



PATIENT	PRESENTING CLINICAL SIGNS
Sky Blackman	vomiting bile, decreased appetite
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
Maltese Mix	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 mild loss of corticomodullary symmetry and definition expected for the age of the patient. Mild areas of focal medullary mineral were present primarily in the bilateral lateral diverticuli. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length
SEX	The area of the aortic trifurcation was free of pathology.
FS	Adrenal Glands
AGE	A mildly expansive irregular, hyperechoic nodule was present in the caudal left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.82 cm x 0.74 cm. The left adrenal gland measured 0.97 cm width at the caudal pole and 1.9 cm length.
11	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.1 cm length and 0.55 cm width in the caudal pole.
WEIGHT	Spleen
15.5	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.
INTERPRETED BY	Liver/Gallbladder
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 with mild non-organized echogenic debris in the cranial lumen. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	Gastrointestinal
Jenn	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained variably echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.30 cm in width.
HOSPITAL NAME	
Rockaway Animal Hospital	
REFERRING VET	
Dr. Maniar	
INVOICE	
12538ag	
DATE	
12/26/2022	



PATIENT

Sky Blackman

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. The duodenum wall measured 0.32 cm in width.

SPECIES

Canine

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 was evident.

BREED

Maltese Mix

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Mildly irregular non-mineralized caudal left adrenal nodule-adenomatous changes, benign hyperplasia, potential for emerging neoplasia possible
- Sonographically unremarkable GI tract with mild retained non-shadowing gastric ingesta/chyme
- Non-obstructive bilateral renal medullary mineral/small renoliths

AGE

11

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect mild gastroenteritis although dietary intolerance / food hypersensitivity, occult parasitism, or low grade to chronic pancreatitis both of which may appear sonographically normal are all potential contributing factors. No indication for immediate surgical intervention. Empirical therapy for gastroenteritis would be reasonable. A screening BP is advised to assess for evidence of hypertension which may allude to emerging left adrenal neoplastic criteria i.e. pheochromocytoma. Ideally sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 4-6 weeks is suggested.

WEIGHT

15.5

INTERPRETED BY

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

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Jenn

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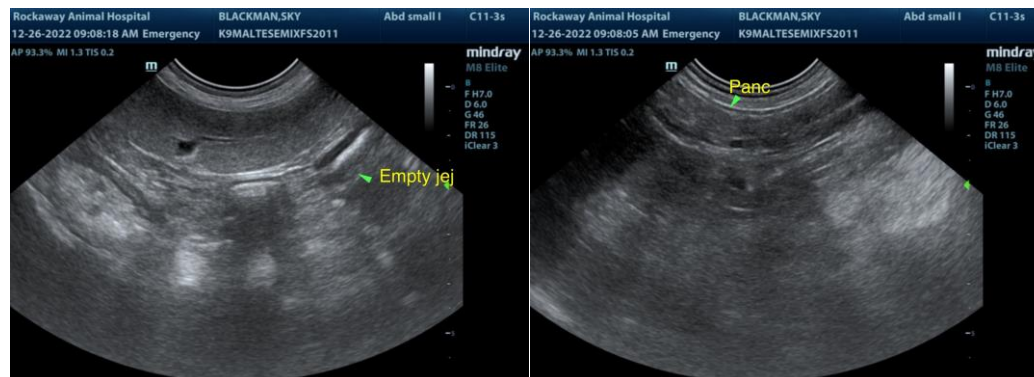
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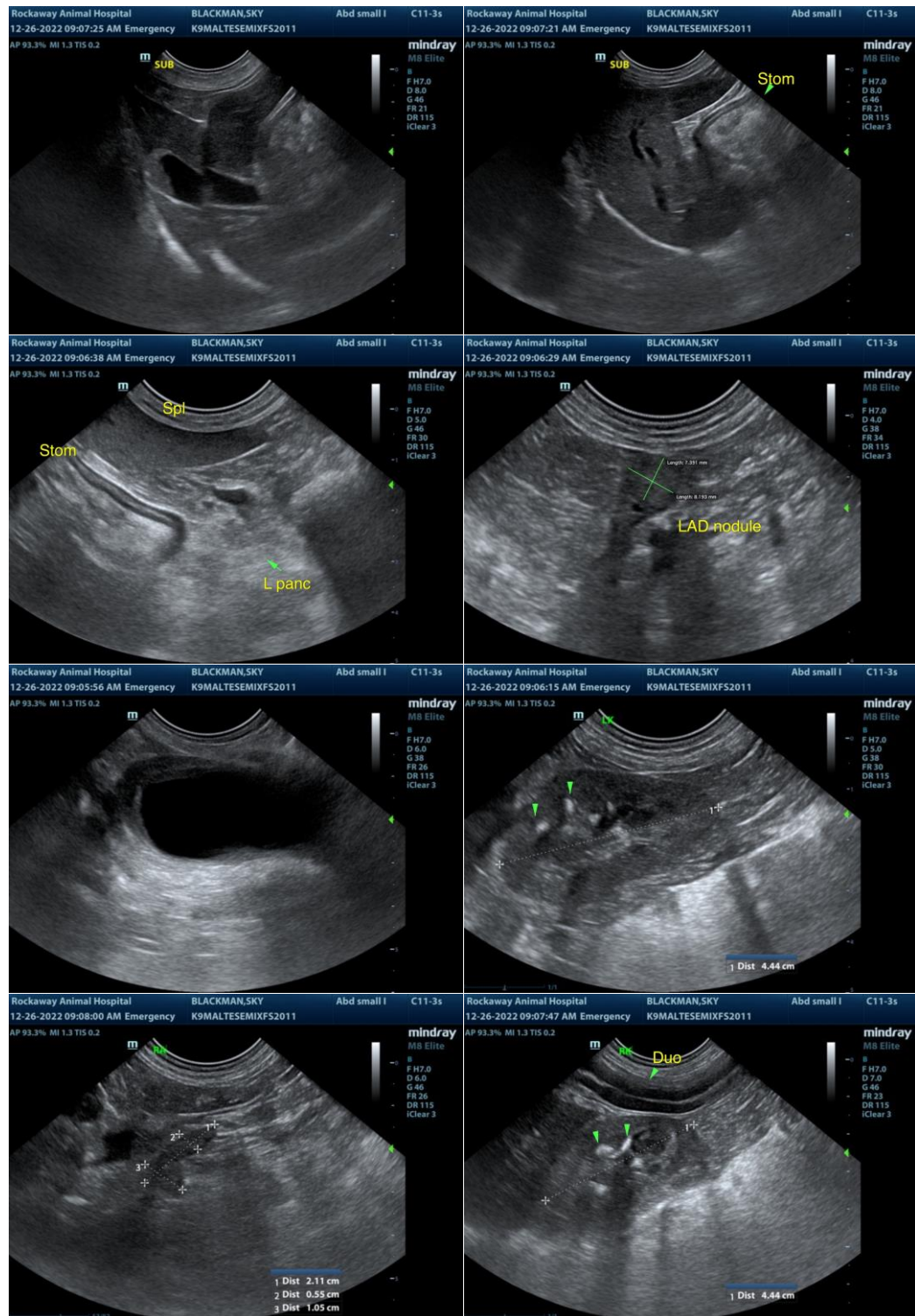
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

Canine

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

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Maltese Mix

SEX

FS

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