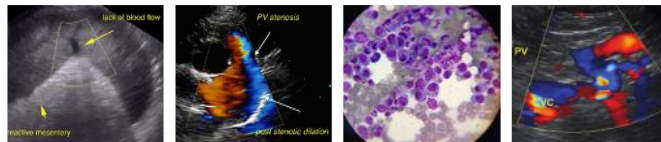


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zoey Jouravlev	Hx of recurring UTI's increased ALP prev Lyme positive
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	A sessile based mass with asymmetrical margination was present in the cranial bladder wall extending into the mid to cranial bladder lumen and measured 3.0 cm x 1.3 cm. The parenchyma of the mass was non-homogenous with focal echogenic foci and mineralization. Color Doppler assessment of the mass was not obtained. 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.
Beagle Mix	
<b>SEX</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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or hydronephrosis was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.5 cm in length.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
10	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
54	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.67 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.80 cm width at the caudal pole.
<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/Gallbladder</b>
Jenn	The liver exhibited generalized enlargement. A moderately sized non-homogenous hyperechoic to mixed echogenic mass occupying the majority of the mid caudal liver extending into the area of the gastric axis was present. Suspect mild gastric impingement was noted. The mass measured ~ 9.0 cm in diameter. The gallbladder was indistinctly visualized, suspect mild non-organized echogenic gallbladder debris.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Rockaway Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio and mild gastric displacement secondary to the liver mass. The lumen of the stomach contained mild echogenic ingesta with no signs of ileus, obstruction or foreign material.
<b>REFERRING VET</b>	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.
Dr. Maniar	
<b>INVOICE</b>	
13310ag	
<b>DATE</b>	
03/28/2023	



**PATIENT**

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

Zoey Jouravlev

**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 was evident.

Canine

**Free Abdomen**

**BREED**

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

Beagle Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Urinary bladder mass lesion-highly suspicious of neoplastic criteria i.e., transitional cell carcinoma or other. Potential for blood clot or regional significant cystitis considered less likely.
- Bilateral chronic renal changes.
- Heterogenous non-uniform liver with moderately sized non-homogenous mass-benign vs malignant/metastatic etiologies possible.

FS

**AGE**

10

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

54

A screening BRAF assay as well as cytospin cytology of free catch urine sample to assess for atypical or neoplastic transitional cells is recommended. Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and hepatic mass FNA for screening cytology is warranted for further assessment.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

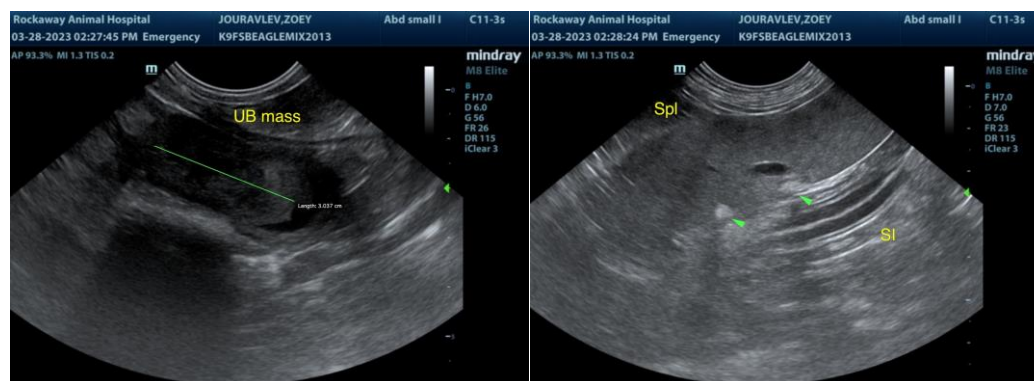
**INTERPRETED BY**

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

Traumatic catheterization of the urinary bladder mass as well as core surgical biopsy of the hepatic parenchyma and hepatic mass is likely required for a definitive diagnosis.

**IMAGING PERFORMED BY**

Jenn



**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

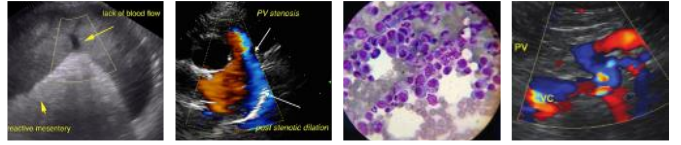
Dr. Maniar

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**DATE**

03/28/2023



**PATIENT**

Zoey Jouravlev

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

FS

**AGE**

10

**WEIGHT**

54

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

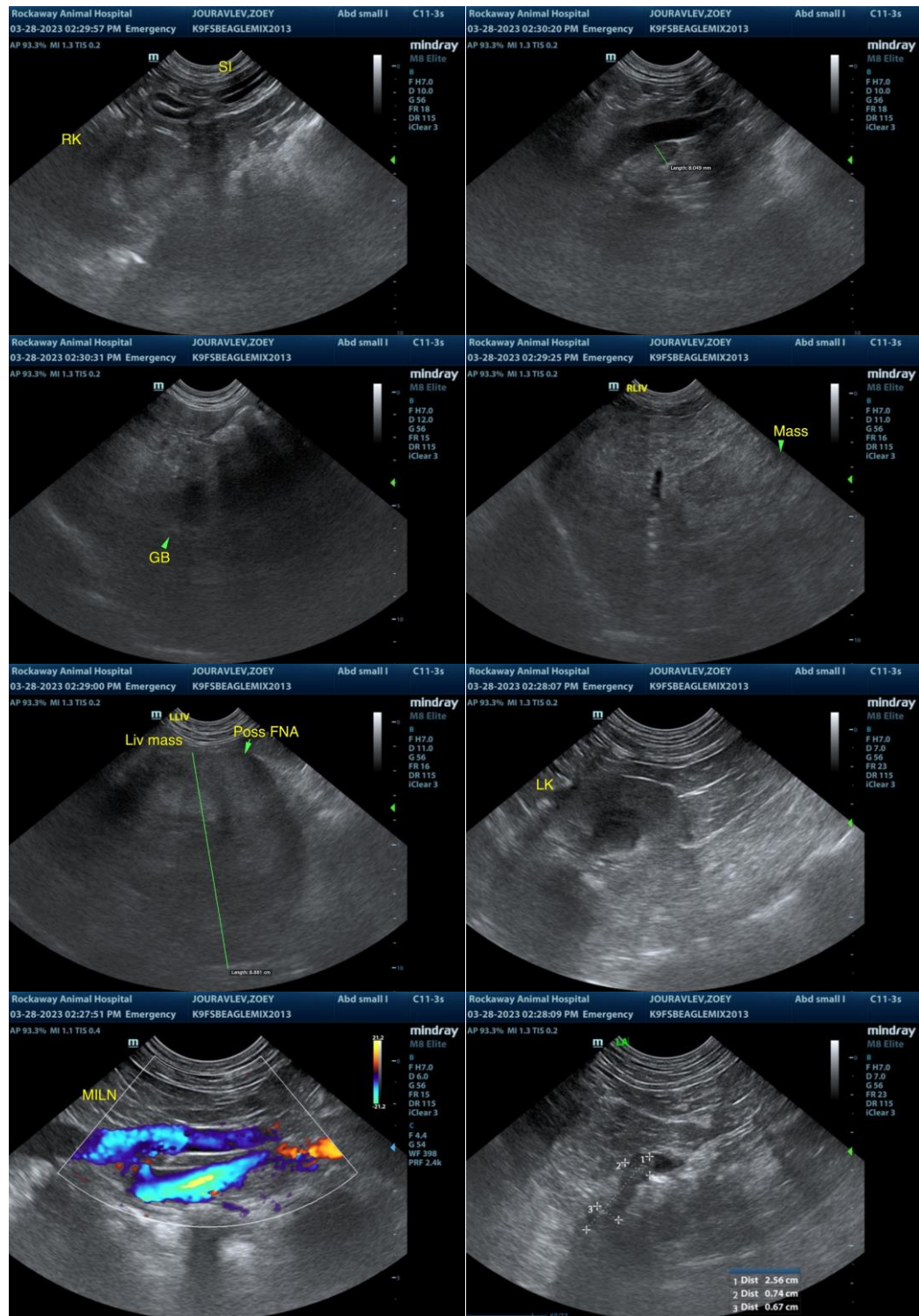
Dr. Maniar

**INVOICE**

13310ag

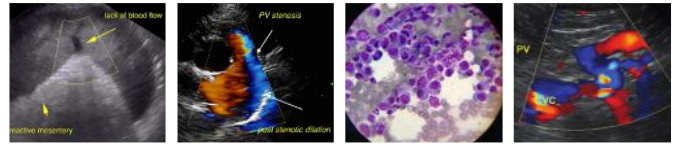
**DATE**

03/28/2023



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



**PATIENT**

can be of any further assistance, please contact me.

Zoey Jouravlev

**SPECIES**

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[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

Canine

**BREED**

Beagle Mix

**SEX**

FS

**AGE**

10

**WEIGHT**

54

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

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03/28/2023