



PATIENT

Tyron Gacek

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

25.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Cranston VC

REFERRING VET

Dr. Brown

INVOICE

16235

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Mild non regenerative anemia on pre dental BW. The patient was sedated with dexmedetomidine and butorphanol.

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.

The area of the residual prostate appeared normal and 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A left kidney caudal lateral thinly walled cyst was visualized containing anechoic fluid and measuring 2.3 cm in diameter. The left kidney measured 7.2 cm in length. The right kidney measured 7.9 cm in length with concurrent caudal thinly walled cyst containing anechoic fluid measuring 2.5 cm in diameter. A mildly expansive potentially encapsulated partially solid to fluid filled right kidney mass lesion was present measuring approximately 4.5 cm in diameter with mild associated primarily symmetrical renal capsule distortion.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.82 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.79 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. 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 nondependent particulate to hyperechoic nonorganized biliary sludge. The common bile duct was not visualized.

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.

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.

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.

Heart

Brief subjective echocardiogram revealed normal left and right chamber dimension, mild decreased LV contractility with mild centralized to eccentric MR and mild TR on Doppler. No evidence of pericardial effusion or tumors in the visible window with subjective bradycardia present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with bilateral renal cysts and partial fluid filled right kidney mass lesion.
- Sonographically normal spleen.
- Mild non-organized to emerging mineralized gallbladder debris.
- Sonographically normal gastrointestinal tract.
- Normal adrenal glands.
- Subjective normal cardiac structure/function with compensated MR/TR.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration for the right kidney mass lesion in conjunction with bilateral chronic to cystic renal changes may include atypical cyst, cystic versus necrotic granuloma, consolidated abscess, neoplasia such as sarcoma or other. Assuming normal clotting status and using a 25-gauge needle, mass lesion FNA cytology +/- fluid sampling for cytospin cytology and culture/sensitivity may be considered. Aside from the renal presentation, no overt evidence of additional abdominal visceral pathology as an obvious contributing factor to the anemia.

Compensated valvular insufficiencies and LV hypocontractility associated with sedation is favored, although if valvular insufficiencies are present without sedation, the hemodynamic effects of the regurgitation appear low given lack of left or right heart chamber enlargement. Subjective cardiac anesthetic risk, if required, is considered mild. Full echocardiogram may be considered for further clarification. If required, the following protocol is suggested. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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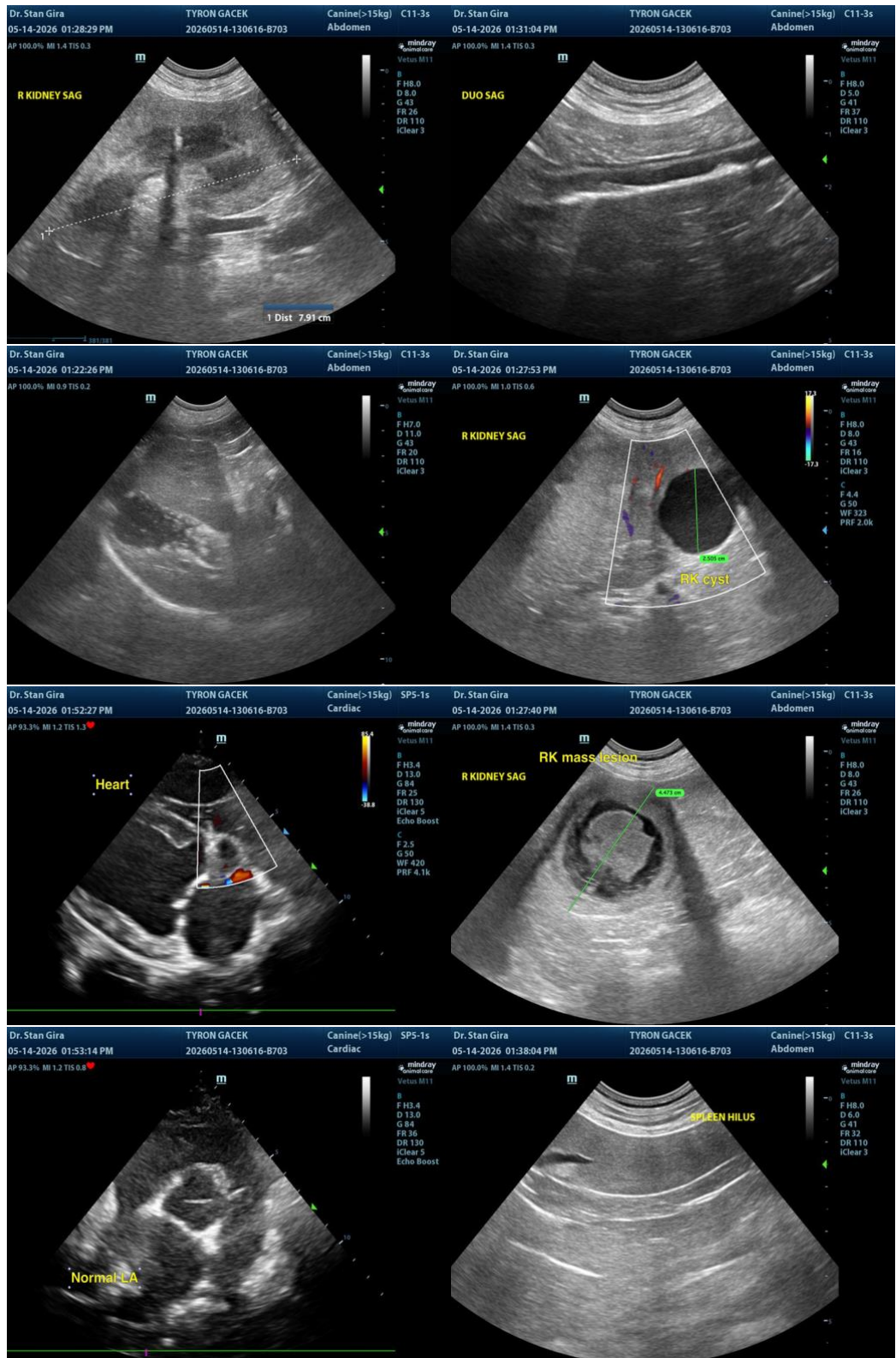
Dr. Brown

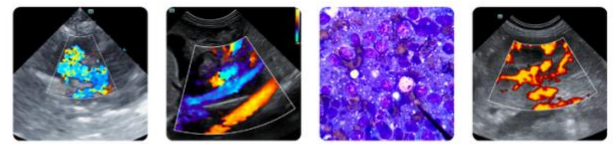
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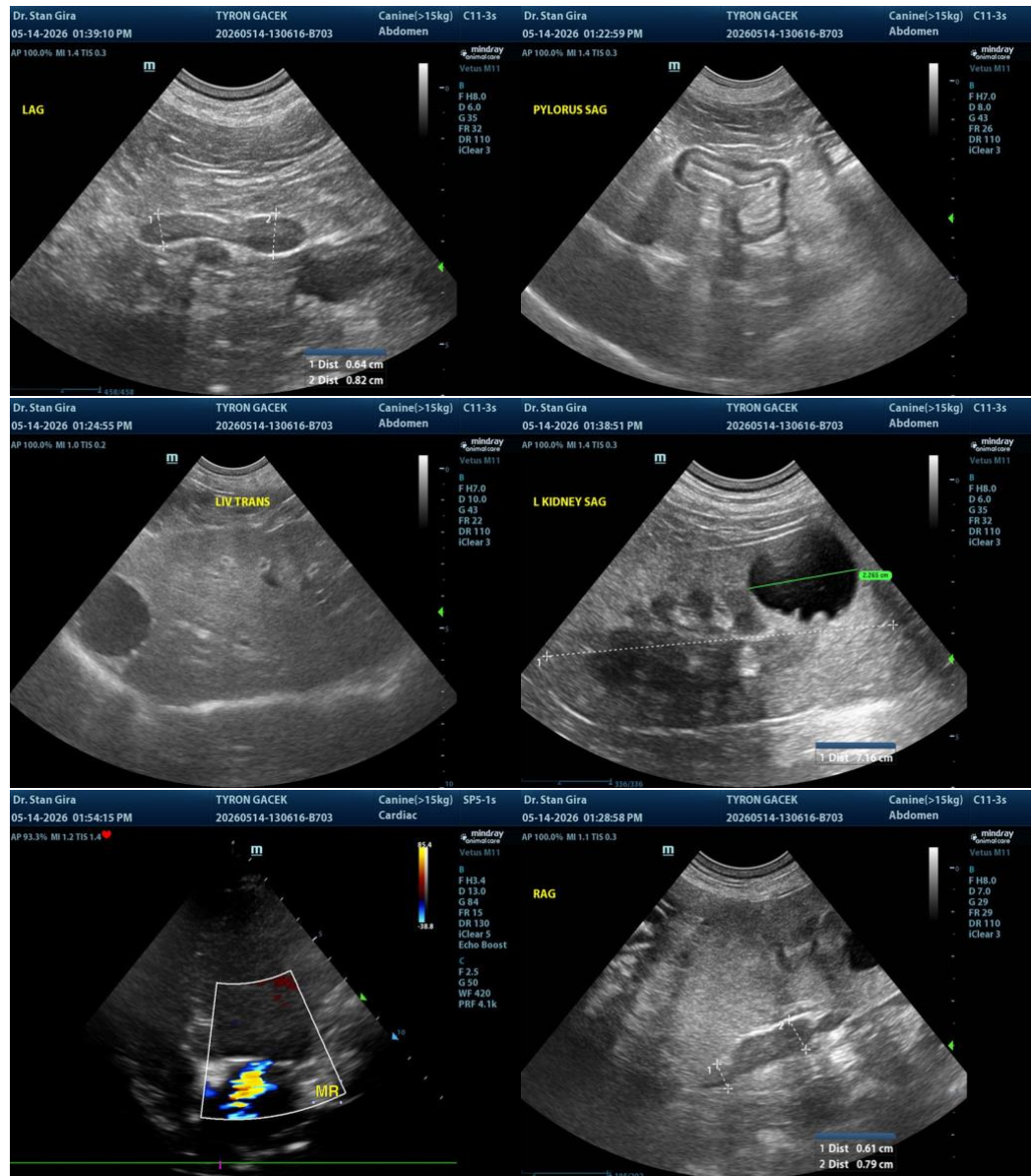
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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