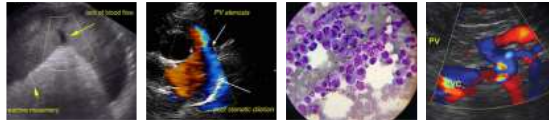
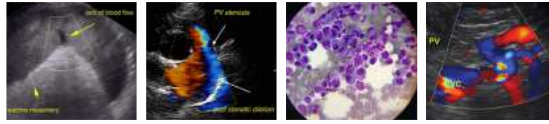


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jackson Robertson	Exam unremarkable O reports intermittent straining to urinate but still urinating Otherwise doing ok Current Medications Reconcile, trazodone
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Cysteine crystalluria 11/2021 - elevated GGT 50, otherwise unremarkable Previous bw in 2020 unremarkable
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Shepard Mix	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. A solitary, moderately sized, hyperechoic focal echogenicity with distal acoustic shadowing was present in the dependent lumen measuring approximately 2.7 cm in diameter. Concurrent mild cystitis to focal polyploid cystitis noted primarily ventral to ventroapical wall likely where the calculus sits primarily. No overt evidence of neoplastic criteria was noted. The proximal urethra was overtly normal to a depth of 4.0 cm.
MN	
<b>AGE</b>	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.
2 years	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	
53.4	
<b>INTERPRETED BY</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A solitary corticomedullary cyst was present In the cranial lateral left kidney, measuring 1.9 cm in diameter. The left kidney measured 6.3 cm in length. The right kidney measured 5.4 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Jenna Walsh, CVT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.51 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 0.55 cm width at the caudal pole.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Banfield of South Eugene	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.
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Garretson	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. Normal hepatportal vascular volume
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<b>DATE</b>	
1/26/22	



<b>PATIENT</b>	was present. No evidence of portosystemic shunt was noted. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder debris was mildly congealed yet nonorganized and nonmineralized. The cystic and common bile ducts were normal.
Jackson Robertson	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	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.
<b>BREED</b>	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.
Shepard Mix	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	
<b>AGE</b>	<b>Pancreas</b>
2 years	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.
<b>WEIGHT</b>	<b>Free Abdomen</b>
53.4	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"><li>• Solitary cystic calculus with concurrent primarily ventral to ventroapical cystitis to focal polyploid cystitis</li><li>• Solitary left kidney corticomedullary cyst</li><li>• Sonographically normal liver</li><li>• Mild congealed gallbladder debris</li></ul>
Jenna Walsh, CVT	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Banfield of South Eugene	Cystostomy with urine culture +/- biopsy of the ventroapical urinary bladder wall for histopathology +/- tissue C/S Is recommended. Ursodiol therapy may be considered if persistent evidence of cholestasis.
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Dr. Garretson	
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1/26/22	



**PATIENT**

Jackson Robertson

**SPECIES**

Canine

**BREED**

Shepard Mix

**SEX**

MN

**AGE**

2 years

**WEIGHT**

53.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Banfield of South  
Eugene

**REFERRING VET**

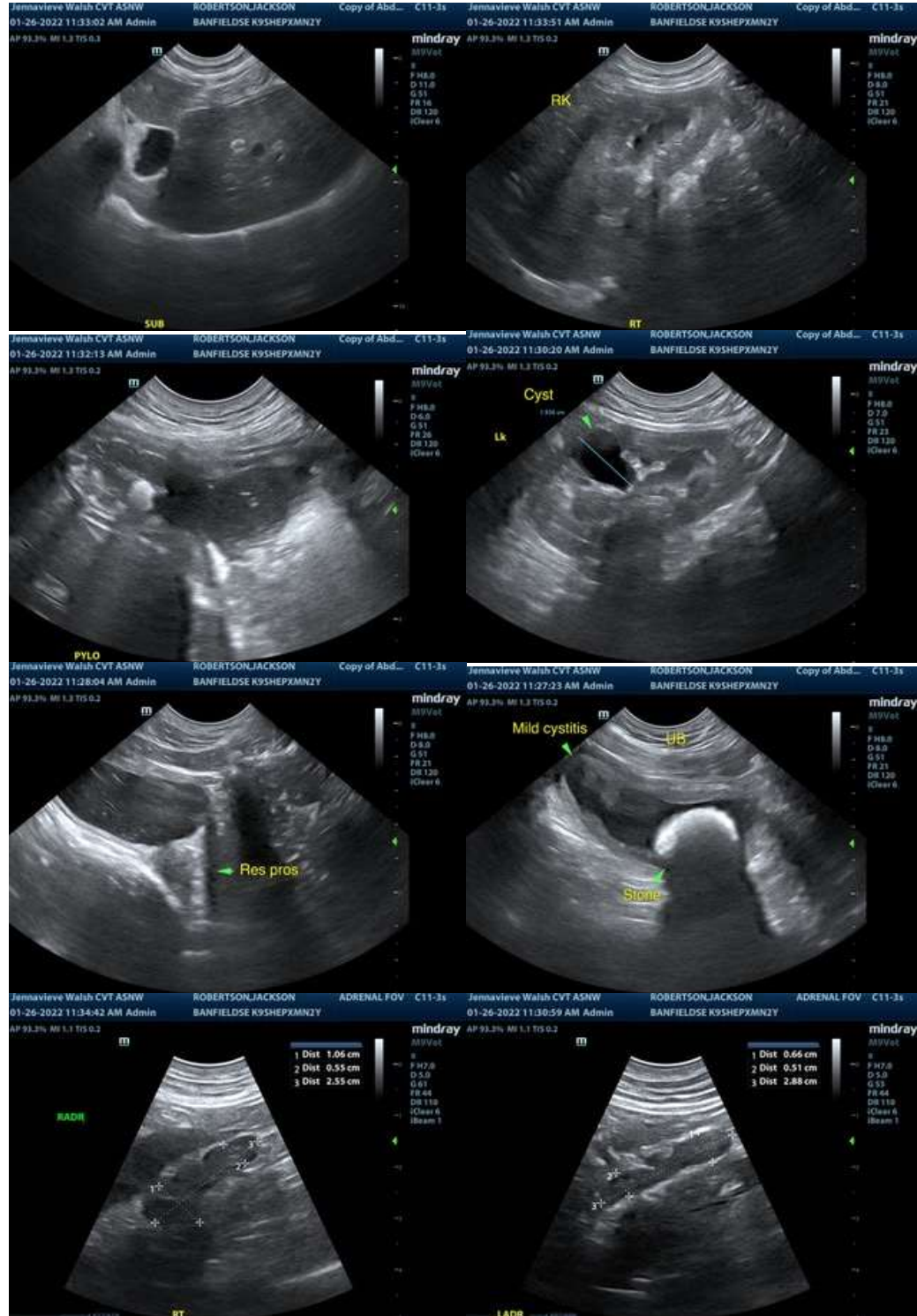
Dr. Garretson

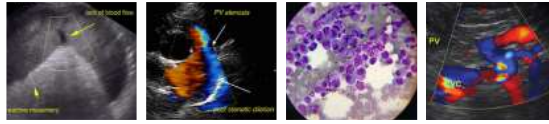
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1/26/22





**PATIENT**

Jackson Robertson

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.

**SPECIES**

Canine

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.

**BREED**

Shepard Mix

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

**SEX**

MN

**AGE**

2 years

**WEIGHT**

53.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Banfield of South  
Eugene

**REFERRING VET**

Dr. Garretson

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