



PATIENT

Stryker Vaillancourt

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

5 years

WEIGHT

56.8 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Emilia Monachino

HOSPITAL NAME

Finger Lake AH Vetcor

REFERRING VET

Dr. Monachino

INVOICE

71873

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Previous abdominal ultrasound was on 7/1/25 - submitted to SonoPath - suspected enteritis
- Doing well on Purina HA diet, good appetite. No recent regurgitation, vomiting or diarrhea
- Primary concern: Lost 3.5 lbs since July despite owner increasing the quantity of food given and decreased exercise level.
- Eyelid mass and new skin mass evident on exam (cytology of skin mass pending), otherwise unremarkable exam. 4dx & Fecal negative. CBC/ CHEM WNL. UA - 1.046, 2+ protein, occ struvite, NSF. Thyroid panel - low T4 <0.4, free T4 = 1.8 = WNL. cTSH= 0.41 = WNL. Cobalamin and folate levels pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 5.58 cm and the right kidney was 6.1 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 2.94 cm by 0.5 cm by 0.45 cm and the right adrenal gland was 3.2 cm by 1.3 cm by 0.57 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

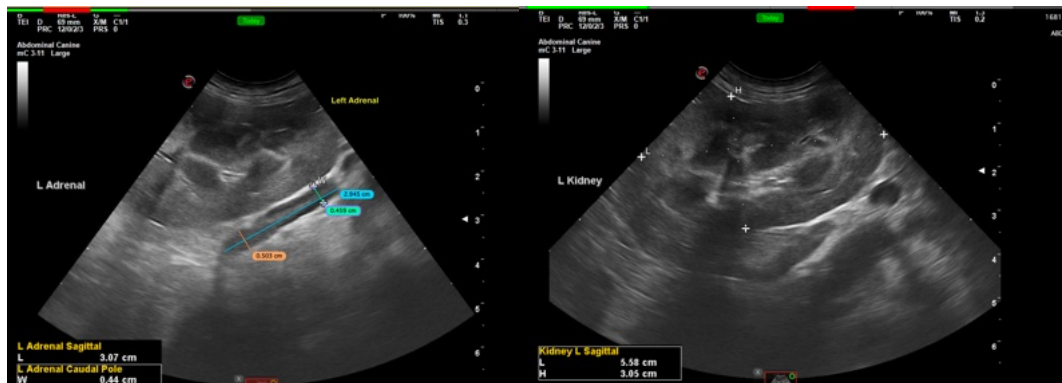
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This was a normal abdomen with no evidence of gross pathology that would explain the weight loss noted in this patient. It is recommended to recheck a urinalysis in order to confirm if there is consistent proteinuria present. Proteinuria is defined as increased protein in three urinalysis samples separated by 2 week period. A systemic blood pressure should also be measured. Thoracic radiographs should be considered as an additional screening tool. If there is evidence of significant and consistent proteinuria, a urine colure should be considered in order to rule out any potential underlying occult urinary tract infection before initiating any therapy directed towards proteinuria.





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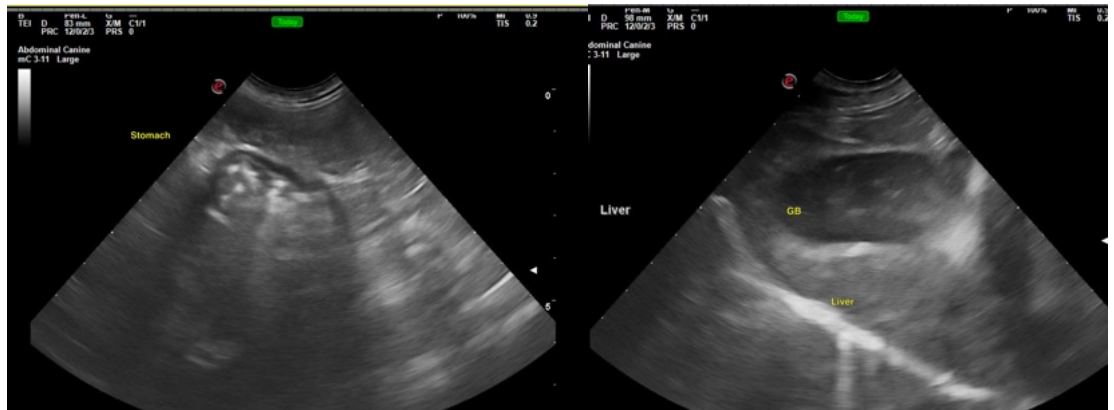
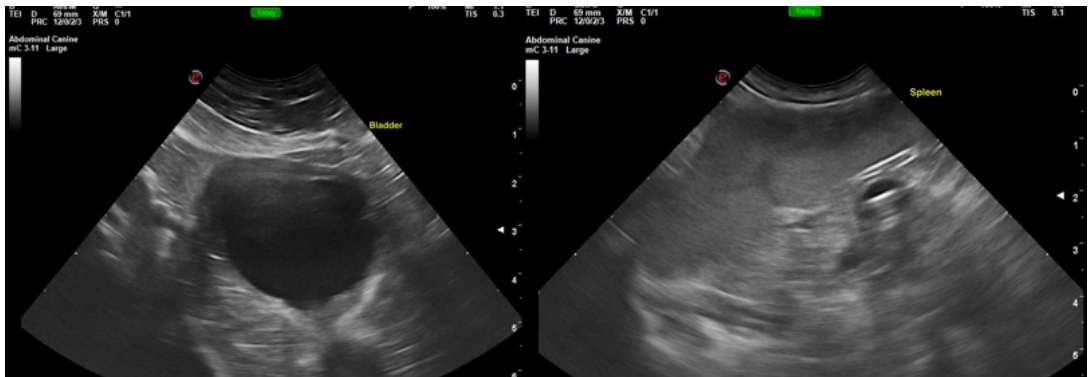
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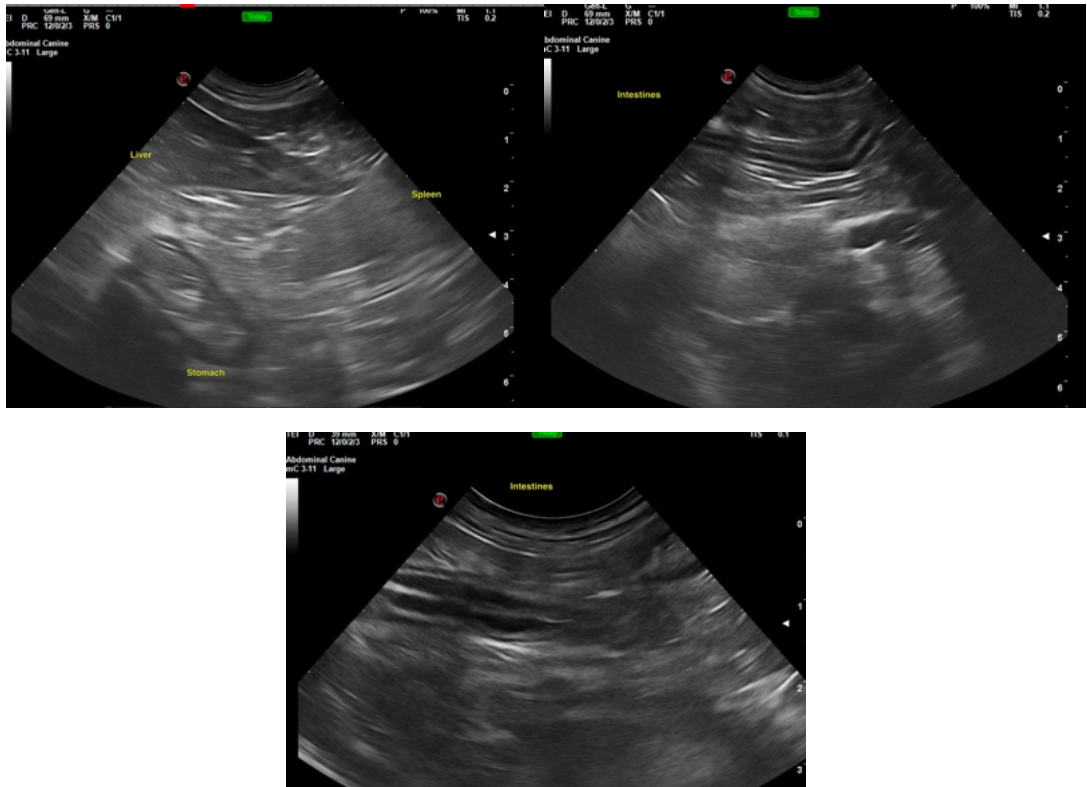
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com