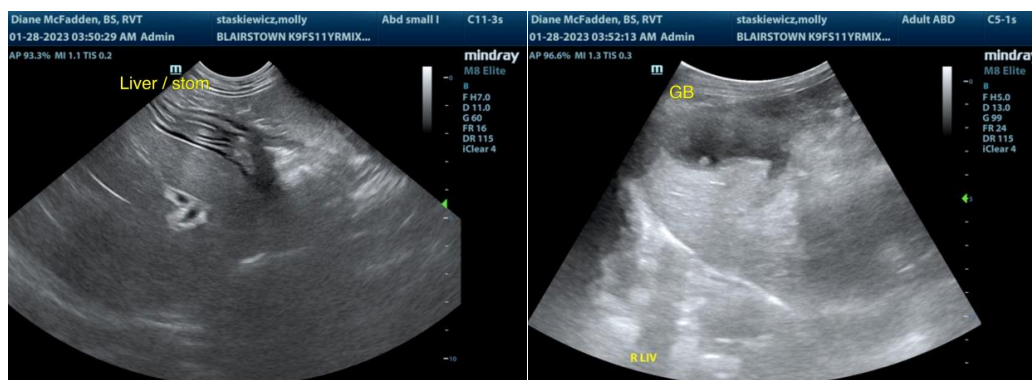




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Molly Staskiewicz	history of bladder polyps and cystoliths; eats Royal Canin SO diet. not on any meds Abnormal PE/Chem/CBC/UA Results: n/a
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Mixed	The urinary bladder was mildly distended yet exhibited normal tone. Mildly prominent ventral to ventroapical urinary bladder walls were noted. Marked, non-dependent, mildly congealed, variably echogenic sediment and mucus was present. Mild dependent mineral was also noted. No evidence of polyploid urinary bladder lesions or masses. The urethra exhibited normal structure and tone to a depth of 3.0 cm. Pinpoint, proximal urethral, nonobstructive, luminal mineral was noted.
<b>SEX</b>	
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
11 years	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.2 cm in length. Pinpoint to focal medullary mineral was noted.
<b>WEIGHT</b>	
N/A	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.65 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Diane McFadden	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>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Blairstown AH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 moderate, nondependent, nonorganized, mobile echogenic gallbladder debris extending mildly into the cystic biliary duct. No evidence of post hepatic obstructive criteria was noted.
<b>REFERRING VET</b>	
Dr. Clegg	
<b>INVOICE</b>	
15987	
<b>DATE</b>	<b>Gastrointestinal</b>
1/27/23	



<b>PATIENT</b>	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.
Molly Staskiewicz	
<b>SPECIES</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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b>Pancreas</b>
Mixed	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>SEX</b>	<b>Free Abdomen</b>
FS	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	
11 years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b>Primary Findings</b>
N/A	<ul style="list-style-type: none"> <li>Mild cystitis with marked nondependent sediment / mucus and mild dependent mineral</li> <li>Pinpoint, focal, proximal urethral luminal mineral - nonobstructive</li> <li>Bilateral mild chronic renal changes with pinpoint to focal medullary mineral</li> </ul>
<b>INTERPRETED BY</b>	<b>Secondary Findings</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>Moderate gallbladder debris (non-mucocele)</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Diane McFadden	Full urinalysis with C/S is recommended. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Empirical therapy for cystitis, if clinical signs consistent with cystitis are present, and continued urinary diet is recommended. Recheck urinary bladder is recommended if evidence of persistent urinary signs. No evidence of upper or lower urinary tract neoplastic criteria.
<b>HOSPITAL NAME</b>	Ursodiol may be considered if evidence of cholestasis.
Blairstown AH	
<b>REFERRING VET</b>	
Dr. Clegg	
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15987	
<b>DATE</b>	
1/27/23	





**PATIENT**

Molly Staskiewicz

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

11 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

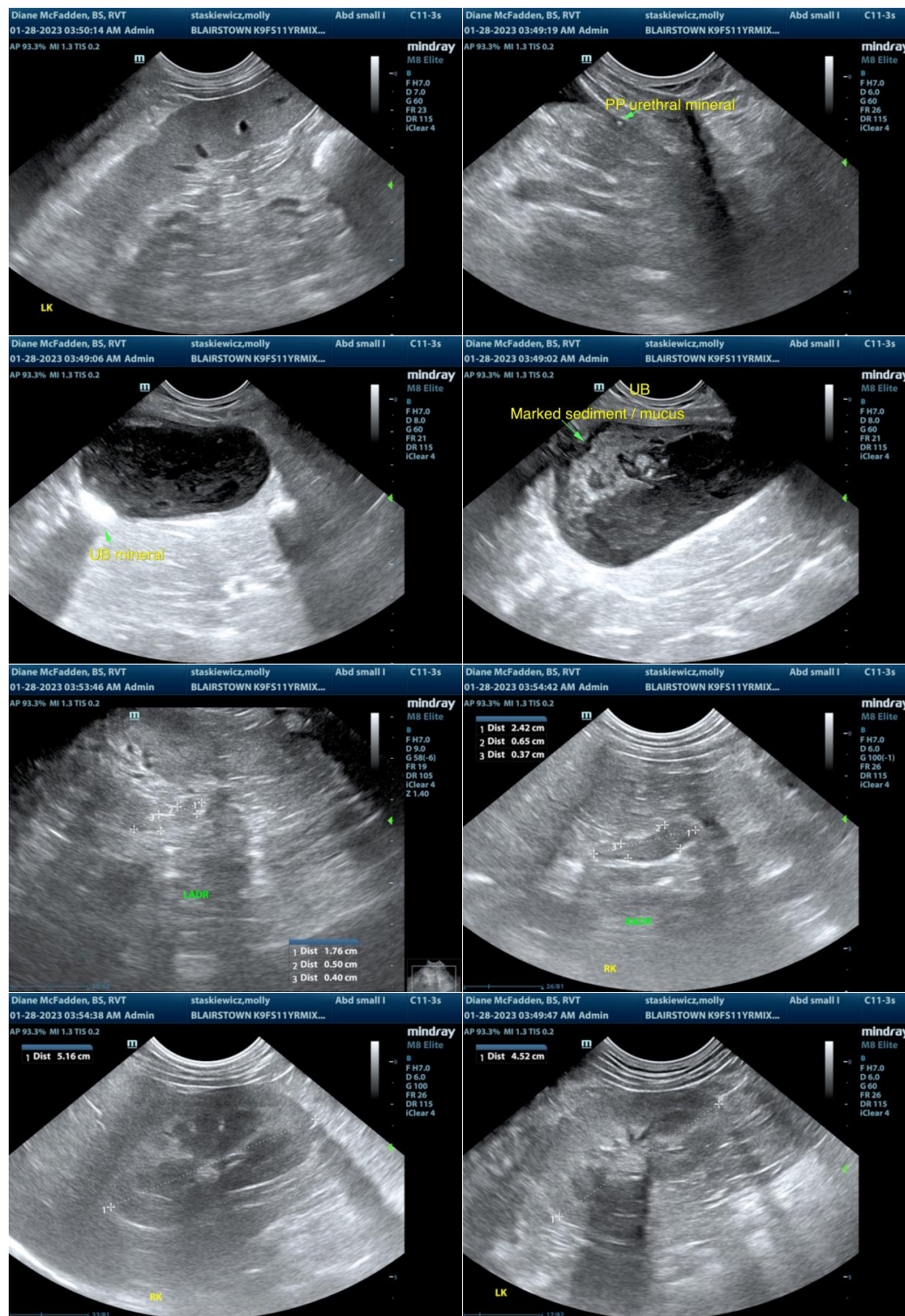
Dr. Clegg

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**DATE**

1/27/23



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



**PATIENT**

Molly Staskiewicz

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

11 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Clegg

**INVOICE**

15987

**DATE**

1/27/23

**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**