



PATIENT

Sonny Taylor

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

12 years

WEIGHT

71 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

INVOICE

17292

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Senior wellness screening ultrasound, no active concerns
Abnormal PE/Chem/CBC/UA Results: Current Medications Carprofen PRN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.5 cm in diameter.

No evidence of medial Iliac or sublumbar lymphadenopathy adjacent to 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 7.5 cm in length. The right kidney measured 7.2 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 0.69 cm width at the cranial pole and 0.88 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 0.58 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild congealed yet nonorganized hyperechoic gallbladder sediment. The cystic and common bile ducts were normal.



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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.

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 were evident.

Free Abdomen

An unspecified uniform mass was present in the caudal abdomen measuring ~5.5-6.0 cm in diameter. Subtle surrounding hyperechoic omentum was present. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Minor hepatic parenchymal remodeling
- Mild congealed gallbladder sediment (non-mucocele)
- Unspecified symmetrical uniform caudal abdominal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unspecified caudal abdominal mass is of unclear origin without a definitive connection to a specific organ. Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the unspecified mass is warranted for initial further assessment.

Aside from the unspecified mass, largely geriatric abdomen was noted without evidence of additional visceral pathology.

Pending recommended mass cytology and assuming no evidence of pathology on three-view chest radiographs, sonographic monitoring of the mass for evidence of progression, given no current clinical signs, would be reasonable. Alternatively, abdominal CT if possible for further assessment of the mass, as well as possible surgical planning, may be considered.



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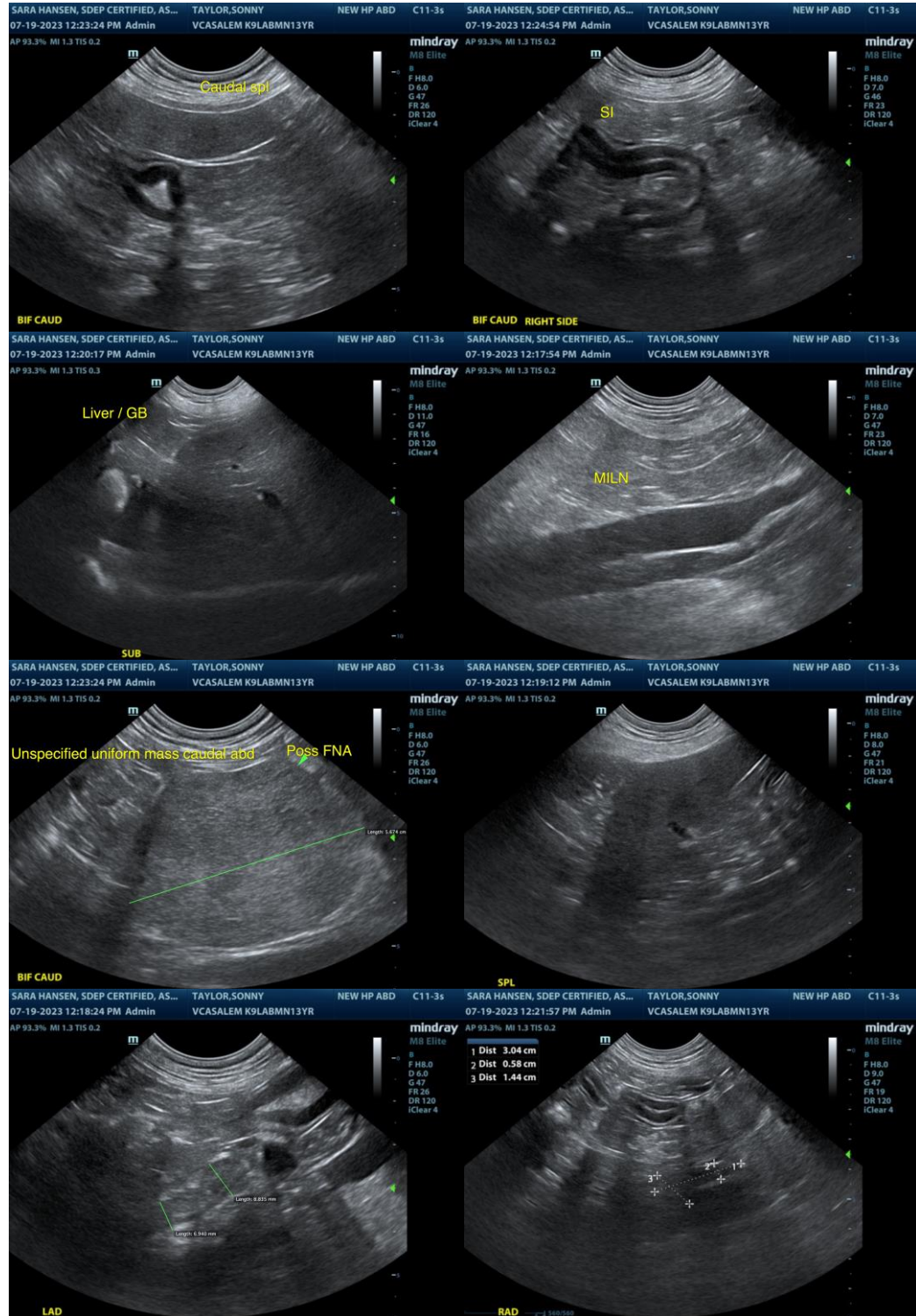
Dr. Tremper

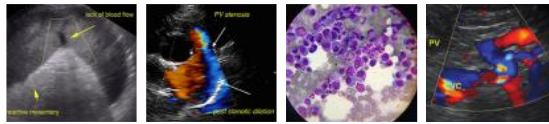
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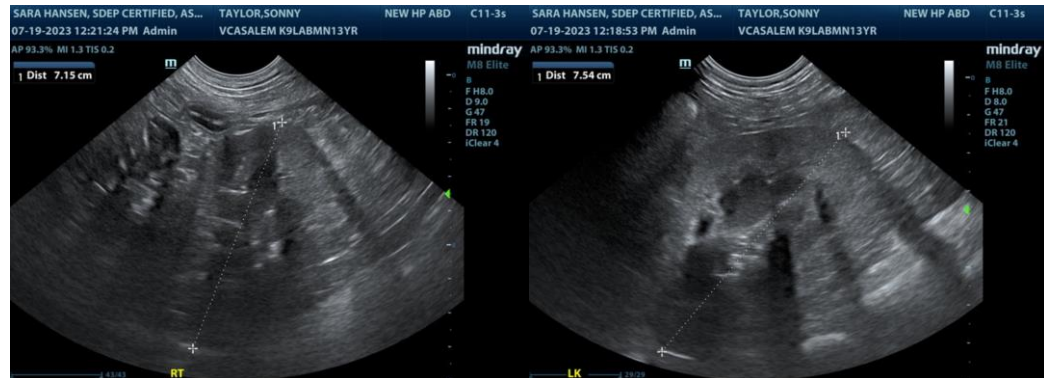
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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