



PATIENT

Bruin Nicole Wright

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

8 Years

WEIGHT

44.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ryan Bergner LVT

HOSPITAL NAME

Waterville Veterinary
Clinic

REFERRING VET

Dr. James Gilchrist
DVM

INVOICE

14910

DATE

04/06/26

PRESENTING CLINICAL SIGNS

O noticed pre scapular swelling about 1 week ago. Currently all peripheral inn 3-5x enlarged

Abnormal PE/Chem/CBC/UA Results: all peripheral inn 3-5x enlarged Pending CBC,Chem,UA results

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 change were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 7.0 cm in length. The right kidney measured 9.0 cm in length. A cranial to craniolateral thinly walled renal cyst was present in the right kidney containing anechoic fluid measuring approximately 5.0 cm in diameter.

Adrenal Glands

The adrenal glands were indistinctly visualized exhibiting mild asymmetrical capsule contour and mild nonhomogenous nonmineralized parenchyma with mild bilateral adrenomegaly. The left adrenal gland measured 1.1 cm width at the caudal pole. The right adrenal gland measured 0.93 cm width at the caudal pole.

Spleen

The spleen presented subjective mildly enlarged in size with symmetrical contour and mild heterogeneous splenic parenchyma. The caudal spleen extended to an approximate level of the apical urinary bladder.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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 was evident.

Free Abdomen

Intermittent mildly enlarged to swollen hypoechoic mesenteric and medial iliac lymph nodes were present. An irregularly swollen to hypoechoic inguinal lymph node was present caudal ventral to the urinary bladder measuring approximately 5.0 cm with mild surrounding hyperechoic subcutaneous tissue around the inguinal lymph node. Example of medial iliac lymph nodes measured 4.9 cm x 1.7 cm. No evidence of peritoneal effusion.

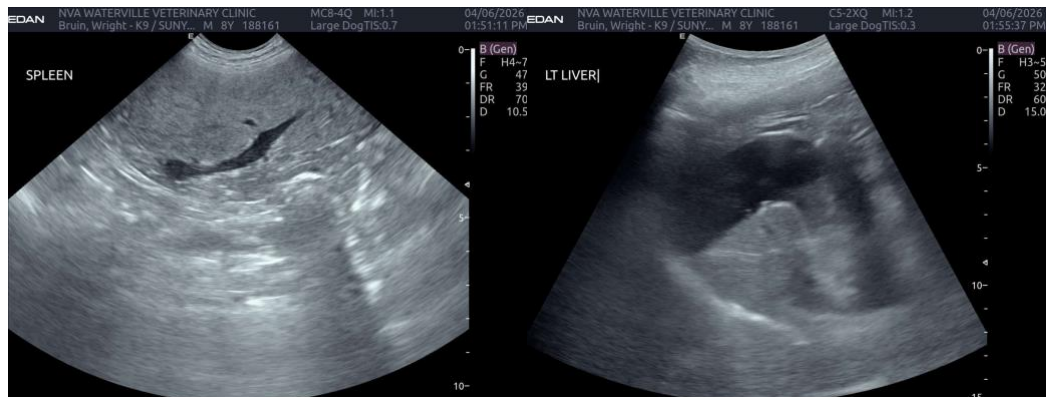
ULTRASONOGRAPHIC FINDINGS

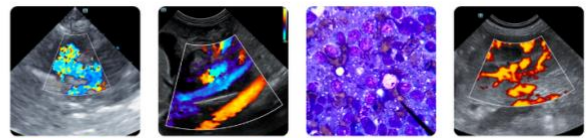
- Chronic renal changes with cranial right kidney cystic lesion.
- Indistinctly visualized yet subjective bilateral adrenomegaly.
- Sonographically normal liver with mild gallbladder debris (non-mucocele).
- Mildly enlarged nonhomogenous spleen.
- Normal gastrointestinal tract.
- Intermittent to multiple mildly enlarged medial iliac/mesenteric lymph nodes, asymmetrically enlarged swollen hypoechoic inguinal lymph node with surrounding hyperechoic subcutaneous tissue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inguinal lymphadenopathy is highly suggestive of neoplastic criteria in conjunction with reported peripheral lymphadenopathy. Splenic hyperplasia, hematopoiesis, inflammation, breed associated hypersplenism or concurrent splenic neoplasia are possible. FNA cytology of accessible peripheral lymph node and spleen using a 25-gauge needle and assuming normal clotting status is recommended.

The bilateral subjective adrenomegaly is of unclear clinical significance. Correlation with pending lab work and urinalysis is recommended.





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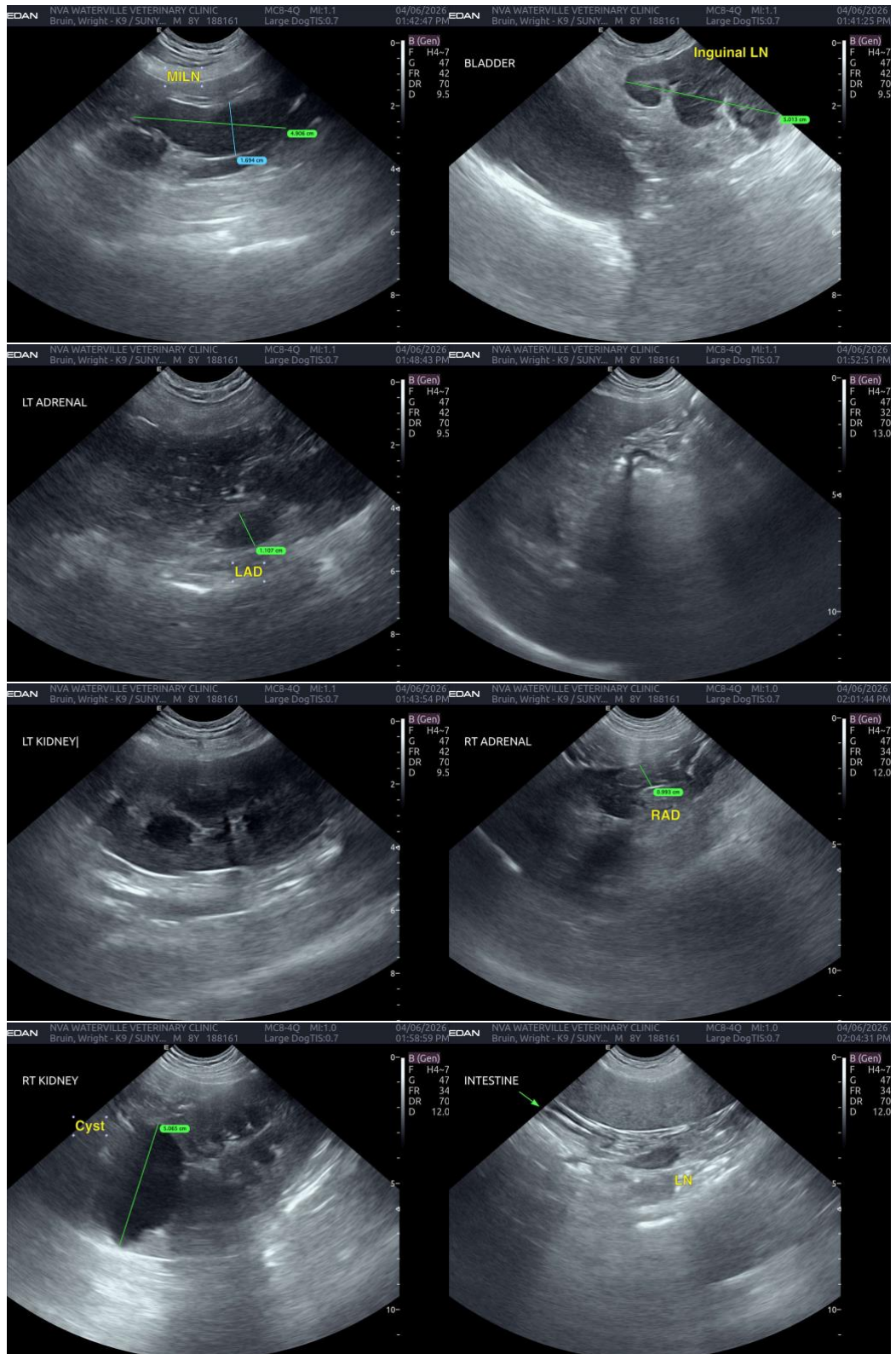
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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