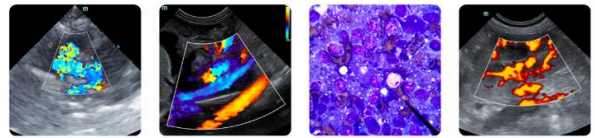




PATIENT	PRESENTING CLINICAL SIGNS
McMuffin Galbraith	Intact female , noticed multiple nodules on several mammary glands. Cytology confirmed carcinoma. bloodwork normal, xrays no signs of metastasis
SPECIES	
Feline	
BREED	
DSH	
SEX	
Female	
AGE	
11 years	
WEIGHT	
4.7	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Harnoor Bhinder	
HOSPITAL NAME	
Hespeler AH	
REFERRING VET	
Harnoor Bhinder	
INVOICE	
10866	
DATE	
5/5/26	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
<i>Urinary System</i> The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, dependent lumen, accumulated sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No evidence of pathology was noted In the area of the uterus or bilateral ovaries. No evidence of pathology in the area of the aortic trifurcation. 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 was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.
<i>Adrenal Glands</i> The left adrenal gland was uniform in size and contour with a uniformly hypoechoic measuring 0.40 cm width. The right adrenal gland was subjectively normal in size, position, and shape, subjectively measuring 0.43 cm width.
<i>Spleen</i> 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.
<i>Liver/ Gallbladder</i> The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<i>Gastrointestinal</i> The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



PATIENT

McMuffin Galbraith

SPECIES

Feline

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DSH

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AGE

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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 formed feces in lumen.

Pancreas

The pancreas was normal in size exhibiting mild capsule asymmetry with mild isoechoic to heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

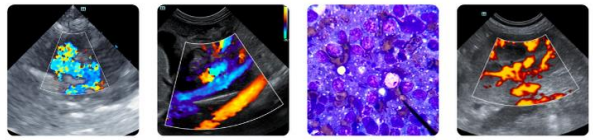
- Age-related renal changes
- Sonographically normal urinary bladder and area of uterus
- Normal liver / spleen
- Normal gastrointestinal tract
- Mild pancreatic remodeling
- Moderate dependent urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant visceral pathology, specifically no evidence of ovarian-uterine pathology or abdominal neoplastic / metastatic criteria.

Correlation with urinalysis and C/S if evidence of inflammatory sediment is recommended.





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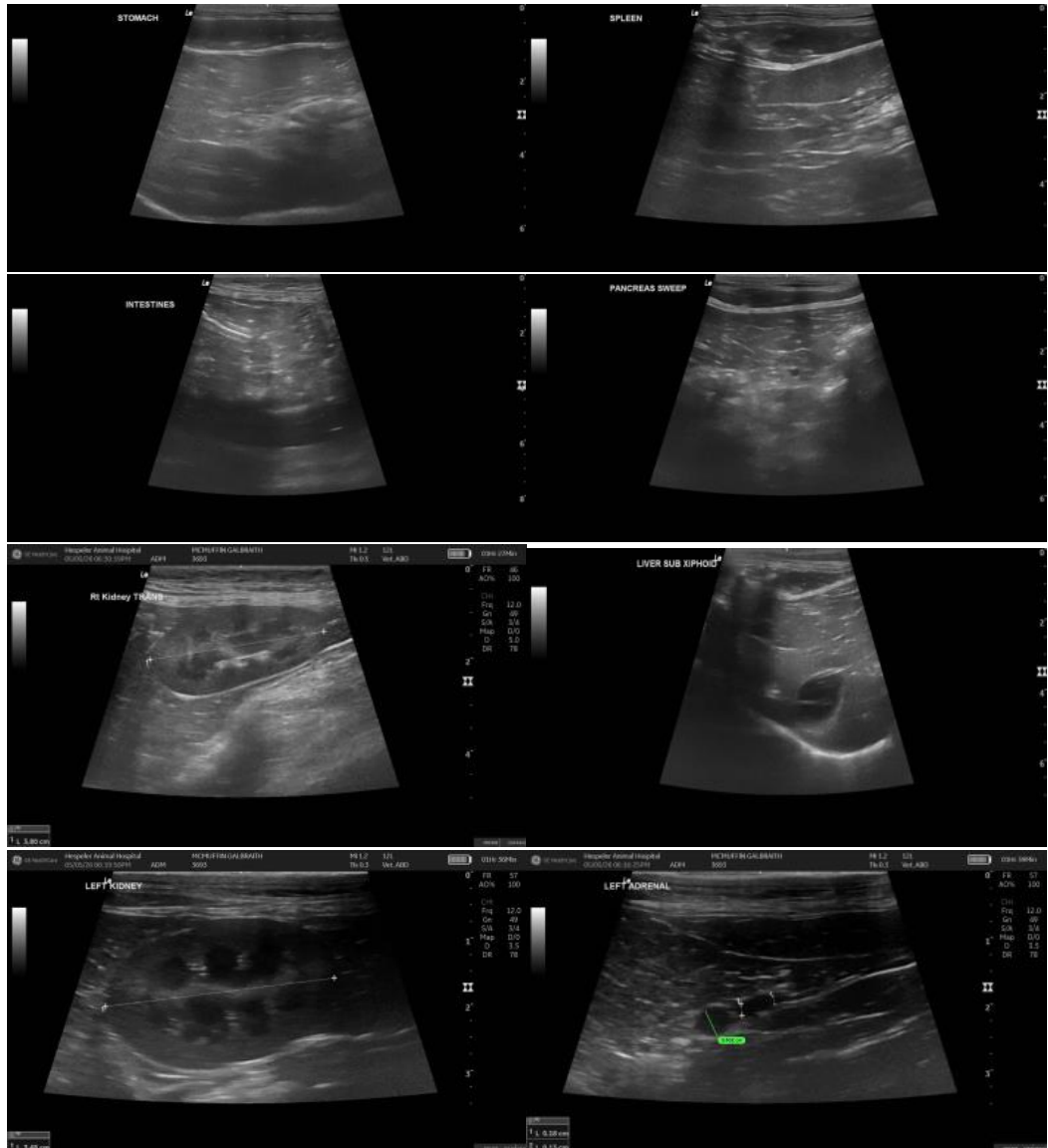
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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