



PATIENT

Maggie Graham-Aquillino

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

13

WEIGHT

101

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

15045

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Went outside to urinate produced a blood clot with no urine.

Abnormal PE/Chem/CBC/UA Results: RBC 5.29 HCT 34.4% proteinuria , hematuria WBC's and RBC's present , bacteria and rods present USG 1.025 Hx of splenectomy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild asymmetrically thickened apical urinary bladder wall measuring 0.65 cm wall width. No evidence of pathology in the area of the trigone, or cystourethral junction. The visible pelvic urethra to a depth of 3.0 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 change were noted.

No evidence of pathology in the area of the uterine remnant.

Normal size and margination was 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 pyelectasia was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.2 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 0.82 cm width at the caudal pole.

No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen was not visualized owing to previous splenectomy. No pathology in the area of the splenic fossa.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild thickened apical urinary bladder wall with anechoic urine.
- Normal visible proximal urethra.
- Bilateral mild chronic renal changes.
- Nonvisualized spleen- previous splenectomy.
- Mild hepatomegaly- subjective benign.
- Mild nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly thickened apical urinary bladder wall suggests cystitis criteria given pattern of wall thickening. No evidence of neoplastic criteria, which is thought less likely. Correlation with urine culture and sensitivity on sterile urine sample +/- screening BRAF assay. Assessment of clotting status and systemic BP is suggested. Sonographic monitoring of the urinary bladder for evidence of progressive wall thickening is recommended. Correlation with full lab work to assess hepatic enzymes is suggested.





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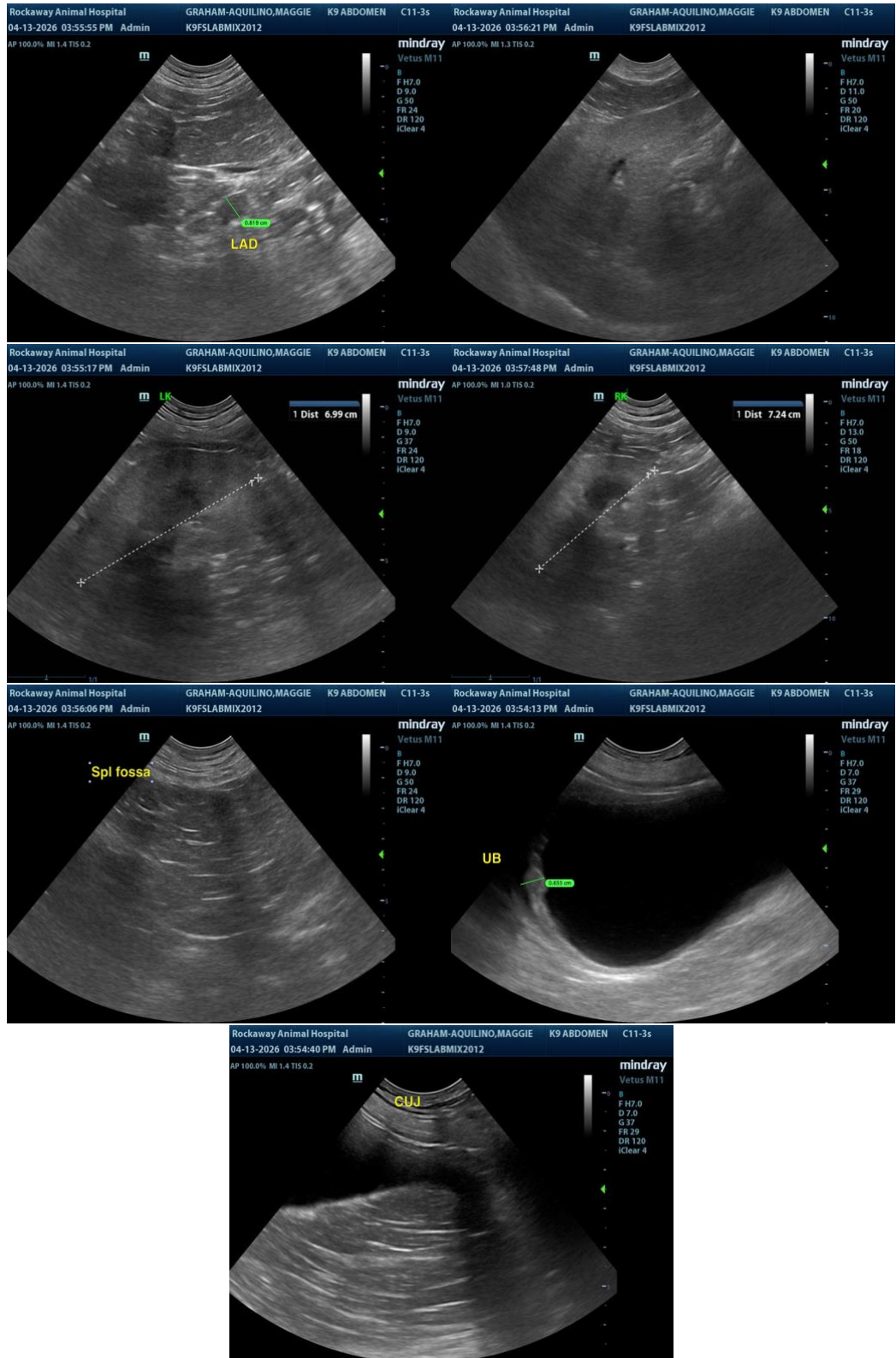
Dr. Maniar

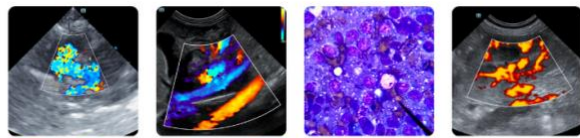
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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