adrenal gland subjectively measured 0.47 cm width at the caudal pole and the left adrenal gland subjectively measured 0.49 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. Adequate hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 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

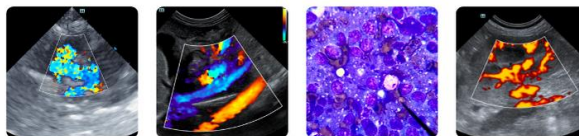
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal volume liver
- Sonographically normal spleen
- Mild age-related kidneys
- Indistinctly visualized possible mild subnormal bilateral adrenal glands
- Benign prostatic hyperplasia with microcystic parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious evidence of definitive pathology as an obvious contributing factor to the patient's seizure activity. There is no evidence of neoplastic criteria. The indistinctly visualized to possibly mild subnormal bilateral adrenal glands are nonspecific with potential patient variant. Screening cortisol level to assess for or rule out occult Addison's Disease may be considered. There is a minor potential for prostatitis, yet it is thought less likely.



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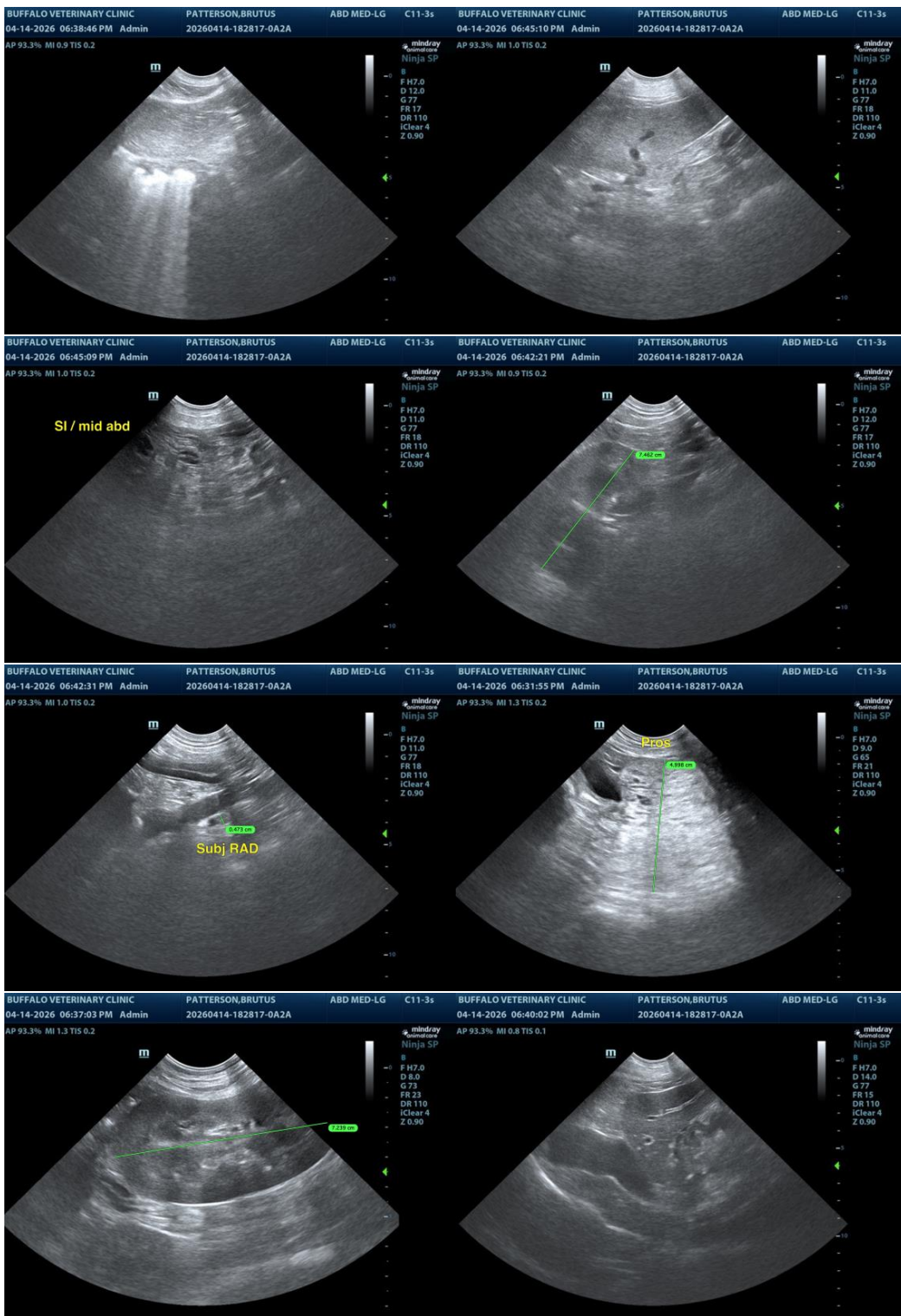
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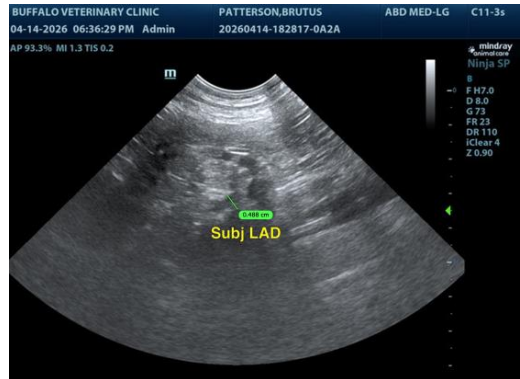
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com