



PATIENT

Taco Price

SPECIES

Canine

BREED

Boston X

SEX

MN

AGE

12 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

A. Rodriguez

INVOICE

14827

DATE

8/16/23

PRESENTING CLINICAL SIGNS

Hematuria. BP WNL

Abnormal PE/Chem/CBC/UA Results: USG: 1.029, WBC: 4-10, blood trace. Blood: SDMA 14,

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 sonographically unremarkable measuring 1.2 cm in diameter.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to minor areas of medullary mineral were noted. Right kidney mild caudal pyelectasia was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.0 cm in length. There was no evidence of renal neoplastic criteria.

Adrenal Glands

A small, spherical, nonhomogeneous, suspect mildly mineralized mass was present in the area of the left adrenal gland measuring 2.5 cm x 2.1 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.59 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size and maintained a symmetrical capsule contour with a finely textured and homogenous parenchyma. A solitary, isoechoic nodule was present in the mid-cranial spleen exhibiting similar echogenicity to adjacent splenic parenchyma measuring 1.6 cm in diameter. There was no evidence of capsular escape.

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 containing primarily anechoic content with minor gallbladder sediment. 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 contained echogenic, nonshadowing ingesta, sonographically consistent with food without signs of 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 formed feces in lumen.

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Pancreas

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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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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

12 years

- Sonographically unremarkable urinary bladder, prostate, and visible proximal urethra
- Mild to moderate chronic renal changes with mild right kidney pyelectasia
- Nondisruptive isoechoic splenic nodule - most consistent with benign criteria, i.e., focal hyperplasia, hematopoiesis, or similar
- Small nonhomogeneous suspect mineralized mass in the area of the left adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

There was no evidence of upper or lower urinary tract neoplastic criteria, cystitis, or calculi as an obvious cause of hematuria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If underlying urinary infection is ruled-out, conservative monitoring of UA and degree of hematuria would be reasonable.

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The mass in the area of the left adrenal gland is most consistent with adrenal origin and highly likely indicative of neoplastic criteria. Even with reported normal blood pressure, pheochromocytoma cannot be definitively excluded. Urine catecholamine levels may be considered. Abdominal CT may be considered for further assessment.

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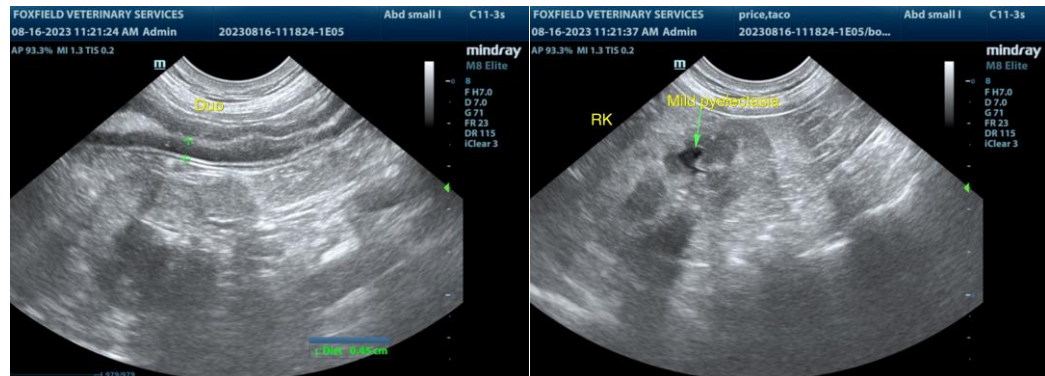
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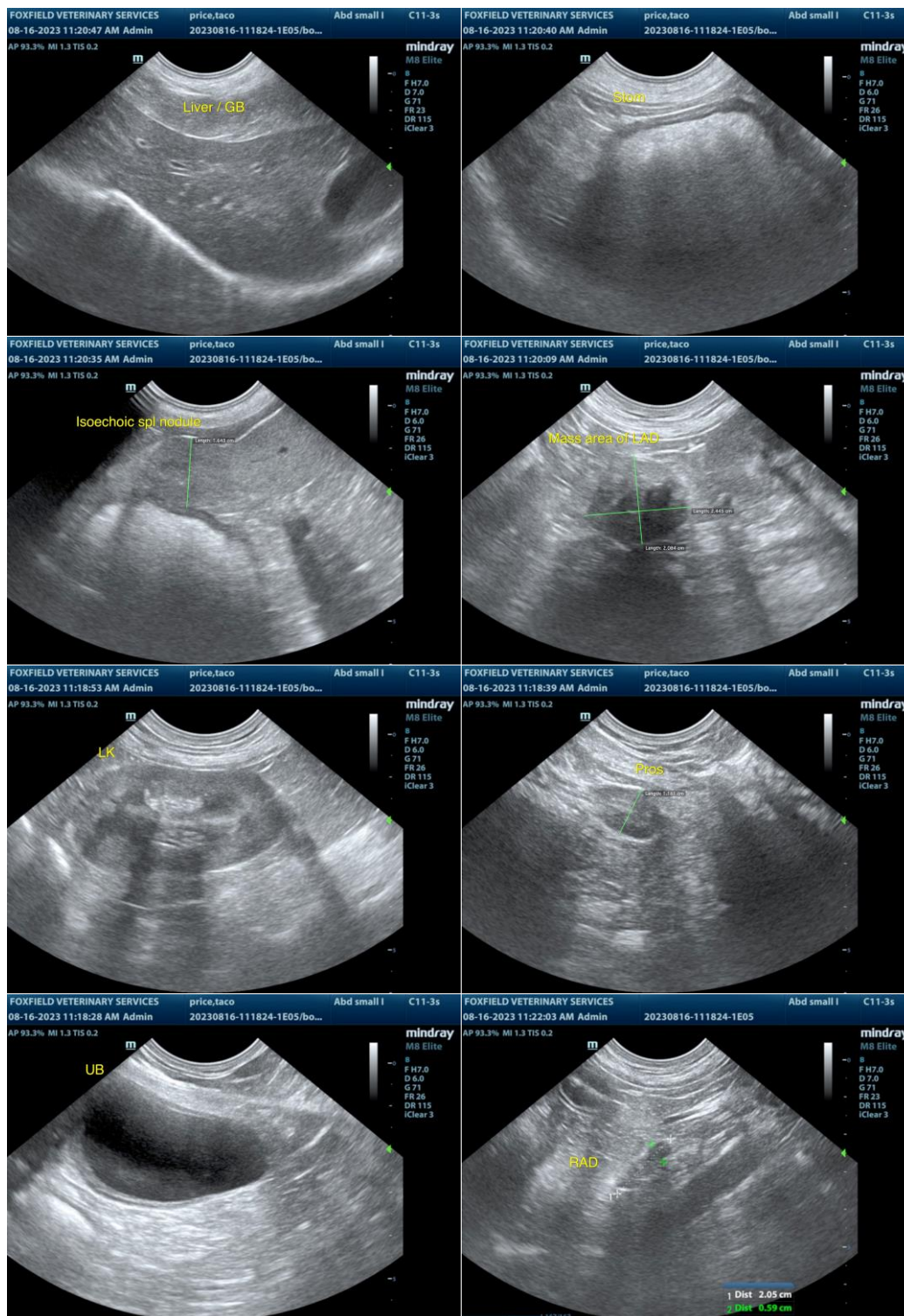
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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