



PATIENT

Jake Reeves

SPECIES

Canine

BREED

Cattle Dog

SEX

MN

AGE

10 years

WEIGHT

50 lbs~

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Eugene AH

REFERRING VET

Dr. Wiktorowski

INVOICE

14449

DATE

7/28/22

PRESENTING CLINICAL SIGNS

presented for vomiting. abdominal mass found.

Abnormal PE/Chem/CBC/UA Results: Current Medications cerenia Radiographic Findings Initial radiographs showed dilated esophagus with soft tissue density cranial to the cardiac silhouette. Later there was increased opacity of the right side of the thorax. Abdominal mass visible on radiographs. Primary Question/Differential to Be Answered in This Exam Is mass adrenal gland

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 exhibited mild prominent size with subtle nonhomogeneous yet nonmineralized parenchyma. Prostatic urethral dilation was present with normal post prostatic urethra structure and tone to a depth of 5.0 cm. The residual prostate measured 2.0 cm in diameter. No over evidence of residual prostatic neoplastic criteria was noted. This likely indicates a patient variant with nonspecific prostatic urethral dilation, which may be seen in patients who are neutered later in life if clinically applicable.

The area of the aortic trifurcation was free of pathology.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.5 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 2.7 cm length x 0.74 cm width at the caudal pole. The right adrenal gland was indistinctly visualized given patient conformation, yet without overt pathology subjectively measuring 3.3 cm length x 0.68 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.



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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 ventral gastric body wall width measured 0.57 cm.

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. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.36 cm width.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Minor age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. No evidence of intraabdominal masses or neoplastic criteria was noted.

Potential for mild gastritis / gastroenteritis is possible, given the patient's reported vomiting. No evidence of mechanical / metabolic gastrointestinal ileus was present.

Continued as-needed gastrointestinal support and empirical therapy for mild gastroenteritis would be reasonable.



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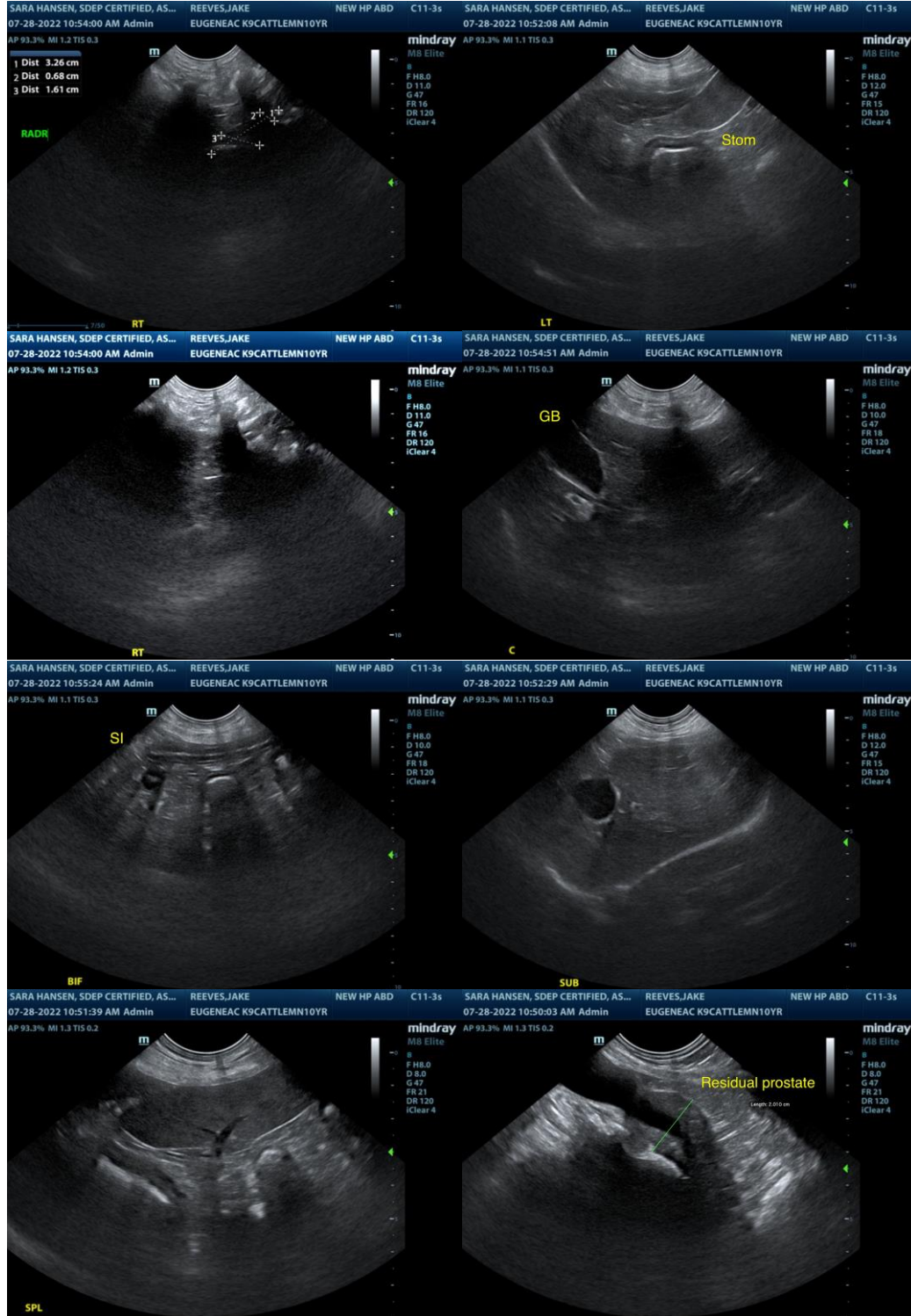
Dr. Wiktorowski

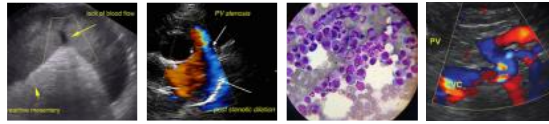
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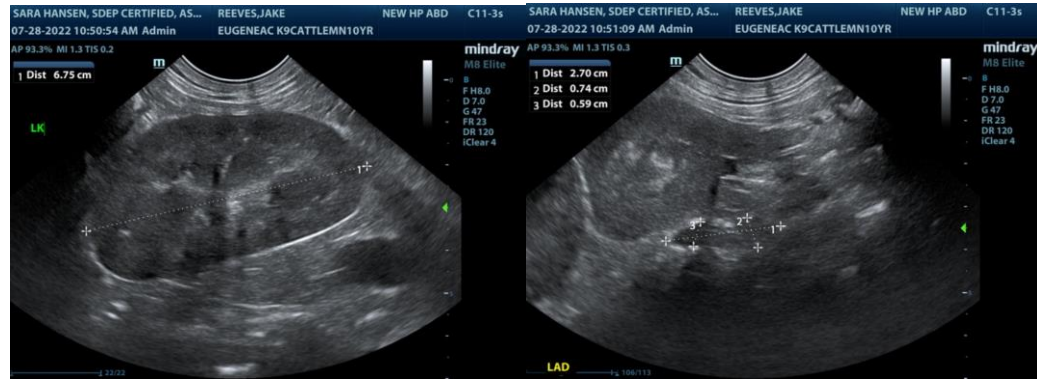
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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