



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Benny Denis	Patient presents for possible midline hernia vs. mass vs. other. Patient did have a previous umbilical hernia repaired at his time of neuter. No current meds.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
Bichon Frise	
<b>SEX</b>	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 3.9 cm in length. The right kidney measured 3.7 cm in length.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
2yr	The area of the residual prostate appeared normal and free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
11lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width at the caudal pole and 1.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 1.7 cm length.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/Gallbladder</b>
Kelly Vazquez	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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
New Bridge Veterinary Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild anechoic to echogenic fluid/chyme with no signs of ileus, obstruction or foreign material.
<b>REFERRING VET</b>	
Dr. Abina Glennon	
<b>INVOICE</b>	
13757ag	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.
<b>DATE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
05/08/2023	



**PATIENT**

**Pancreas**

Benny Denis

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.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Bichon Frise

Sonographic assessment within the area of the hernia vs mass consistent with primarily uniform fat echogenicity potentially measuring 3-4 cm in diameter. Concurrent scant surrounding to subcutaneous anechoic free fluid was present. No overt evidence of intestinal loops within the area of fat echogenicity.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Subcutaneous fat echogenicity with associated minor subcutaneous free fluid-consistent with hernia.
- Otherwise sonographically unremarkable abdomen.

**AGE**

2yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although subjectively the hernia did not appear to be large, determination of degree of body wall defect was difficult to ascertain. No overt evidence of entrapped intestinal loops within the hernia although the possibility of movement of intestinal loops into the hernia cannot be definitively excluded.

Considerations may include surgical correction vs continued monitoring.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

New Bridge  
Veterinary Hospital

**REFERRING VET**

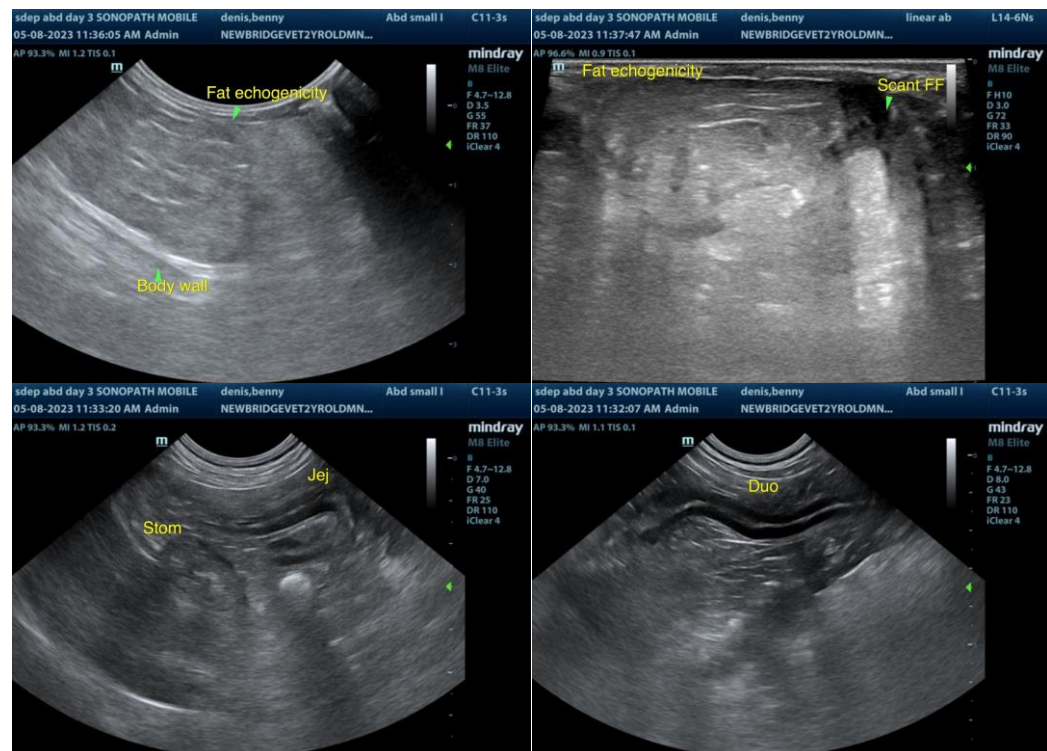
Dr. Abina Glennon

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**PATIENT**

Benny Denis

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

MN

**AGE**

2yr

**WEIGHT**

11lb

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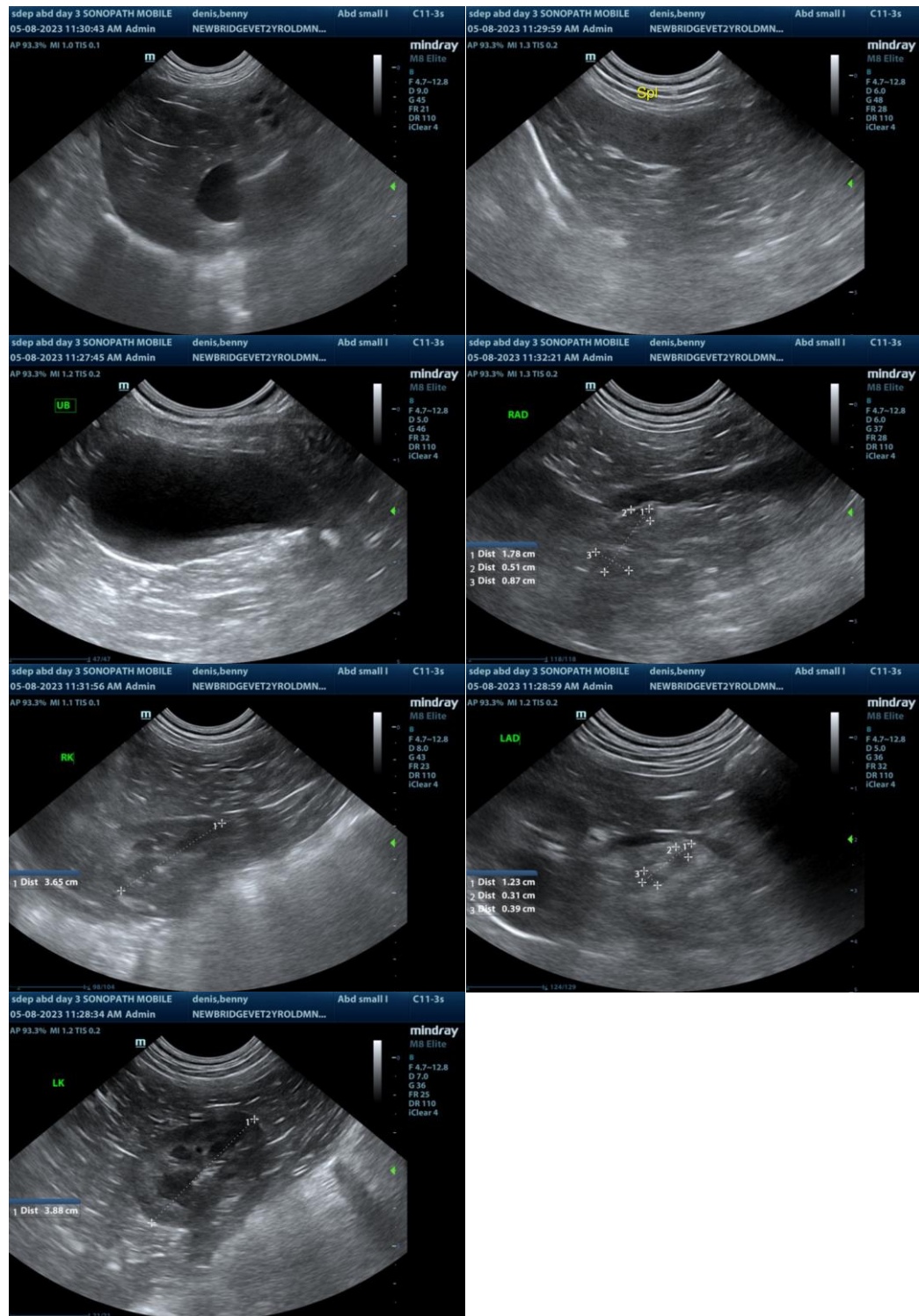
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Benny Denis

**SPECIES**

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Canine

**BREED**

Bichon Frise

**SEX**

MN

**AGE**

2yr

**WEIGHT**

11lb

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