



PATIENT

Roo Lipkin

SPECIES

Canine

BREED

Hound Mix

SEX

Female Spayed

AGE

14 yrs

WEIGHT

50.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Litchfield

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ameraal

INVOICE

12814

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: found mass on radiographs, CT came back inconclusive r/o metastasis prior to poss. surgery.

Abnormal PE/Chem/CBC/UA Results: Blood WnL but UA showed p.H 8.0, Protein trace

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Mild medullary mineral was noted. The left kidney measured 5.9 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology and subjectively measuring 0.58 cm width at the caudal pole. The right adrenal gland exhibited no obvious pathology.

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.

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.

Gastrointestinal

The stomach exhibited overtly normal intact visible gastric wall present. The stomach contained strongly shadowing content measuring ~5.0 cm in diameter.

The visualized segments of the small intestine exhibited intact with normal wall layer ratio and empty lumen.

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



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Pancreas

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.

Free Abdomen

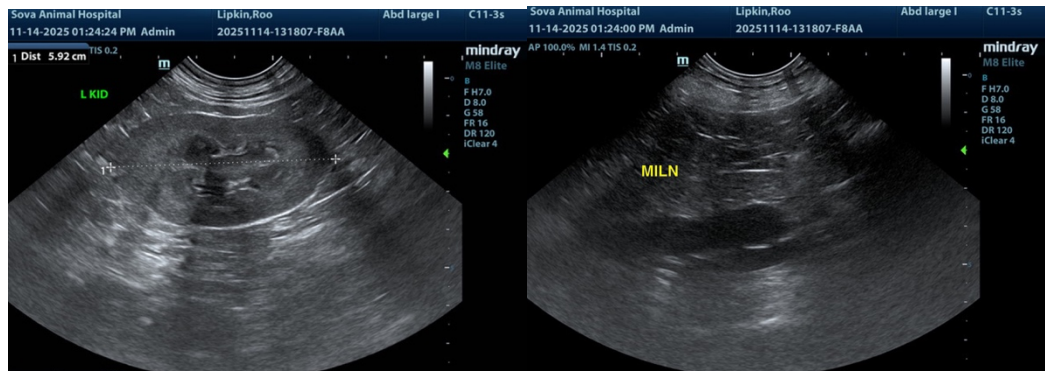
No omental masses, significant lymphadenopathy or evidence of peritoneal effusion noted. Generalized normal omental echogenicity present.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with mild medullary mineral
- Sonographically normal liver/spleen
- Strongly shadowing gastric content

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary or metastatic abdominal neoplastic criteria or tumors. The strongly shadowing gastric content is nonspecific with potential dense ingesta yet with primary concern for non-obstructive gastric foreign body. Correlation with most recent meal ingestion and current gastrointestinal signs is indicated if reported fasted. Documented 12-hour fast and sonographic reassessment of the stomach is indicated with gastrotomy if persistent strongly shadowing gastric content. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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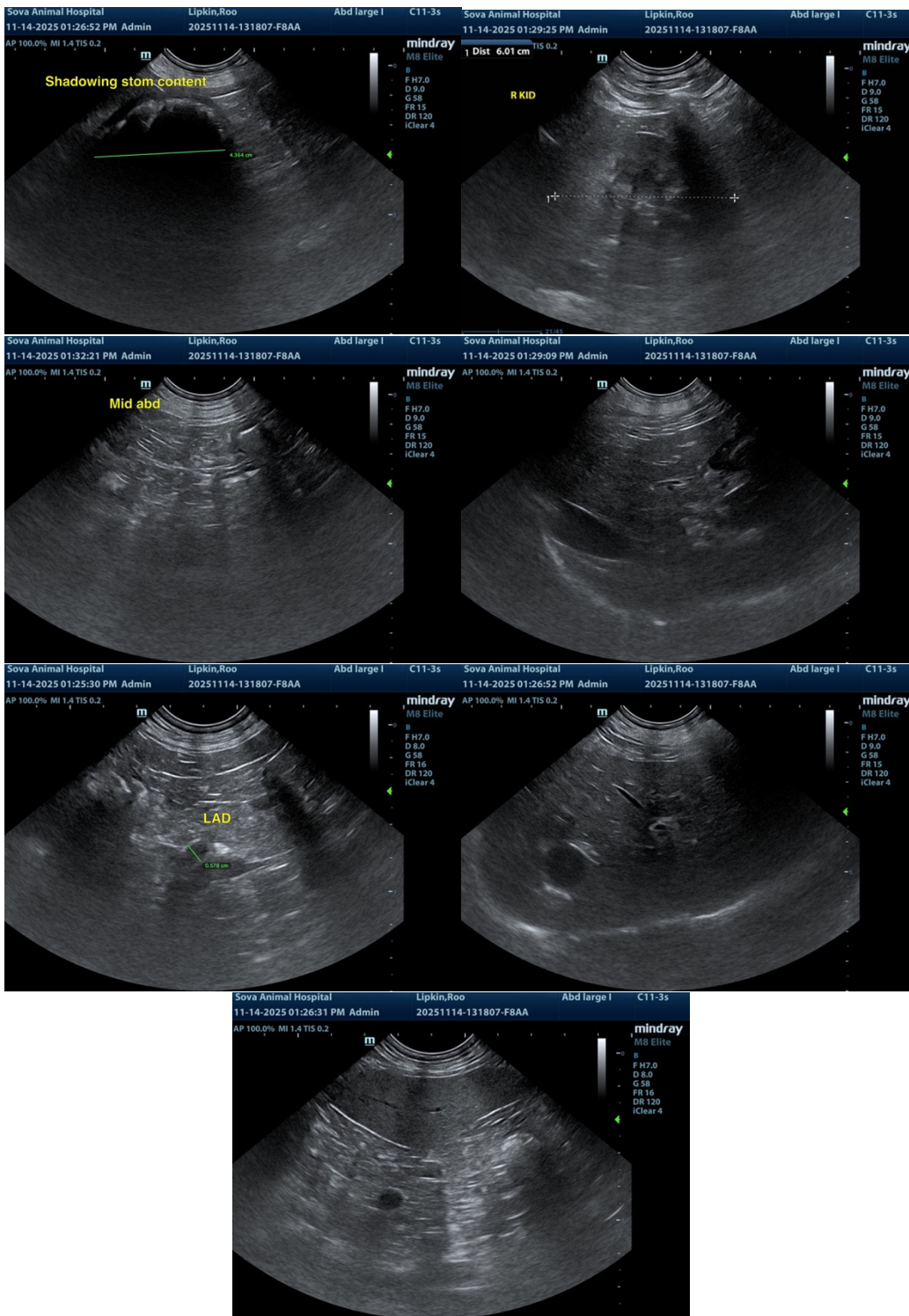
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

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