

**PATIENT**

Dexter Wyatt

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

12y, 3m

**WEIGHT**

70

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Mack

**INVOICE**

13776ag

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

Diabetic with history of pancreatitis

Abnormal PE/Chem/CBC/UA Results: Glucose 451 Elevated WBC Elevated Liver Values Pending fluid analysis with cytology of fluid aspirated from abdomen as well as Anaerobic/Aerobic C&S

**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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 6.7 cm in length. The right kidney measured 7.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.90 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was not definitively visualized with no overt pathology potentially measuring 0.73 cm at the caudal pole.

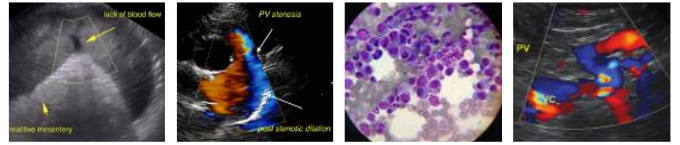
**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, well-defined, symmetrical, hyperechoic nodules were present throughout the medial parenchyma adjacent to the hilus. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**Liver/ Gallbladder**

The liver exhibited normal size with asymmetrical to rounded contour. Generalized non-homogenous hyperechoic parenchyma exhibiting multiple discrete hypoechoic nodules was present, an example measuring 1.5 cm in diameter. 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 with mild non-organized hyperechoic sludge. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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.

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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 semi formed to soft feces in lumen.

***Pancreas***

**SEX**

MN

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 were evident.

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12y, 3m

***Free Abdomen***

A moderately sized variably hyperechoic fluid filled lesion was present in the mid to cranial abdomen, subjectively in the area of the left pancreatic limb measuring ~ 11.0 cm in diameter. The fluid within the lesion was primarily anechoic with mild echogenic fluid changes suggestive of fluid cellularity. Surrounding to regional non-uniform hyperechoic omentum and scant peritoneal free fluid was present.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

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***Primary Findings***

- Benign splenic nodules-consistent with myelolipomas.
- Hepatopathy exhibiting non-homogenous hyperechoic to nodular parenchyma- probable diabetic hepatopathy.
- Gallbladder debris (non-mucocele).
- Mid to cranial abdominal abscess/necrosis with peripheral peritonitis/steatitis- omental, pancreatic, less likely hepatic location possible.
- Mild chronic renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

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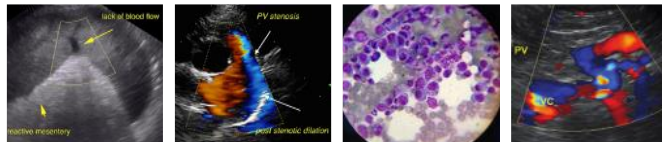
Correlation with pending cytology and anerobic/aerobic C/S is suggested. Concurrent urine C/S on a sterile urine sample recommended if evidence of glucosuria. The potential for neoplastic criteria associated with the abscess cannot be definitively excluded yet is considered less likely. Abdominal CT for further clarification and surgical planning may be ideal.

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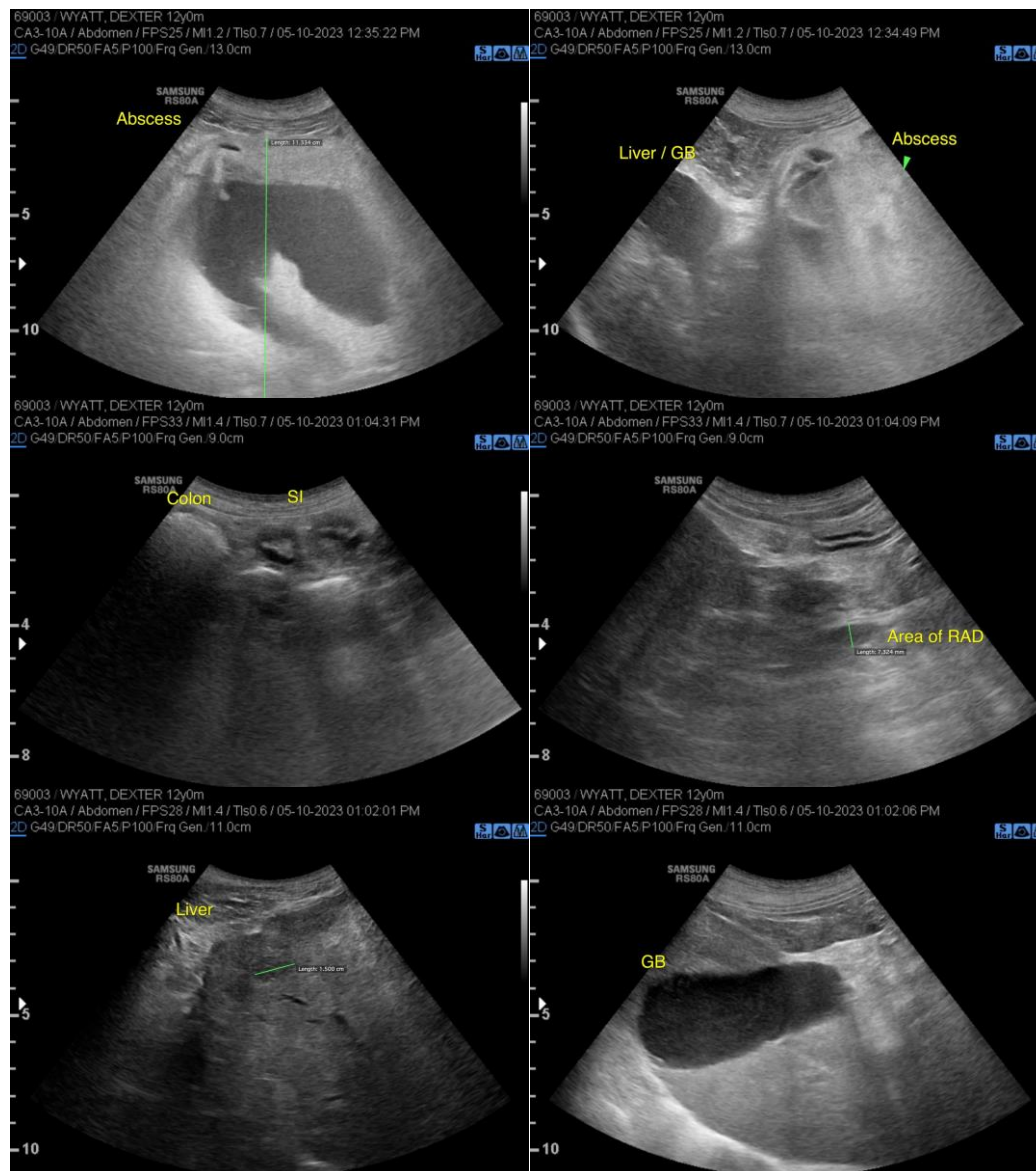
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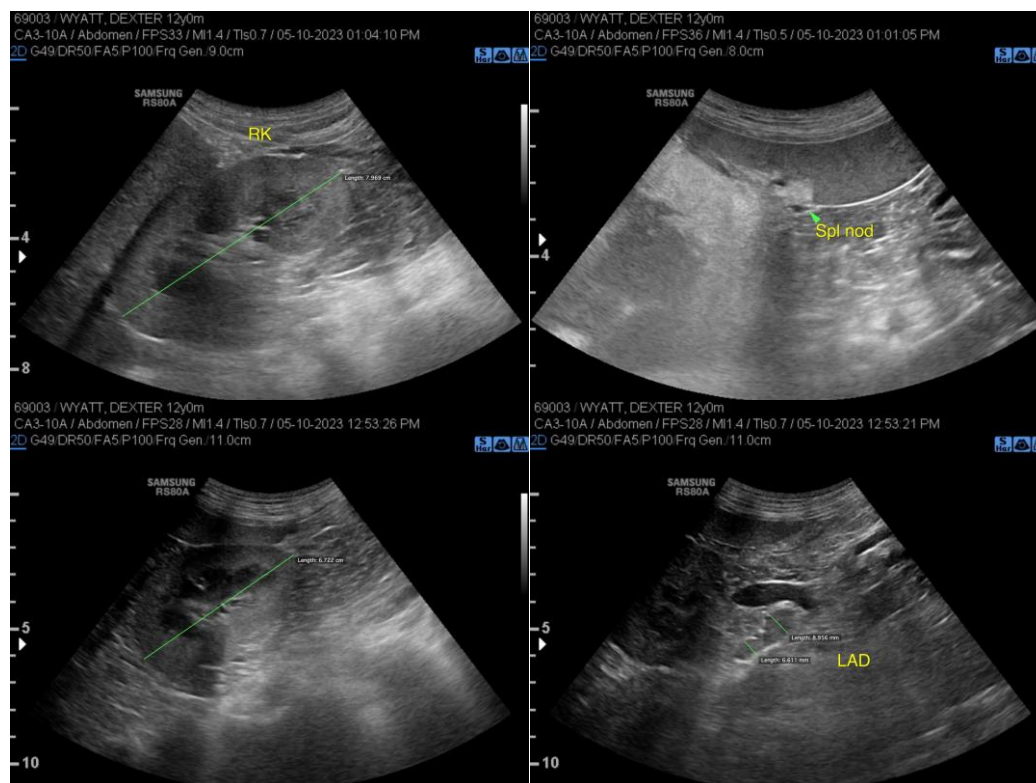
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)