



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Hazel Rengifo	mass removal consult Abnormal PE/Chem/CBC/UA Results: fna- mct
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Australian Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Multiple, variably sized, hyperechoic, calculi with distal acoustic shadowing were present in the dependent lumen. Suspect focal areas of likely adhered mineral to the ventral to ventroapical urinary bladder wall were present. An example of a calculus measured 1.8 cm in diameter. The ventral urinary bladder wall width measured 0.72 cm in width. No overt indication of urinary bladder neoplastic criteria was noted.
<b>SEX</b>	
SF	The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy.
<b>AGE</b>	
9 years	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 7.0 cm in length. The right kidney measured 7.3 cm in length.
<b>WEIGHT</b>	
84.6 lbs.	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.65 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Michaleen	<b>Liver/ Gallbladder</b>
<b>HOSPITAL NAME</b>	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.
DPC VH	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach presented intact wall layering with a normal wall layer ratio. Mild gastric ingesta / chyme was present. No signs of ileus, obstruction, or foreign material was noted.
Dr. Loduca	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental Intestinal ingesta / chyme was present. No signs of ileus, obstruction, or foreign material were noted.
<b>INVOICE</b>	
12827	
<b>DATE</b>	
12/15/21	



**PATIENT**

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

Hazel Rengifo

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Australian Mix

No omental masses, lymphadenopathy or peritoneal effusion were present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

SF

**Primary Findings**

**AGE**

- Multiple cystic calculi, potentially adhered mineral, and concurrent cystitis
- Otherwise sonographically unremarkable abdomen

9 years

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

84.6 lbs.

No overt evidence of intraabdominal metastasis from the diagnosed mast cell tumor was present. Cystotomy, urine C/S on a sterile urine sample +/- urinary bladder mural biopsies for histopathology and tissue C/S are recommended.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC VH

**REFERRING VET**

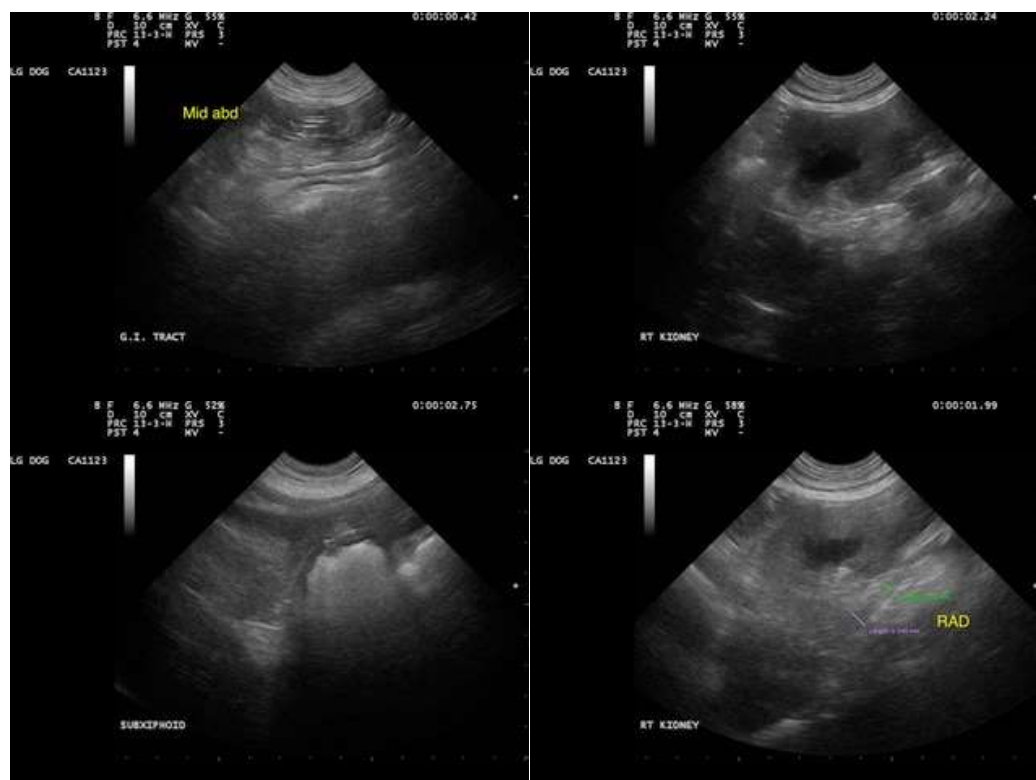
Dr. Loduca

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**PATIENT**

Hazel Rengifo

**SPECIES**

Canine

**BREED**

Australian Mix

**SEX**

SF

**AGE**

9 years

**WEIGHT**

84.6 lbs.

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Michaleen

**HOSPITAL NAME**

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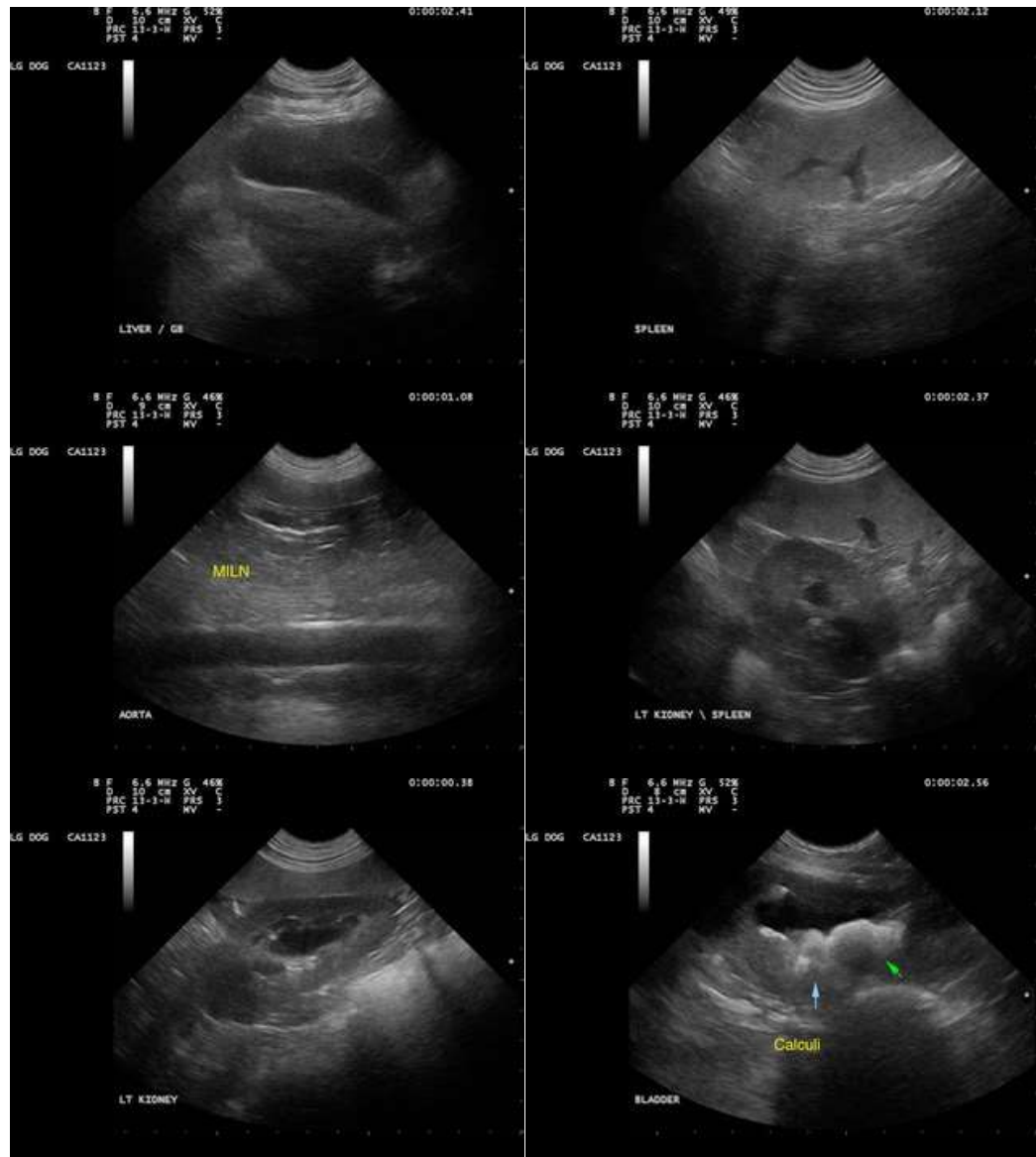
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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