



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Joey Sterlington	hematuria x 1 week, Abnormal PE/Chem/CBC/UA Results: cbc chem normal UA; hematuria
<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 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.
Boxer	
<b>SEX</b>	No evidence of pathology associated with the residual prostate.
Neutered Male	No evidence of medial iliac or sublumbar lymphadenopathy.
<b>AGE</b>	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm. The right kidney measured 7.0 cm.
10 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
91 Pounds	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm at the caudal pole.
	The right adrenal gland was not definitively visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Brita Kiffney	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Northshore Vet Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing, suggestive post prandial presentation without signs of ileus, obstruction or foreign material.
<b>REFERRING VET</b>	
Dr. Brita Kiffney	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>INVOICE</b>	
42888	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>DATE</b>	
11/19/22	



**PATIENT**

Joey Sterlington

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

91 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

**HOSPITAL NAME**

Northshore Vet  
Hospital

**REFERRING VET**

Dr. Brita Kiffney

**INVOICE**

42888

**DATE**

11/19/22

**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**

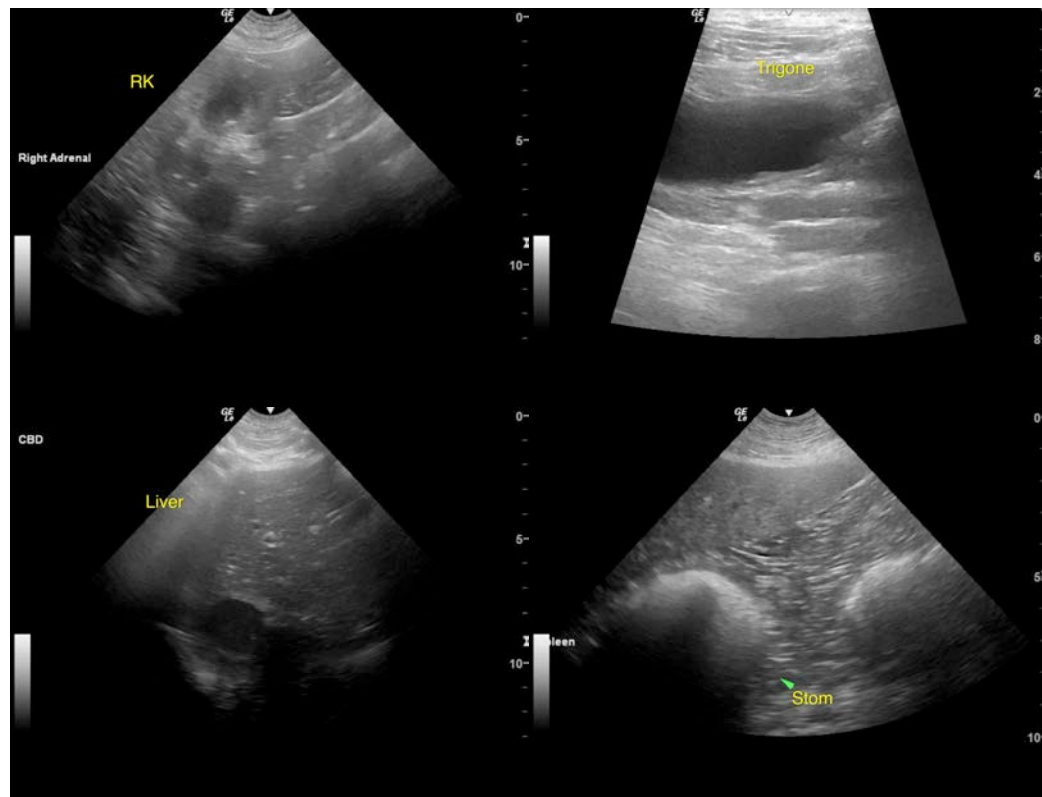
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild age related kidneys
- Sonographically unremarkable urinary bladder, area of residual prostate, and visible proximal urethra

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of overt upper or lower urinary tract or residual prostatic pathology as an obvious cause of the patient's hematuria. Urine culture and sensitivity on sterile urine sample recommended if not done. Correlation with BRAF assay recommended. Thorough examination of the prepuce and penis suggested if not already done.





**PATIENT**

Joey Sterlington

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

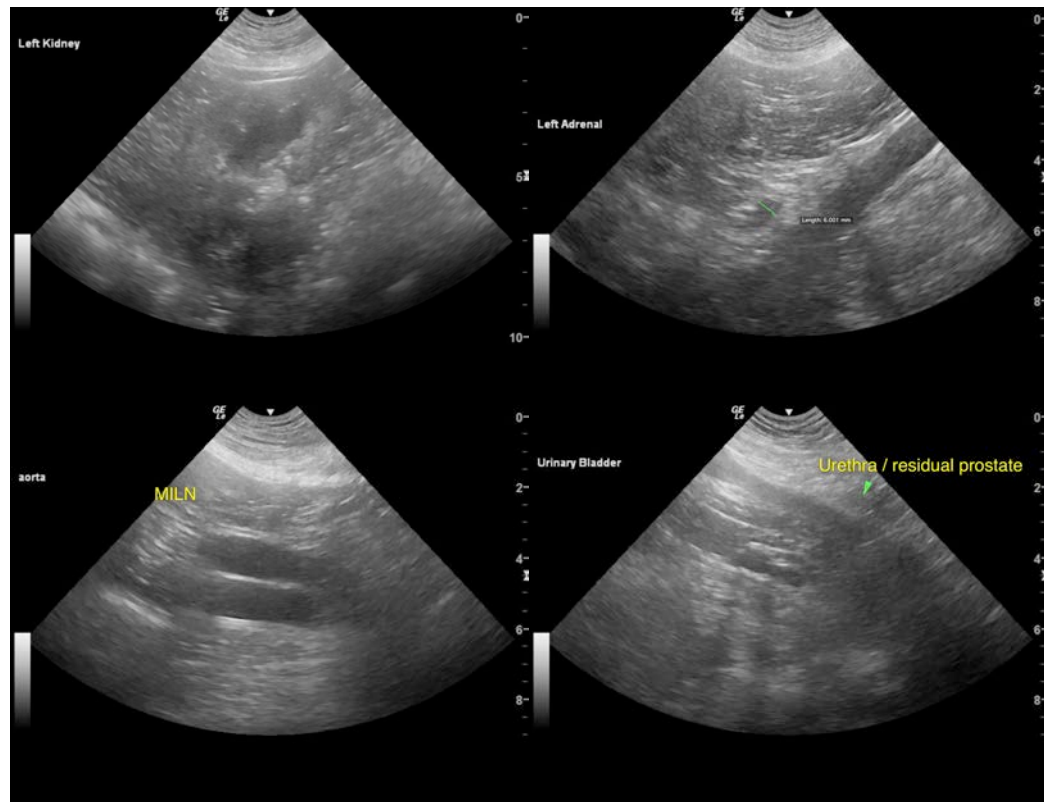
Neutered Male

**AGE**

10 Years

**WEIGHT**

91 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

**HOSPITAL NAME**

Northshore Vet  
Hospital

**REFERRING VET**

Dr. Brita Kiffney

**INVOICE**

42888

**DATE**

11/19/22

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