



## PATIENT

Maggie Graham-Aquilino

## SPECIES

Canine

## BREED

Lab x

## SEX

Spayed Female

## AGE

13

## WEIGHT

101

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

74612

## DATE

4/19/26

## PRESENTING CLINICAL SIGNS

Recheck prev u/s 4/13

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder presented subtle subjective mild thickened apical wall exhibiting symmetrical luminal surface, measuring 0.55 cm in wall width. No evidence of tumors. Anechoic urine was present in the lumen with no uroliths or sediment. The trigone and cystourethral junction were free of pathology. Normal urethra to a depth of 3.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted in the left kidney. Left kidney measured 6.2 cm. Right kidney measures 6.03 cm.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measures 0.78 cm. Right measures 0.84 cm.

### *Spleen*

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

### *Liver*

The liver presented 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, non-organized debris. 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.

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.



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**Free Abdomen**

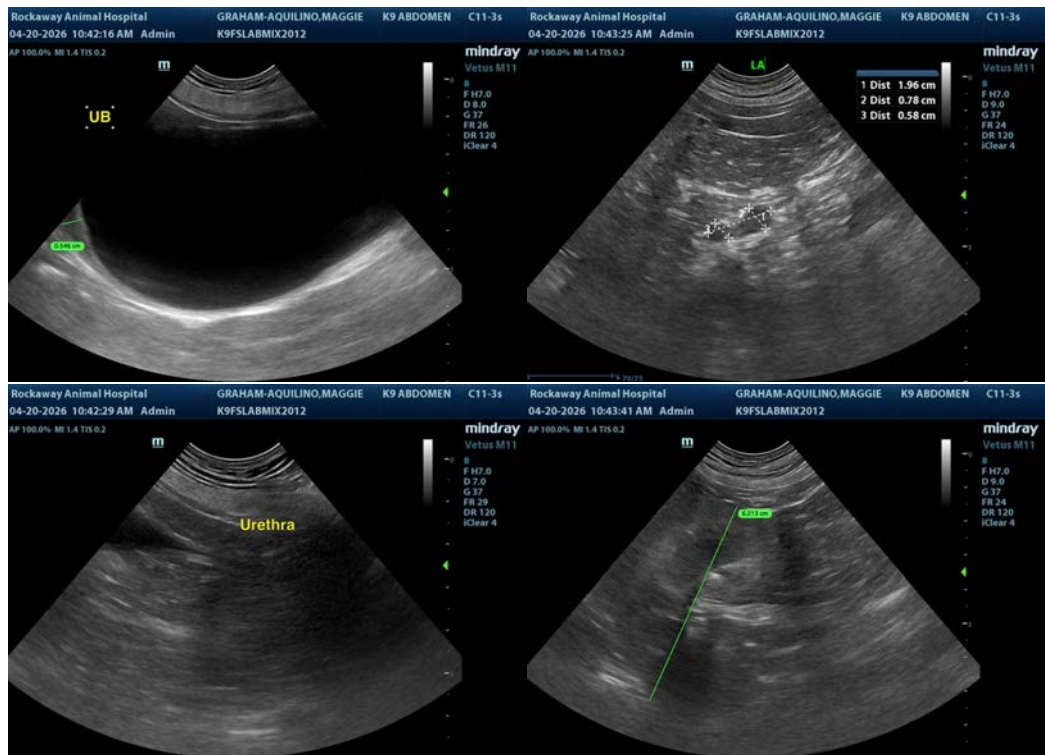
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Persistent yet reduced mildly thickened apical bladder wall with symmetrical lumen surface contour.
- Static mild chronic renal changes with minor left kidney pyelectasia.
- Non-visualized spleen (previous splenectomy).
- Static benign hepatomegaly.
- Static non-organized gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect mild to resolving cystitis without evidence of urinary bladder neoplastic criteria, tumors, or calculi. The minor left kidney pyelectasia is non-specific and may be secondary to chronic renal changes or pelvic scarring. If recurrent hematuria, urine culture and sensitivity on sterile urine sample and sonographic monitoring of the urinary bladder would be indicated.





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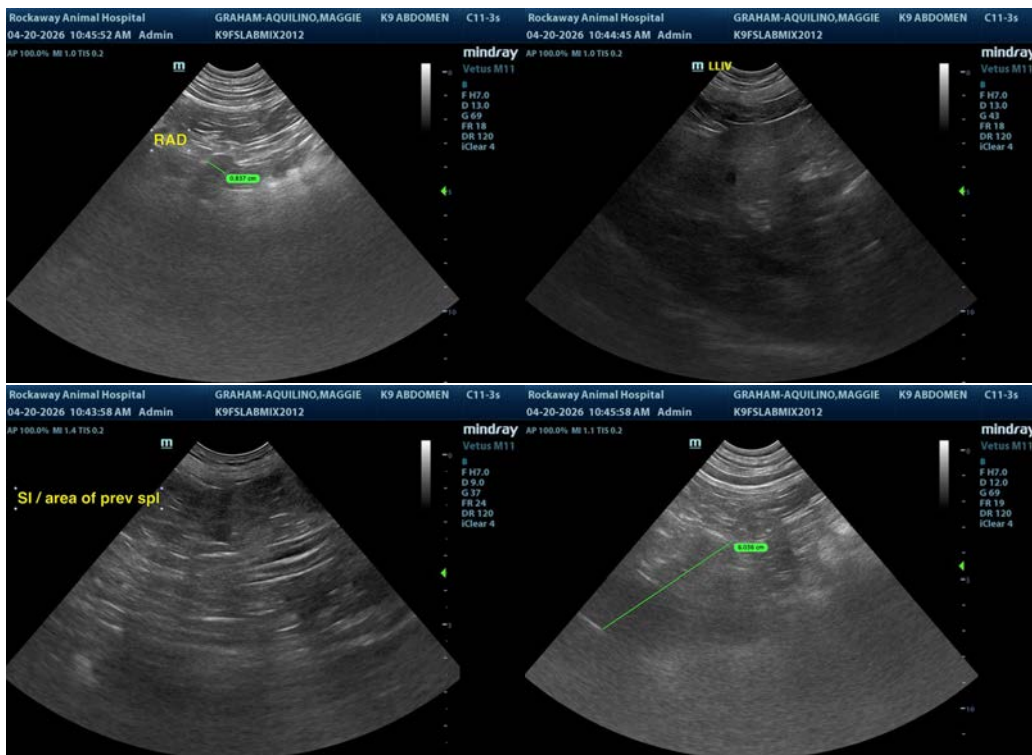
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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