



PATIENT PRESENTING CLINICAL SIGNS

Lou Lagura History: Lou has a MCT on his shoulder. Abd US being performed for staging prior to surgery.
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED 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.

PitBull

SEX 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 6.6 cm in length. The right kidney measured 6.2 cm in length.

MN

AGE

7 years The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT Both adrenal glands were indistinctly visualized yet without overt evidence of pathology. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland measured 0.74 cm width at the caudal pole.

58

INTERPRETED BY Spleen

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.

IMAGING PERFORMED BY Liver

Dr. Velasco

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.

HOSPITAL NAME Gastrointestinal

Bethany Family Pet Clinic

REFERRING VET 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.

Dr. Velasco

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.

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

10856ag

Pancreas

DATE

06/17/2022



PATIENT

Lou Lagura

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

PitBull

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology including no sonographic evidence of intra-abdominal metastasis from the MCT. Continued sonographic monitoring based on oncology recommendations is suggested.

AGE

7 years

WEIGHT

58

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

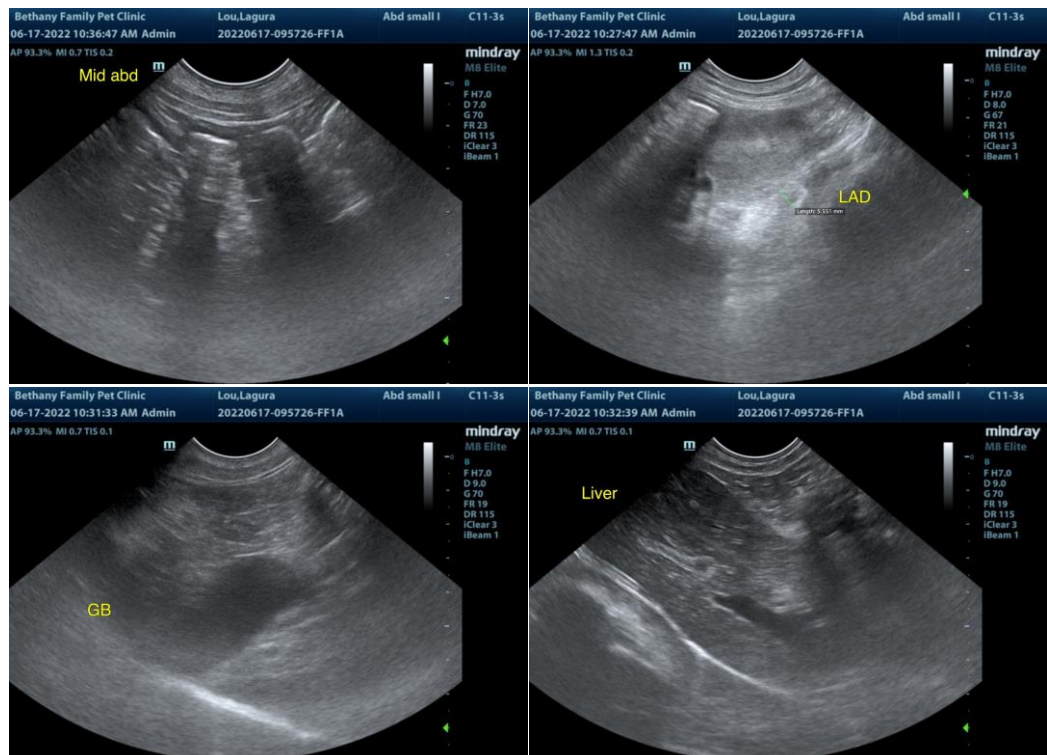
Dr. Velasco

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SPECIES

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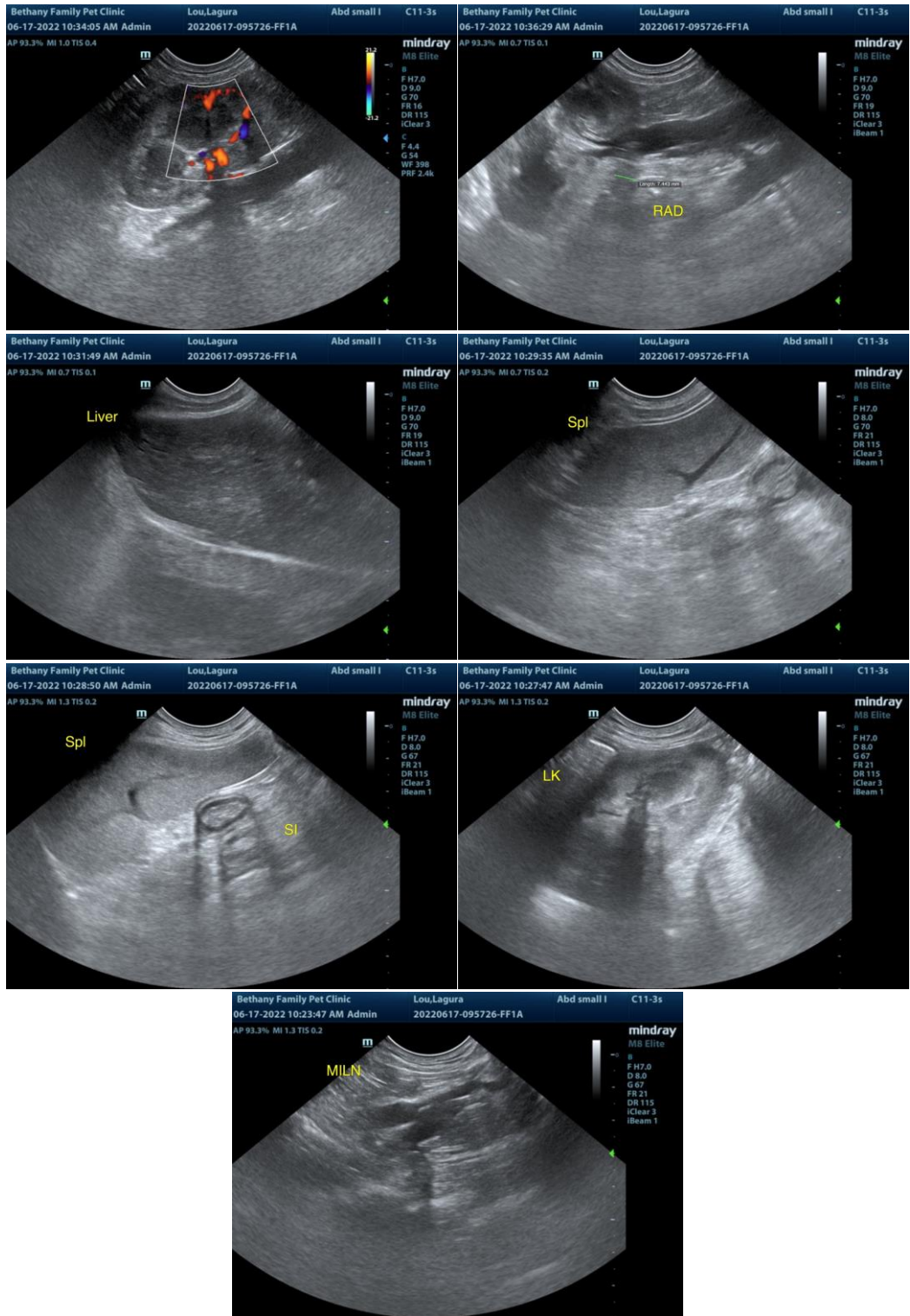
Dr. Velasco

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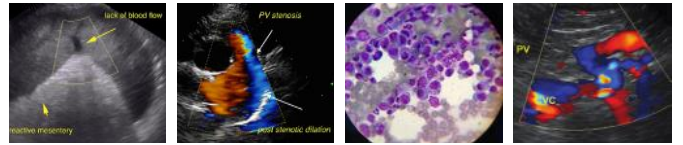
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lou Lagura **R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**
info@SonoPath.com

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