



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mila Barreto	fb?
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.
Mix	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. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
F	No evidence of pathology in the area of the uterus or bilateral ovaries if clinically applicable.
<b>AGE</b>	<b>Adrenal Glands</b>
1	The left and right adrenal glands were not definitively visualized.
<b>WEIGHT</b>	<b>Spleen</b>
39	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>INTERPRETED BY</b>	<b>Liver</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Jenn	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>HOSPITAL NAME</b>	The pylorus wall measured 0.50 cm in width.
Rockaway Animal Hospital	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.
<b>REFERRING VET</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Maniar	<b>Pancreas</b>
<b>INVOICE</b>	
11831ag	
<b>DATE</b>	
10/11/2022	



**PATIENT**

Mila Barreto

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.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**SEX**

F

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

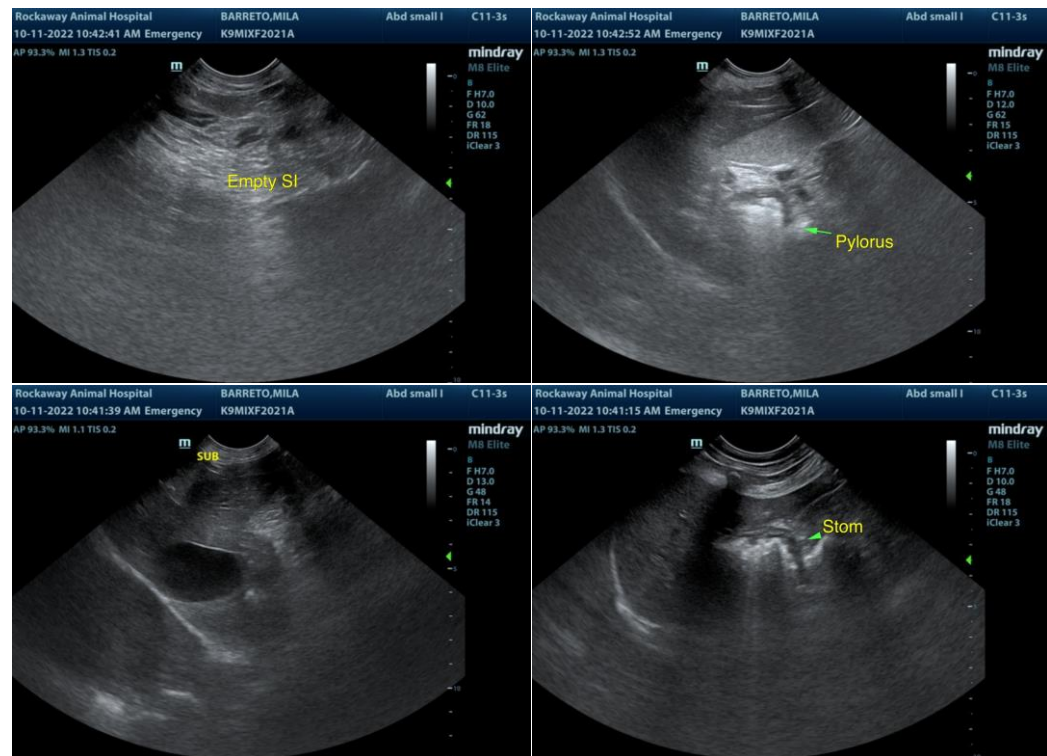
No evidence of GI mechanical obstructive pattern or GI foreign material was observed in this study. Supportive care for potential gastroenteritis should prove beneficial if GI signs are present. A resting cortisol level to rule out occult Addison's disease may be considered if clinically indicated.

**AGE**

1

**WEIGHT**

39



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

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**PATIENT**

Mila Barreto

**SPECIES**

Canine

**BREED**

Mix

**SEX**

F

**AGE**

1

**WEIGHT**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Rockaway Animal  
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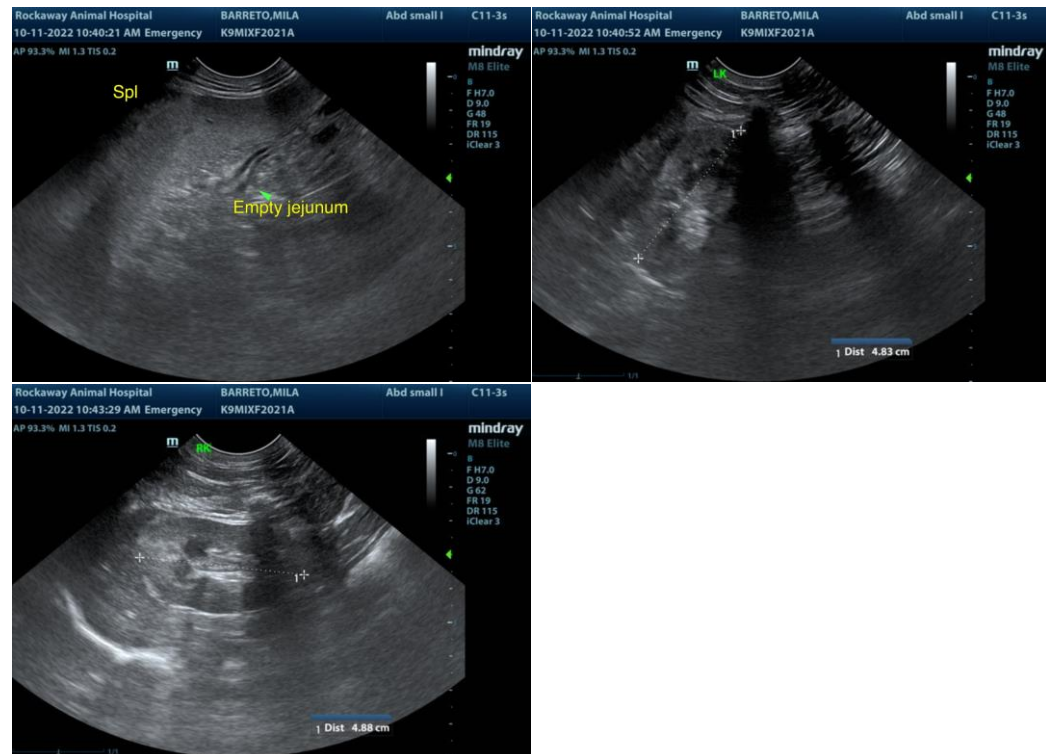
Dr. Maniar

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com