



PATIENT

Charlie Hanson

PRESENTING CLINICAL SIGNS

presented for cystostomy , checking to see if def a surgical case

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mildly prominent ventroapical to dorsoapical urinary bladder wall exhibiting subtle asymmetric luminal surface contour measuring 0.4 cm. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with small dependent cystic calculus vs accumulated mineralized sand measuring ~ 0.85 cm in diameter. Concurrent minor urinary bladder sediment was present. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal.

BREED

Chihuahua Mix

SEX

MN

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Left kidney pinpoint medullary mineral was present. The right kidney exhibited mild to moderate pyelectasia with medullary mineral/renolithiasis. Discrete mildly irregular mineralized nodule to small mass present in the lateral right kidney measuring 1.9 cm in diameter. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length

AGE

10

WEIGHT

12.2

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 1.6 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 1.9 cm width at the cranial pole.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway Animal
Hospital

Liver/Gallbladder

REFERRING VET

Dr. Maniar

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and dependent non-organized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

INVOICE

12671ag

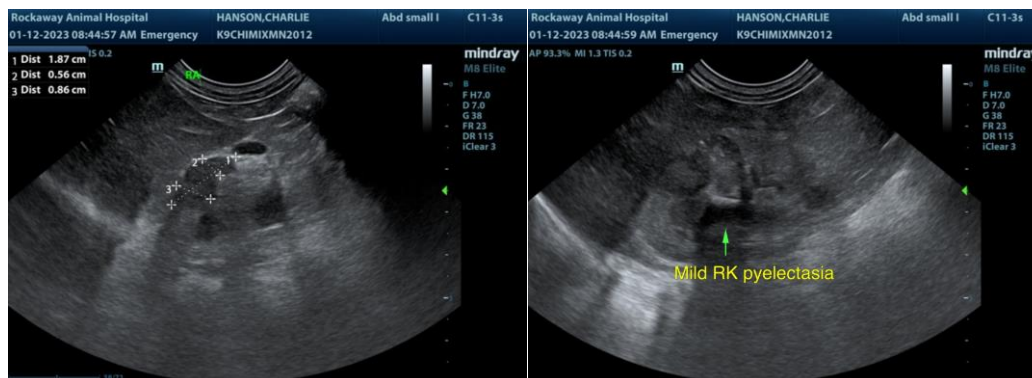
DATE

01/12/2023

Gastrointestinal



PATIENT	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.
Charlie Hanson	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
	Pancreas
BREED	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 was evident.
Chihuahua Mix	
	Free Abdomen
SEX	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
MN	
	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Small cystic calculus vs accumulated dependent mineral/sand, suspect mild apical cystitis • Left kidney moderate chronic changes with pinpoint medullary miner • Right kidney medullary mineral to renolithiasis with mild to moderate pyelectasia, possible indistinct mineralized right kidney nodule/small to emerging mass • Mild hepatomegaly-benign • Gallbladder debris-not consistent with mucocele criteria
10	
WEIGHT	
12.2	
	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY	This patient may be passing small amounts of mineral from the kidneys, specifically the right kidney, into the urinary bladder. No evidence of significant inflammatory urinary bladder changes or significant cystic calculi.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	If accessible and assuming normal clotting status using a 25g needle, FNA cytology of the right kidney mineralized nodule/small mass could be considered for screening cytology.
IMAGING PERFORMED BY	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Urinary diet may prove beneficial.
Jenn	Given this presentation, unless there is evidence of significant lower urinary tract signs, further assessment and monitoring of the right kidney prior to potential surgical considerations is recommended.
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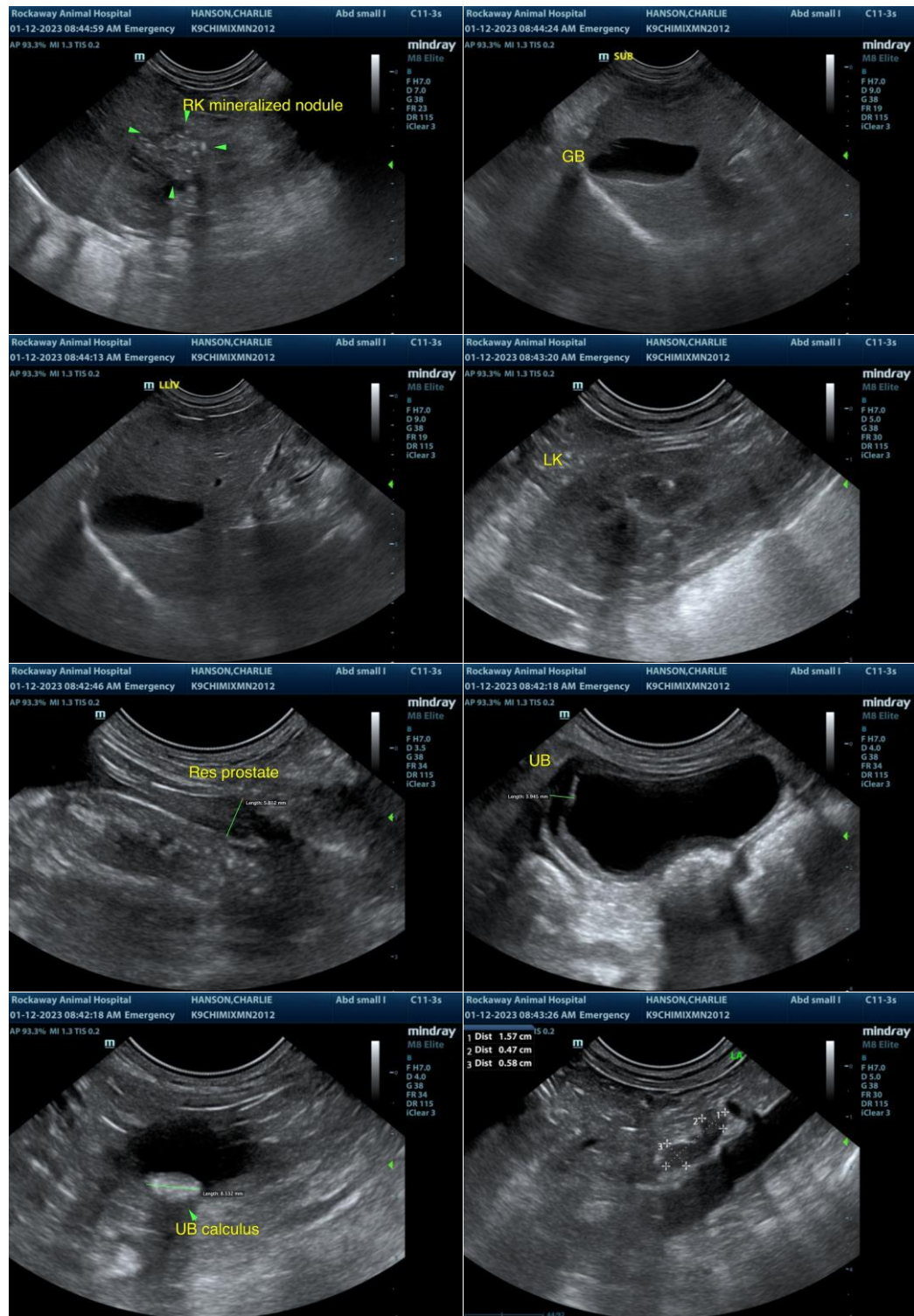
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Charlie Hanson

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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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