



PATIENT

Ripley Drugg

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

10

WEIGHT

76.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Velez

HOSPITAL NAME

Court Street
Veterinary Hospital

REFERRING VET

Dr. Katie Velez

INVOICE

75292

DATE

6-3-26

PRESENTING CLINICAL SIGNS

O reports agr. Nonspecific

- pain of unknown origin
- congestion

- chronic
- bw running

Abnormal PE/Chem/CBC/UA Results: Mild effusion in right stifle Discomfort on abdominal palpation

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 was noted.

The residual prostate was not definitively visualized.

No overt medial iliac or sublumbar lymphadenopathy or masses.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented overtly normal in size with maintained symmetrical contour and primarily homogeneous parenchyma. A solitary nonexpansive hypoechoic splenic nodule was present measuring 1.1 cm diameter. 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.

Liver/ Gallbladder

The liver presented generalized hepatomegaly exhibiting areas of asymmetrical hepatic capsule contour, generalized variable nonhomogeneous hepatic parenchyma, indistinct portal vascular borders, and variable to significant coarse hepatic echotexture. Intermittent, mildly expansive, nonhomogeneous, hypoechoic hepatic nodules vs small mass to masses were present. An example measured 3.4 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 without evidence of retained ingesta, fluid, or foreign material.

The visualized segmental small intestine exhibited overall intact wall layering with maintained wall layer ratio and empty lumen with no signs of ileus, obstruction, or foreign material. Minor segmental intestinal corrugation was present.

The colon was indistinctly visualized. Subjectively nondistended with formed to semi-formed fecal matter.

Pancreas

The pancreas was not definitively visualized.

Free Abdomen

Multiple hypoechoic to swollen irregular mid to cranial abdomen mesenteric lymphadenopathy was present with potential for unspecified mass to masses in the area of the pancreas and caudal liver. An example of a lymph node vs unspecified mass in the area of the subjective pancreas measured approximately 4.4 x 2.5 cm. Unspecified mass potentially in the area of the caudal liver measured approximately 11.0 cm diameter.

No obvious visualized peritoneal effusion.

Mild hyperechoic omentum was present in the mid to cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous liver with intraparenchymal nodules/small masses.
- Ill-defined mid to cranial abdomen variable nonhomogeneous hypoechoic to swollen lymphadenopathy vs unspecified mass/masses area of the pancreas and caudal liver.
- Empty visualized gastrointestinal tract with mild segmental intestinal corrugation.
- Subjective bilateral chronic renal changes.
- Hypoechoic splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric hepatic to cranial abdomen neoplastic criteria is met. Assuming normal clotting status, further assessment may include hepatic parenchyma/nodule or small mass FNA cytology as well as FNA cytology of the ill-defined cranial abdomen lymphadenopathy or unspecified masses with potential for oncology consult. Correlation with three-view chest radiographs recommended.

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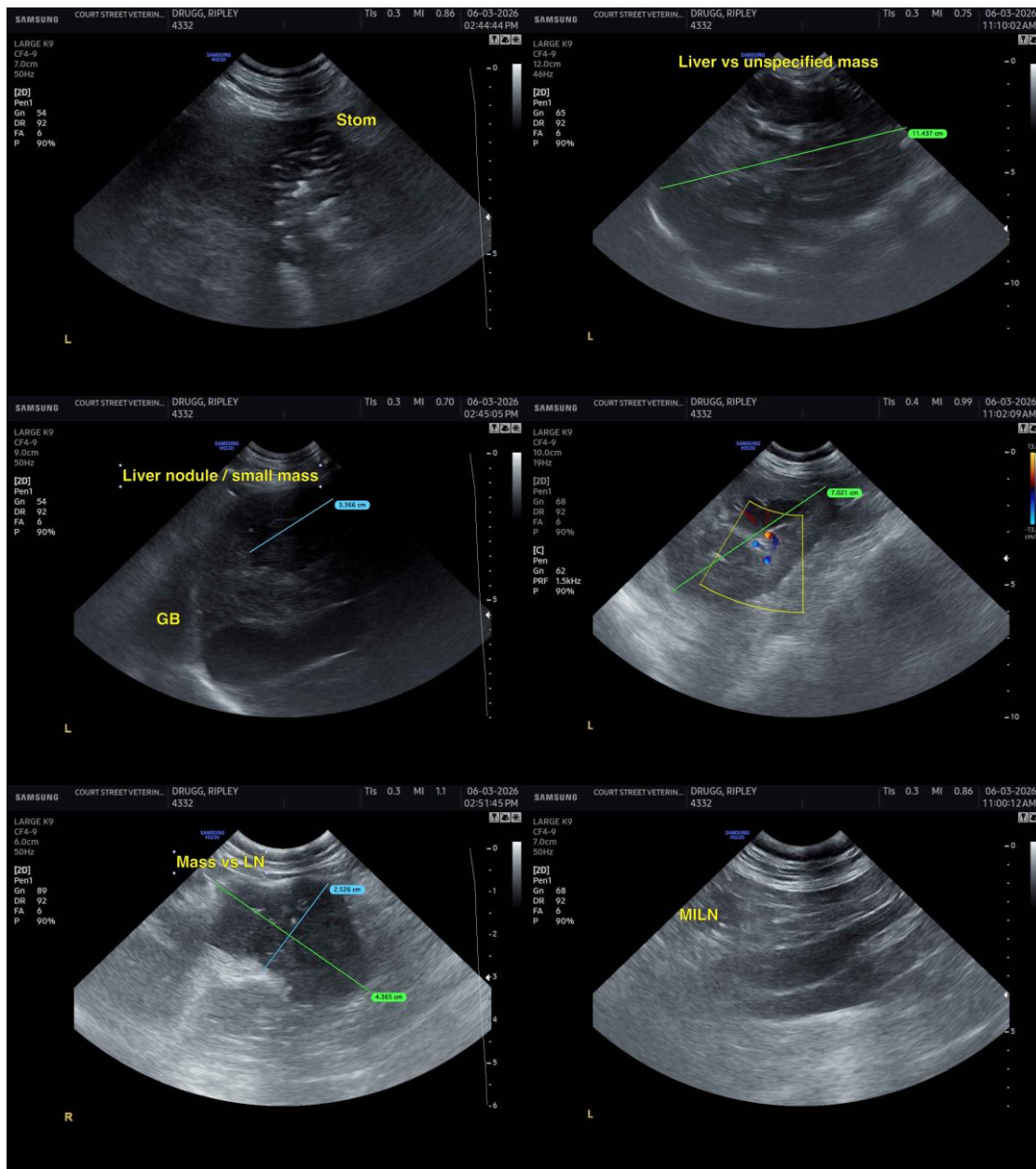
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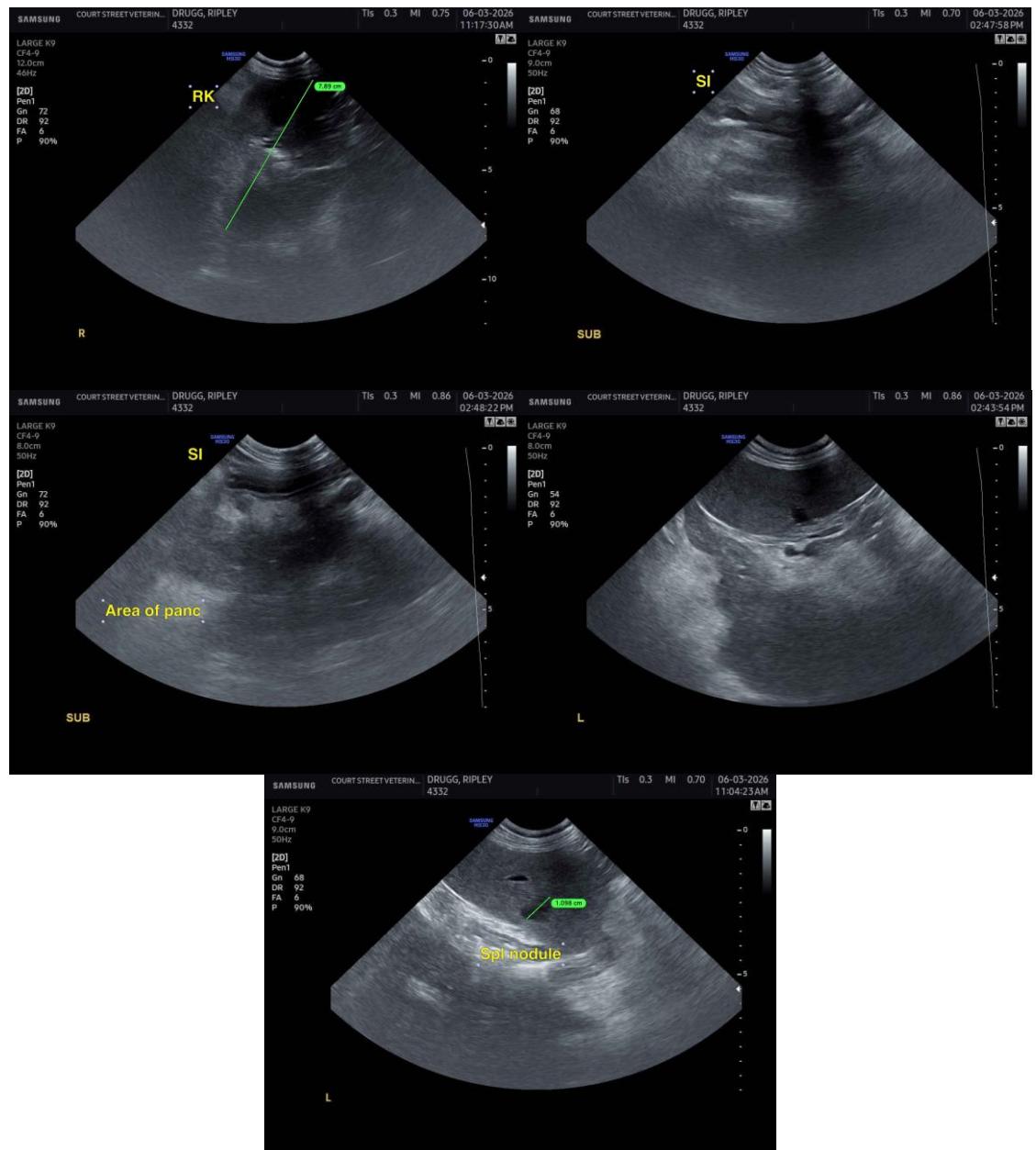
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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