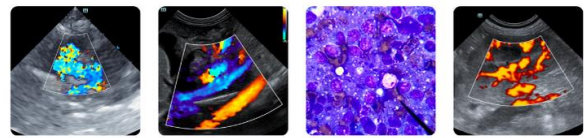


PATIENT	PRESENTING CLINICAL SIGNS
Aslan Oakes	Clinical Exam Findings: DENTAL CALCULI ABNORMAL Labwork Values CBC/ CHEM/ T4/ UA WNL ECG-SUPERVENTRICULAR ARRHYTHMIA For ECHO Only: Blood Pressure 150 AVG HR/RR/BP: 150/ PANT/ 150 Is there a Heart Murmur? If so, please grade. NO Current Medications NONE Radiographic Findings NONE Notes to Specialist (if any) PRE OP WORK UP FOR DENTAL CLEANING
SPECIES	
Canine	
BREED	
Bernese Mountain Dog	
SEX	
MN	
AGE	
5 yrs	
WEIGHT	
93.4 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
	The residual prostate was free of pathology.
	No evidence of pathology in the area of the aortic trifurcation.
	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 5.9 cm in length. The right kidney measured 6.0 cm in length.
	Adrenal Glands
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.88 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Sara Hansen	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.
HOSPITAL NAME	Liver/ Gallbladder
Edgewood AC	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 containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Callahan	
INVOICE	
10467	
DATE	
12/16/25	



PATIENT

Aslan Oakes

SPECIES

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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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.

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

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

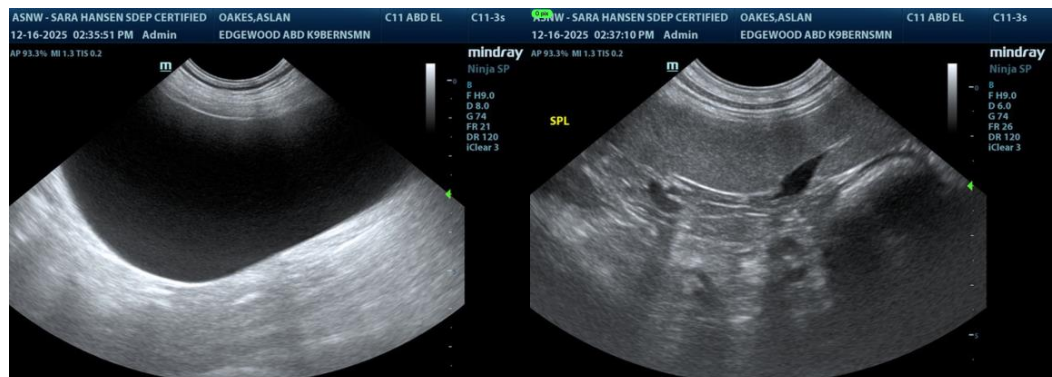
- Sonographically normal abdomen

Secondary Findings

- Mild nonorganized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of abdominal visceral pathology. There are no intrabdominal anesthetic contraindications.





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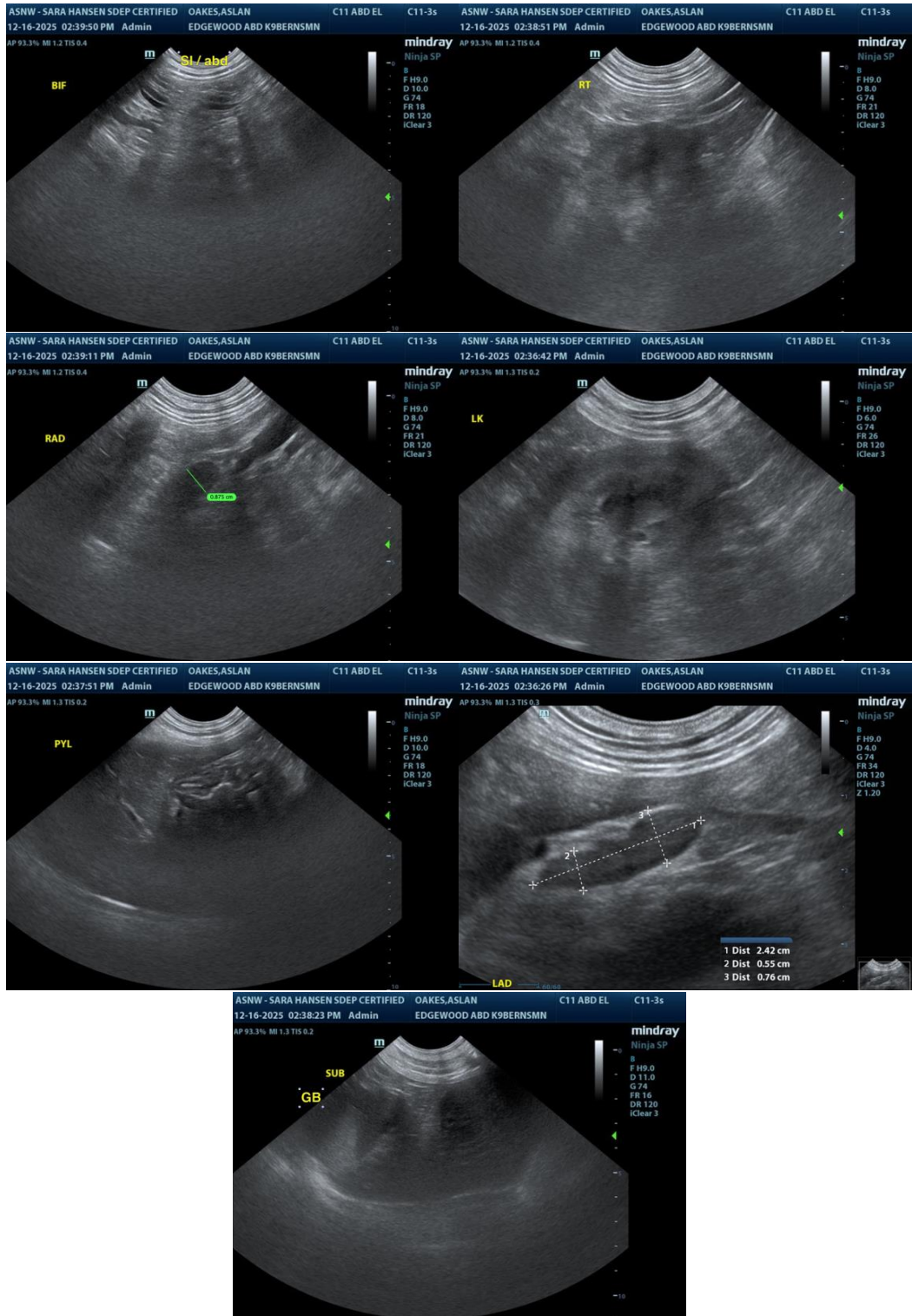
Dr. Callahan

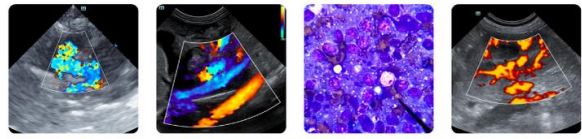
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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