



PATIENT

Mokey MacLean

SPECIES

Canine

BREED

Shiba Inu Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Douglas Square Pet
Clinic

REFERRING VET

Dr. MacLean

INVOICE

16570

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Sx 8 months ago - splenectomy and mucocele done at referral facility. Confirmed HMS on histology of spleen. Two rounds of chemo. Follow up ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and 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.

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 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 was present. The left kidney measured 4.3 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.5 cm width in the caudal pole. The right adrenal gland measured 0.7 cm width in the caudal pole.

Spleen

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

Liver & Gallbladder

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 normal in appearance without signs of congestion.

The gallbladder was not visualized owing to previous cholecystectomy. No visible evidence of residual common bowel duct.

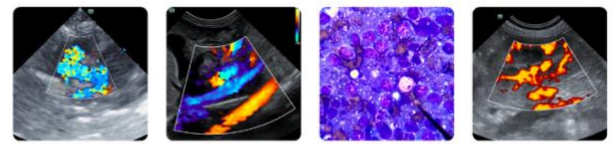
Gastrointestinal

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



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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.

Free Abdomen

Intermittent normal in size to mildly prominent 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 the lymph nodes measured 1.2 cm x 0.42 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver with absent gallbladder- previous cholecystectomy.
- Absent spleen- previous splenectomy.
- Age-related renal/adrenal changes.
- Intermittent normal to mildly prominent mesenteric lymph nodes- consistent with benign criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, specifically no evidence of recurrent primary or metastatic neoplasia. Sonographic monitoring of the lymph nodes, based on oncology recommendations, is indicated.

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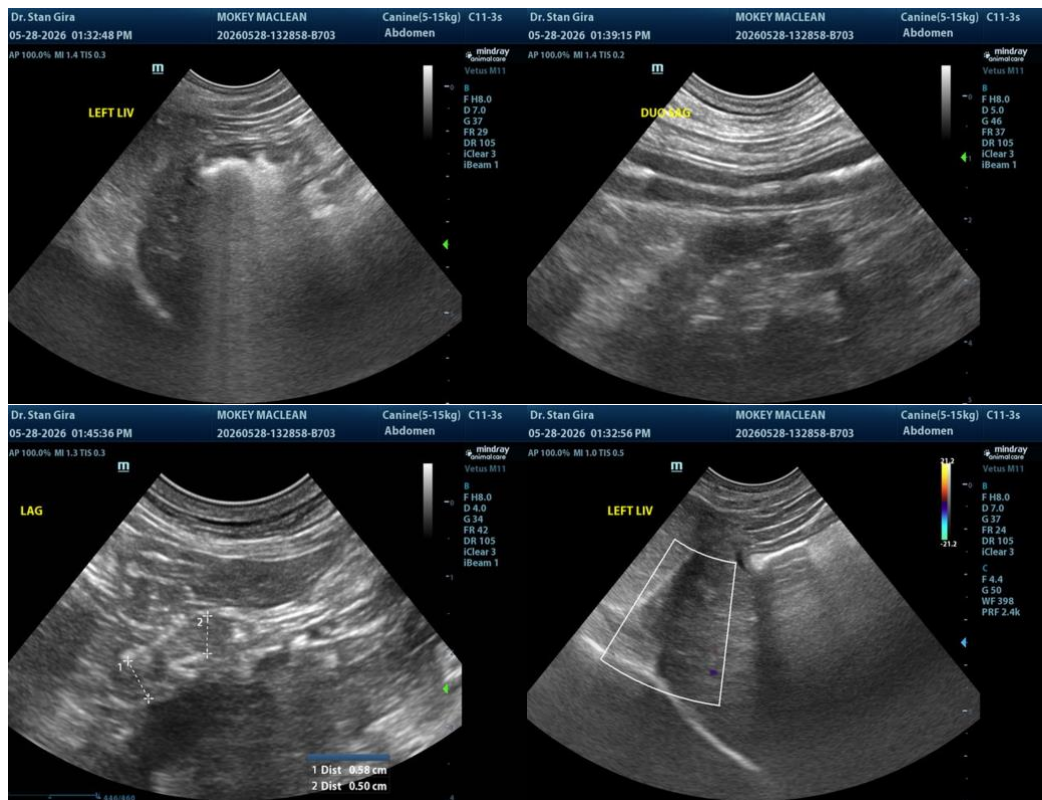
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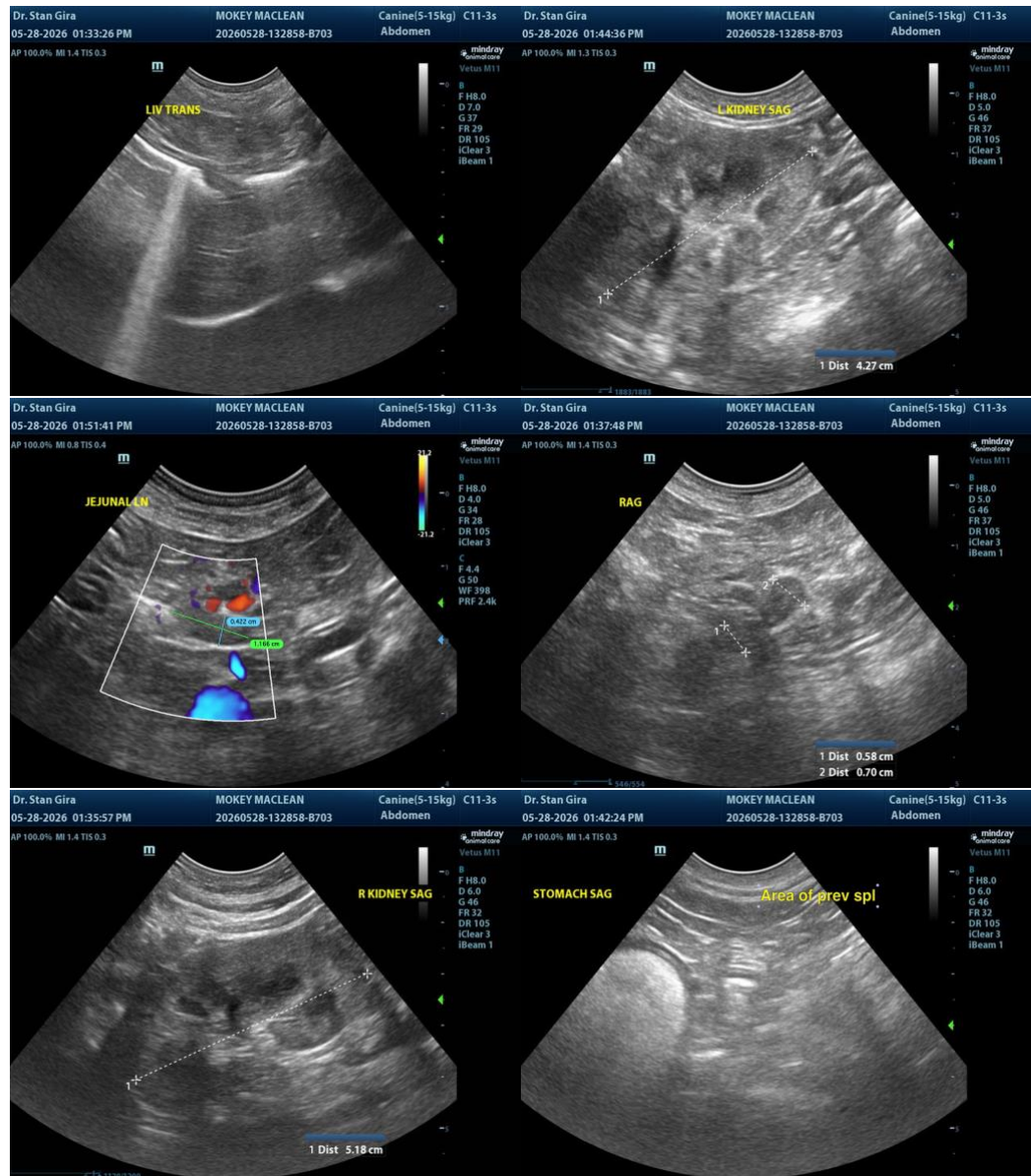
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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