



PATIENT

Akira Hays

SPECIES

Canine

BREED

Alaskan Malamute

SEX

Spayed Female

AGE

7 Years 4 Months

WEIGHT

95 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Kingston Animal
 Hospital

REFERRING VET

Dr. Alden

INVOICE

14597

DATE

03/25/26

PRESENTING CLINICAL SIGNS

- lower urinary tract signs.
- stranguria
- pollakiuria
- started and on 3/16/26
- carprofen and gabapentin for limping

Abnormal PE/Chem/CBC/UA Results: U/A: increased wbc and blood. Struvite crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The trigone and cystourethral junction were free of pathology. The urethra was normal in structure and tone to a depth of 3.0 cm. Mild primary thickening of the ventral apical and dorsal urinary bladder wall was present. Mild asymmetrical luminal surface with dependent to likely adhered mineral and small to variably sized lumen calculi and nondependent particulate to accumulated sediment and nondependent hyperechoic mineral. The urinary bladder wall measured 0.66 cm ventral apical wall width.

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 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 pyelectasia. The left kidney measured 7.0 cm in length. The right kidney measured 7.5 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 0.69 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to patient's size and adrenal depth.

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 & Gallbladder

The liver was normal to possible borderline subnormal in size. 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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta was present.

Alaskan Malamute

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

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Pancreas

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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.

AGE

Free Abdomen

7 Years 4 Months

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

95 pounds

- Cystitis pattern with luminal adhered mineral/calculi and moderate dependent urine sediment.
- Normal bilateral kidneys.
- Subjective borderline subnormal liver size- nonspecific.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Urine culture and sensitivity on a sterile urine sample is recommended. Cystotomy with urinary bladder flush, calculi analysis with suggested urinary bladder wall biopsy for histopathology and tissue culture/sensitivity is warranted. Urinary bladder neoplastic criteria considered unlikely given pattern of thickened urinary bladder wall, yet screening BRAF assay could be considered.

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The subjective borderline subnormal liver is likely a patient variant. Bile acid profile is recommended if elevated hepatic enzymes or evidence of hepatic dysfunction.

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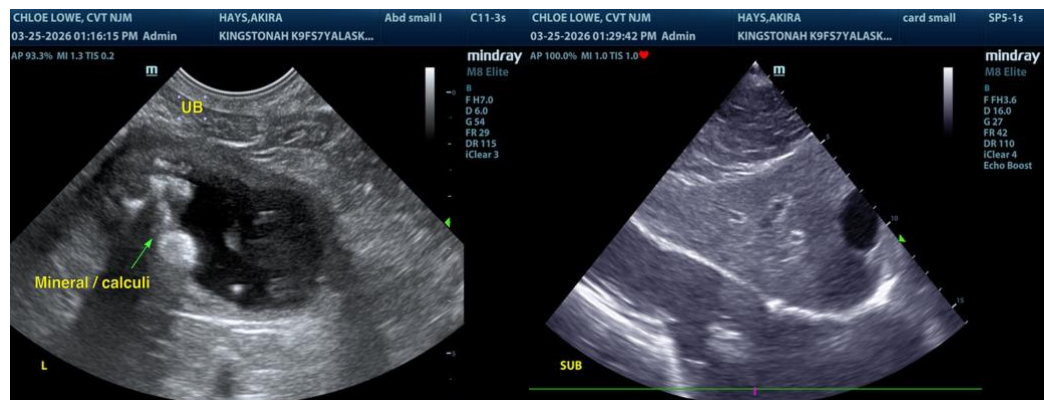
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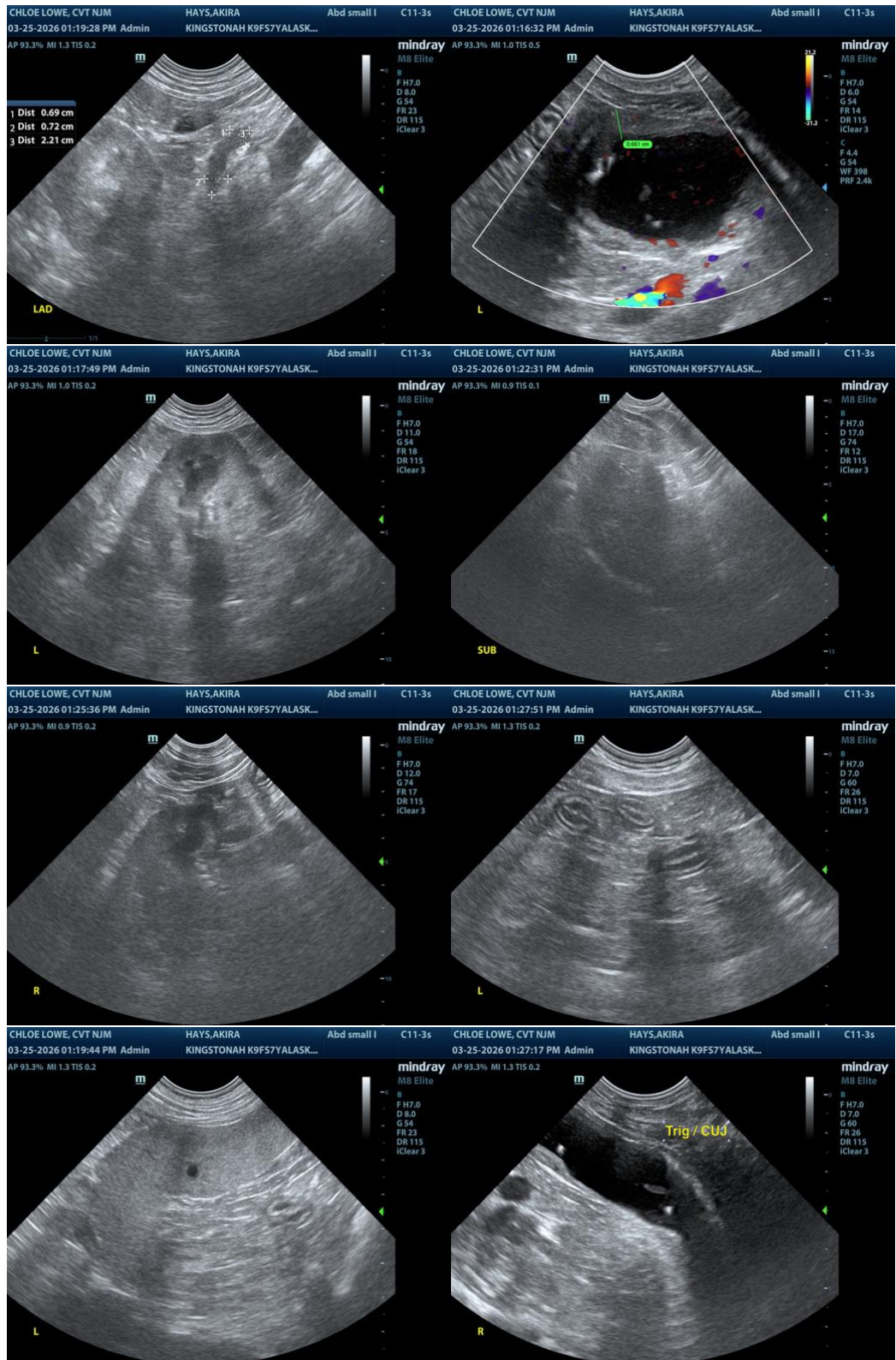
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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