

PATIENT

Nikki Reif **PRESENTING CLINICAL SIGNS**

SPECIES FS Mini Aussie DOB 5/26/12 BW 21.8# Screen for any possible abdominal masses. Normal pup. Had screening for neoplasia with Sonopath a few years ago. Screening for neoplasia every couple of years as requested by owner

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Aussie

The urinary bladder was moderately subnormal in size owing to lack of urine distention. No evidence of urinary bladder mural pathology. Minimal yet anechoic urine present. No sediment or calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

SEX

Spayed Female

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 right kidney measured 5.4 cm. The left kidney measured 4.8 cm.

AGE

9 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT *Adrenal Glands*

21.8 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.60 cm at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.39 cm at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Sierra Animal Wellness

Liver

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Peggy Roberts

Gastrointestinal

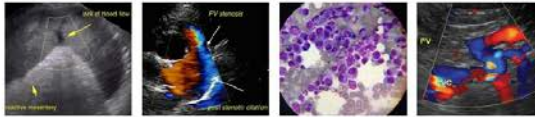
INVOICE

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.

26561

DATE

10/20/21



PATIENT

Nikki Reif 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.

SPECIES

Normal visible colon wall layers were present with apparent formed feces in lumen.

Canine

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.

Aussie

Free Abdomen

SEX

No evidence of peritoneal masses, lymphadenopathy or effusion.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

9 Years

No evidence of visceral pathology, specifically no evidence of intraabdominal neoplasia or masses. As the patient approaches geriatric age, yearly abdominal screening is suggested.

WEIGHT

21.8 Pounds

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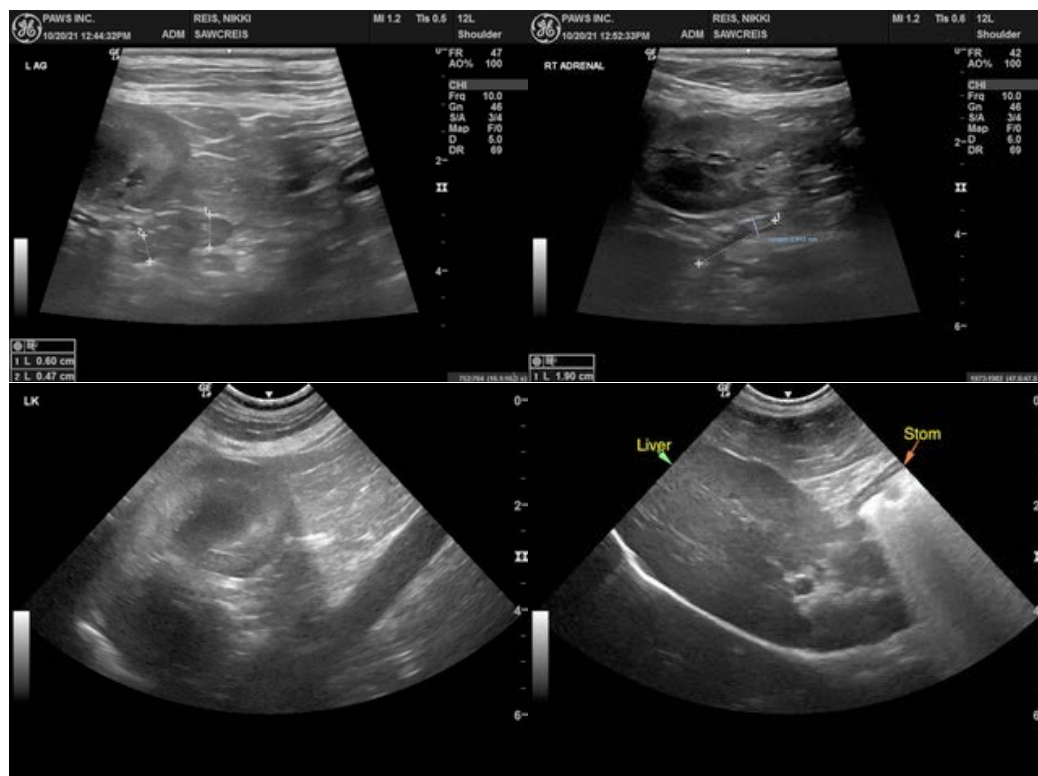
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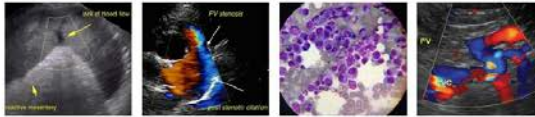
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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

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SPECIES

Canine

BREED

Aussie

SEX

Spayed Female

AGE

9 Years

WEIGHT

21.8 Pounds

INTERPRETED BY

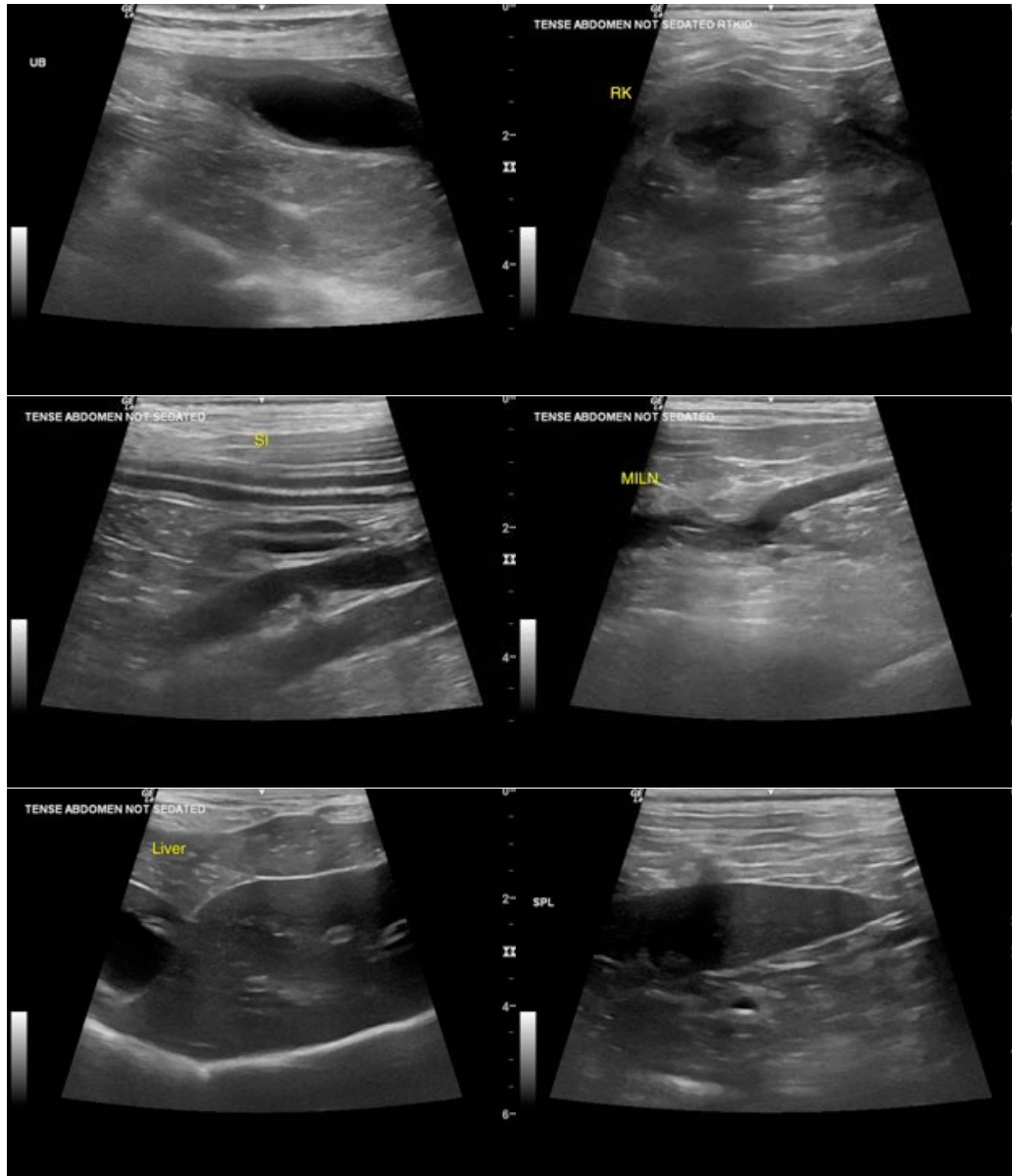
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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