



PATIENT

Ernie Dillon

SPECIES

Canine

BREED

Cocker Mix

SEX

Neutered Male

AGE

16 Years

WEIGHT

18.2 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem Animal
Clinic

REFERRING VET

Dr. Crane

INVOICE

15610

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 1. Cataract formation, vision loss OU 2. Suspected cognitive dysfunction syndrome, recent episode of disorientation 3. Heart murmur, suspect valvular heart disease 4. CKD, O reports that urine appears clear 5. IVDD, chronic back pain ABNORMAL Labwork Values Corechem - ^ BUN 33, ^ Cre 2.0, ^ SDMA 14.9 CBC - v PLT 95, adequate, Monocytosis 1400 UA - USG 1.015, v pH 8.5 Emailed over copy of results Current Medications none Radiographic Findings No rads on file

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Primarily normal urinary bladder wall with mildly thickened ventroapical wall measuring 0.54 cm wall width. Anechoic urine without evidence of mineral or calculi. The trigone and cystourethral junction were free of pathology.

The residual prostate was mild and symmetrically prominent in size exhibiting nonhomogenous parenchyma including hyperechoic parenchyma foci. The residual prostate measured 2.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Mild dystrophic medullary mineral and mild pyelectasia was present bilaterally. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width in the caudal pole.

The right adrenal gland was not definitively visualized owing to overlaying renal artifact and focally shadowing right renal mineralization.

Spleen

The spleen exhibited mildly expansive lateral isoechoic nonhomogenous to mildly hyperechoic nodule with mild associated symmetrical lateral capsule distortion measuring 2.6 cm in diameter.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gravity dependent hyperechoic nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



PATIENT

Ernie Dillon

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.

SPECIES

Canine

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.

BREED

Cocker Mix

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.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

16 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18.2 lbs

- Mildly thickened nonhomogenous ventroapical urinary bladder wall.
- Mild symmetrically prominent prostate exhibiting nonhomogenous focally hyperechoic parenchyma.
- Mildly expansive isoechoic nonhomogenous to mildly hyperechoic splenic nodule.
- Subjective normal volume liver with mild parenchyma remodeling.
- Mild nonorganized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting mild pyelectasia and medullary mineral.
- Mildly enlarged nonhomogenous left adrenal gland.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for age-related variant or mild chronic urinary bladder and residual prostate inflammation, concern for emerging prostatic and potential focal ventroapical urinary bladder neoplastic criteria is warranted. Screening BRAF assay is recommended.

IMAGING PERFORMED BY

Sara Hansen

Further assessment of the prostate and non-specific splenic nodule may include (assuming normal clotting status using a 25-gauge needle) ultrasound-guided FNA cytology. Mild left adrenal hyperplasia or adenomatous change is favored, although emerging left adrenal tumor is not definitively excluded. Monitoring of systemic blood pressure for evidence of hypertension given mild left adrenomegaly and chronic nephropathy is suggested. Sonographic monitoring of the left adrenal gland and splenic nodule for evidence of progressive enlargement is indicated.

HOSPITAL NAME

West Salem Animal
Clinic

REFERRING VET

Dr. Crane

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

INVOICE

15610

DATE

04/30/26



PATIENT

Ernie Dillon

SPECIES

Canine

BREED

Cocker Mix

SEX

Neutered Male

AGE

16 Years

WEIGHT

18.2 lbs

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

**IMAGING
 PERFORMED BY**

Sara Hansen

HOSPITAL NAME

West Salem Animal
 Clinic

REFERRING VET

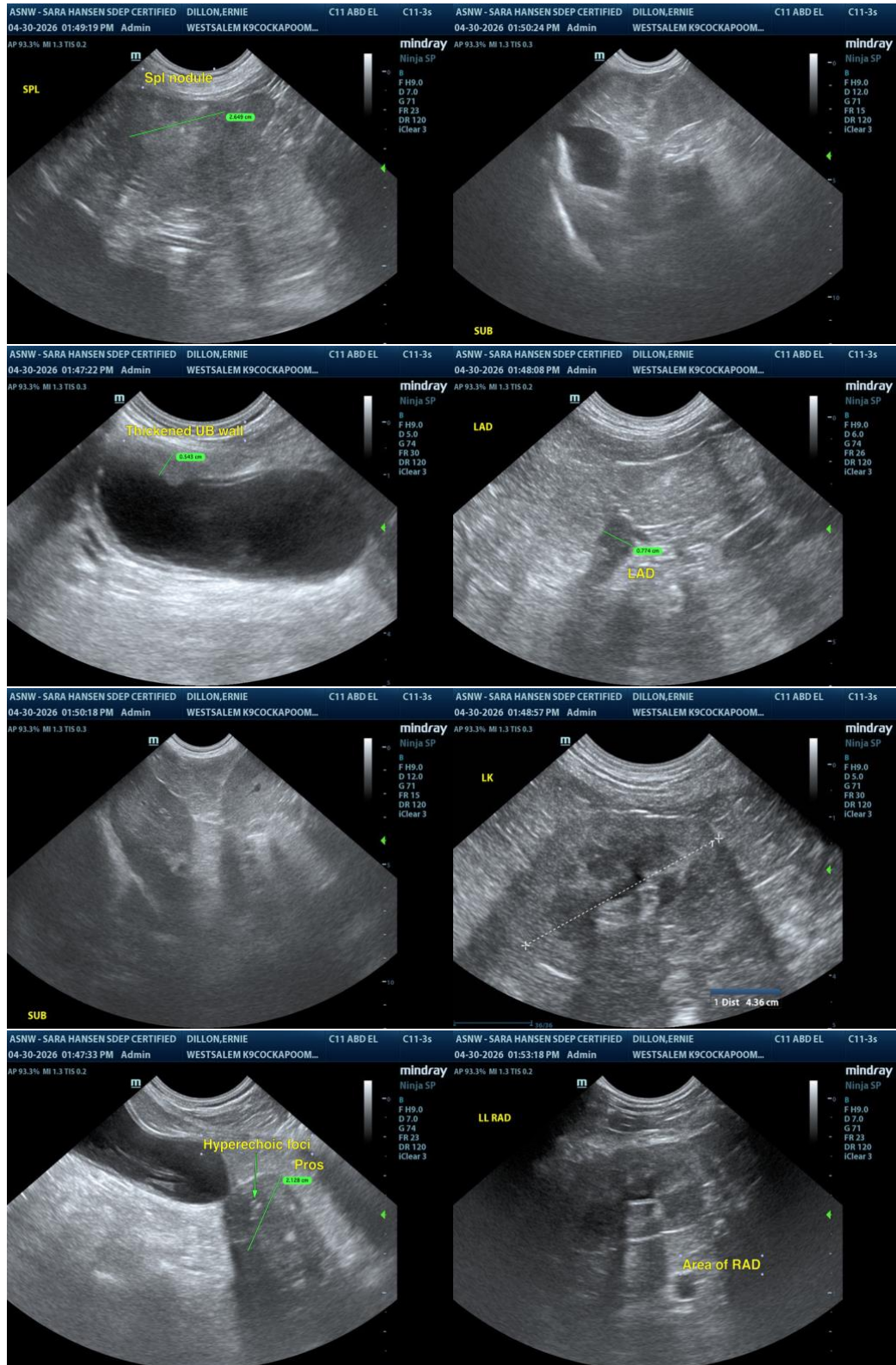
Dr. Crane

INVOICE

15610

DATE

04/30/26





PATIENT

Ernie Dillon

SPECIES

Canine

BREED

Cocker Mix

SEX

Neutered Male

AGE

16 Years

WEIGHT

18.2 lbs

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem Animal
 Clinic

REFERRING VET

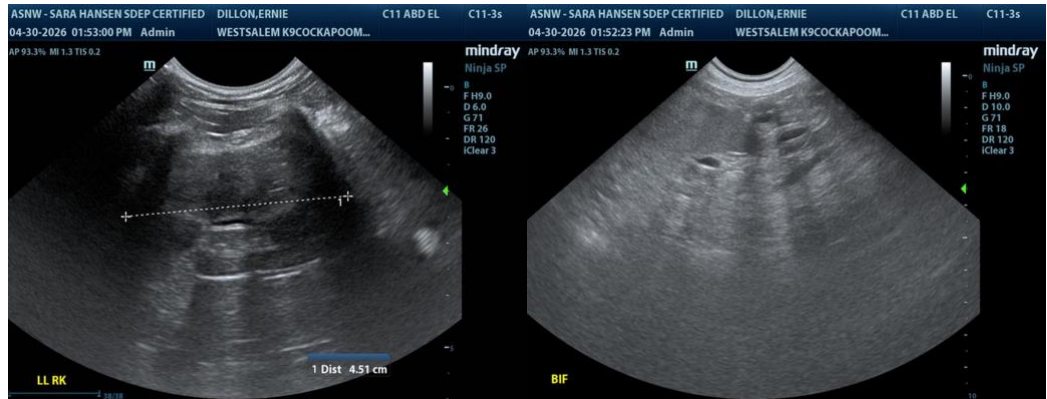
Dr. Crane

INVOICE

15610

DATE

04/30/26



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