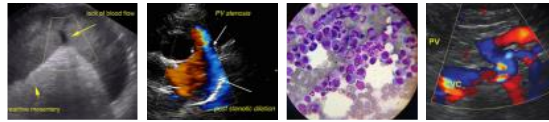




PATIENT	PRESENTING CLINICAL SIGNS
Juno Nicholson	BAR, opinionated, did attempt to bite/nip anytime she didn't like something EENT: MM pink, moist. CRT <2 seconds. Clear OU, Clean AU. Nares free of any discharge. - did not allow close examination of face, did try to turn and bite/nip ORAL: Unremarkable - all adult teeth INTEGUMENT: No external parasites observed. No evidence of skin disease at this time. LYMPH NODES: Lymph nodes are small and of normal texture CIRCULATORY: No murmur or arrhythmia ausculted. Femoral pulses are strong and synchronous. RESPIRATORY: Eupneic. Lungs clear bilaterally. No cough on tracheal palpation. DIGESTIVE: Discomfort on abdominal palpation GENITOURINARY: No significant findings. MUSCULOSKELETAL: Ambulatory x all 4. NEURO: No neurologic deficits noted at this time. OTHER:
SPECIES	
Canine	
BREED	
Australian Shepherd	
SEX	Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings N/a Current Medications N/a Radiographic Findings suspected linear foreign body
FI	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
6mo	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.
WEIGHT	
31lb	Normal size and margination were 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 pelvic dilation. The left kidney measured 5.4 cm in length. The right kidney measured 6.6 cm in length.
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the uterus and bilateral ovaries appeared normal and free of pathology.
IMAGING PERFORMED BY	Adrenal Glands
Sara Hansen	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 2.7 cm length.
HOSPITAL NAME	Spleen
The Ark Veterinary Clinic	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.
REFERRING VET	Liver/Gallbladder
Dr. Hilberg	
INVOICE	
13422ag	
DATE	
04/05/2023	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



PATIENT

Juno Nicholson

normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and luminal gas with no signs of ileus, obstruction or foreign material.

BREED

Australian Shepherd

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, corrugation, obstruction or foreign material.

SEX

FI

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

AGE

6mo

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.

WEIGHT

31lb

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 3.0 cm x 0.8 cm.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract with minor retained gastric fluid, possible mild gastritis.

IMAGING PERFORMED BY

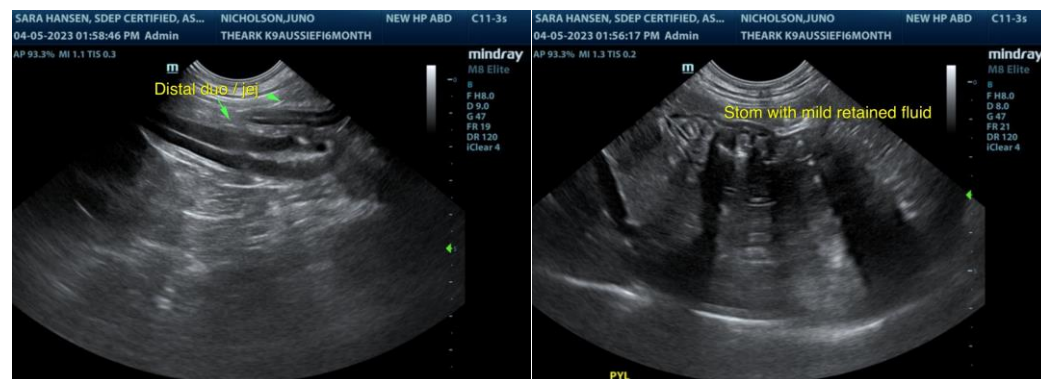
Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of GI obstructive or linear foreign body. If the patient is exhibiting clinical signs of gastritis, as needed gastroprotectants +/- dietary therapy may be considered. Broad spectrum deworming is suggested if not recently done. No indication for surgical intervention.

HOSPITAL NAME

The Ark Veterinary
Clinic



REFERRING VET

Dr. Hilberg

INVOICE

13422ag

DATE

04/05/2023



PATIENT

Juno Nicholson

SPECIES

Canine

BREED

Australian Shepherd

SEX

FI

AGE

6mo

WEIGHT

31lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

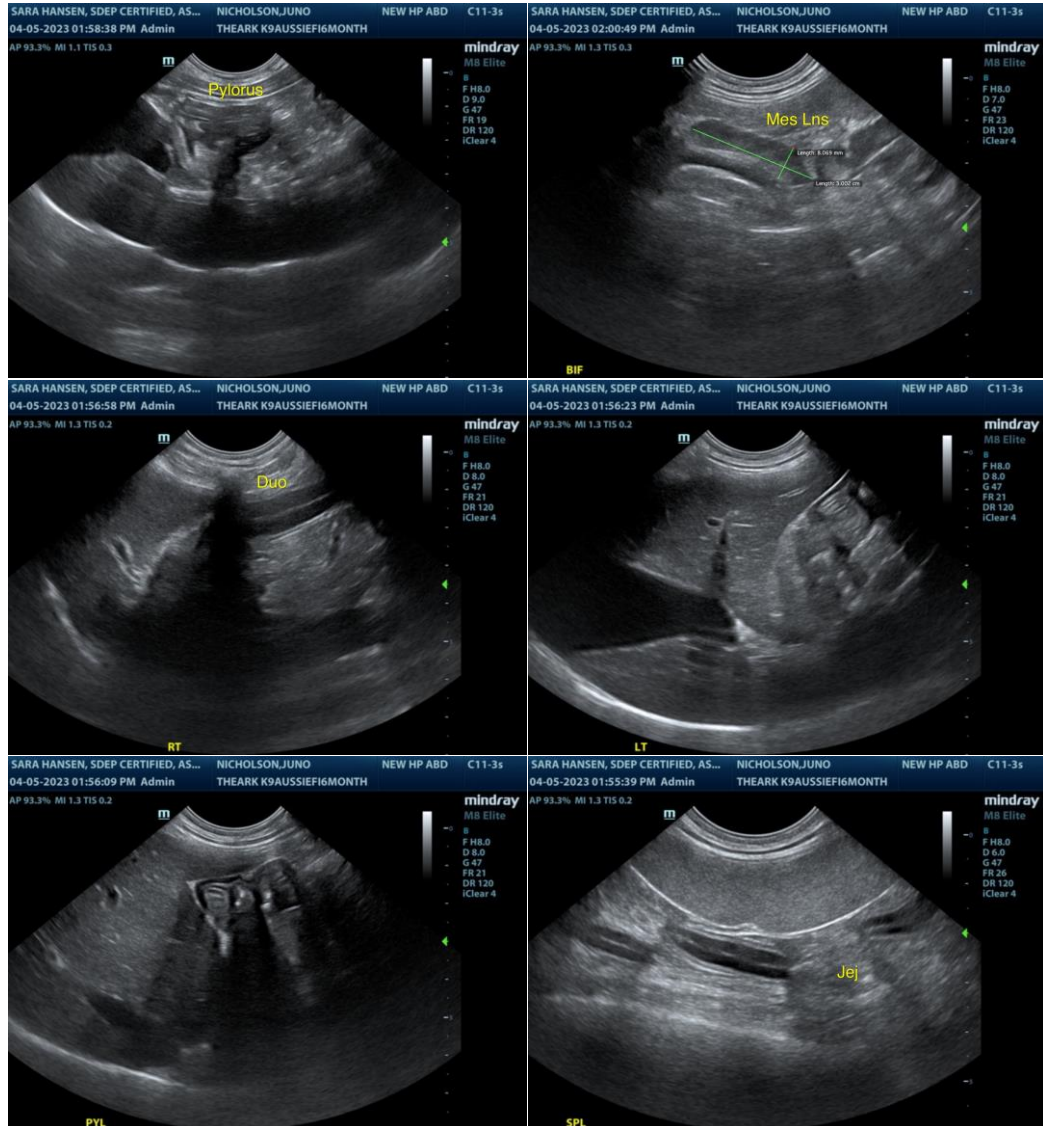
Dr. Hilberg

INVOICE

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DATE

04/05/2023





PATIENT

Juno Nicholson

SPECIES

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Australian Shepherd

SEX

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AGE

6mo

WEIGHT

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INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

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Clinic

REFERRING VET

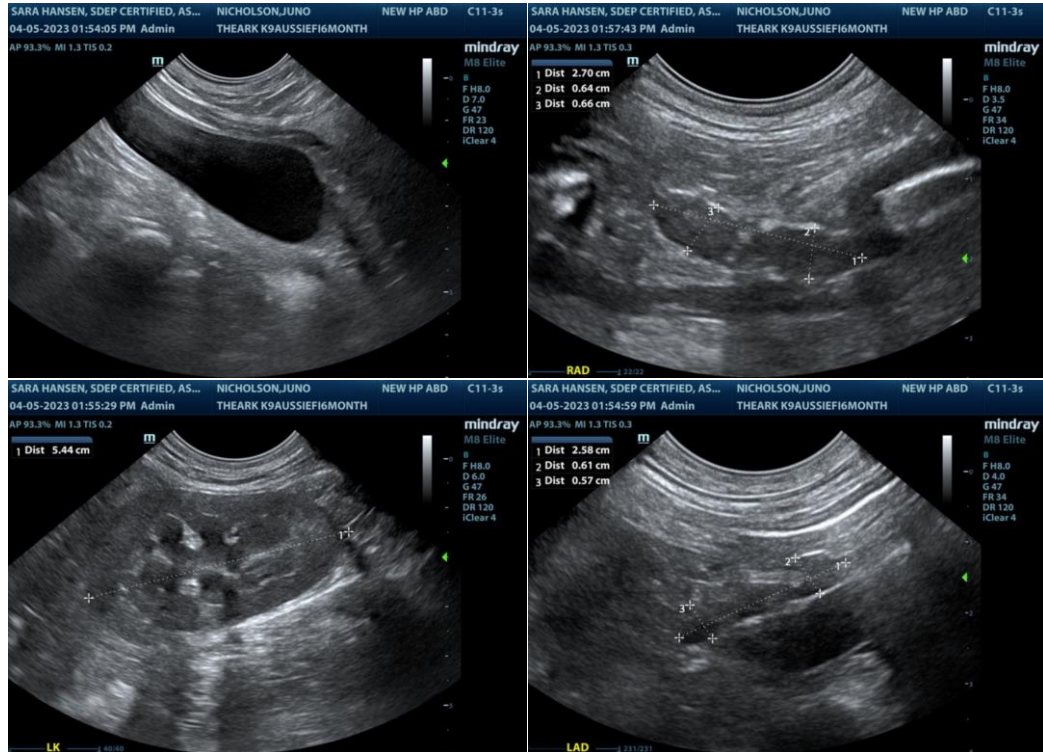
Dr. Hilberg

INVOICE

13422ag

DATE

04/05/2023



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 can be of any further assistance please contact me.

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

info@SonoPath.com