

PATIENT

Sawyer Van Voorhees

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

14y

WEIGHT

21.2 lbs.

PRESENTING CLINICAL SIGNS

General senior screen. Normal exam. Current medications - Carprofen, Gabapentin, Fluoxetine
Abnormal PE/Chem/CBC/UA Results: BW WNL

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 were noted.

The area of the residual prostate appeared normal and free of pathology.

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 4.7 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

A non-expansive, subtle, hyperechoic, nonmineralized, cranial left adrenal nodule was present. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.8 cm x 0.4 cm. Mildly enlarged caudal left adrenal pole measured 0.7 cm.

A subtle, hyperechoic, nonmineralized, mid-cranial right adrenal gland nodule was present. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.92 cm x 0.54 cm. The caudal pole of the right adrenal gland measured 0.55 cm.

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. Normal 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 containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

INVOICE

10840

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4/29/26

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IMAGING PERFORMED BY

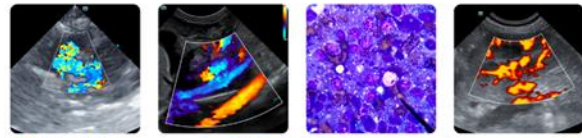
Vincent Ravancho,
CVT

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta without signs of 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 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

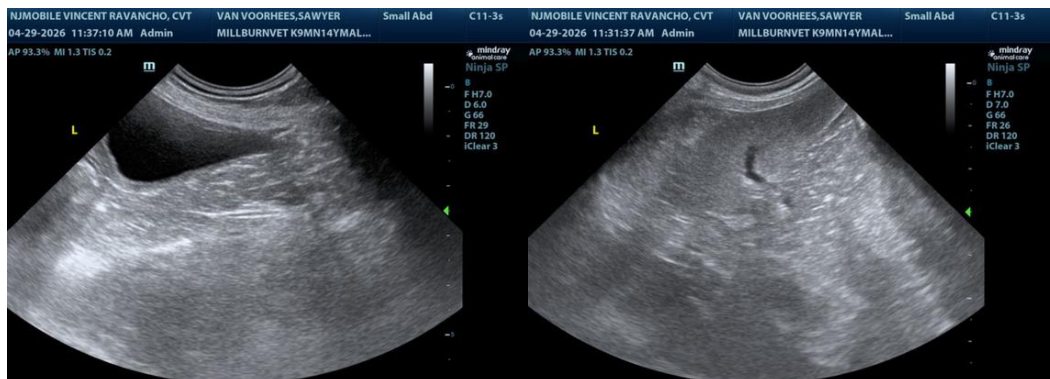
No overt lymphadenopathy or peritoneal effusion was present.

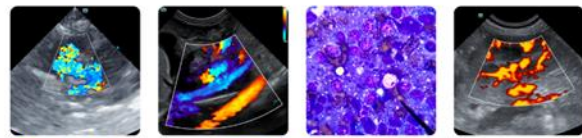
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes
- Bilateral subtle adrenal nodules with mild caudal left adrenomegaly – probable benign adenomas
- Sonographically normal liver / spleen
- Mild nonorganized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primarily geriatric abdomen without evidence of significant visceral pathology. The adrenal nodules are likely incidental, given no lab work abnormalities or clinical signs suggestive of adrenal disease. Sonographic monitoring of the adrenal nodules for evidence of progression would be ideal, with initial recheck suggested in 6-8 weeks.





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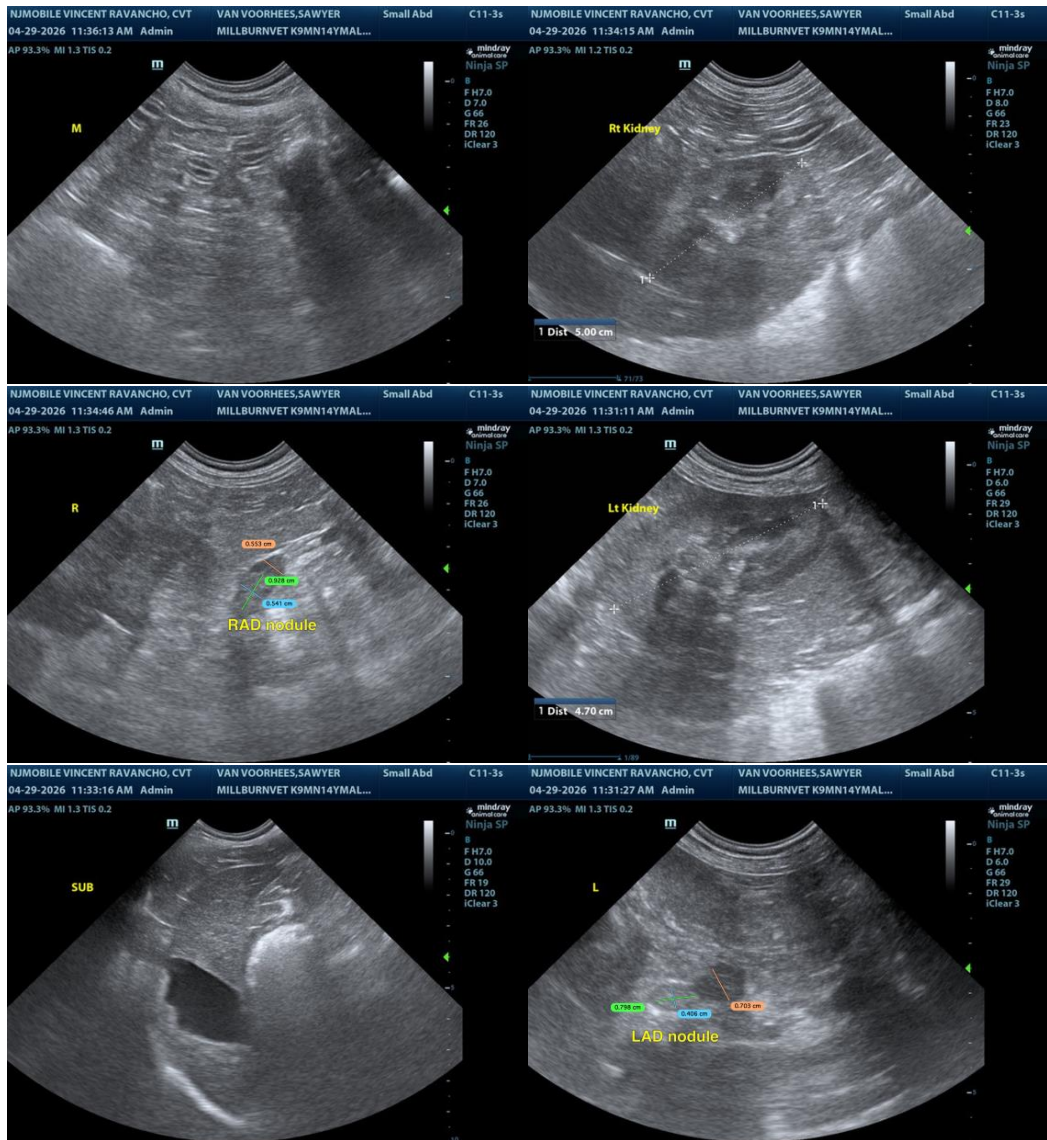
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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