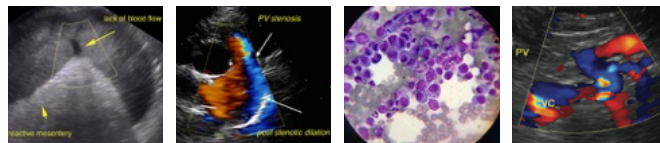


PATIENT	PRESENTING CLINICAL SIGNS
Kaya Garrett	Recently enlarging subcutaneous MCT present on the caudal aspect of the RPL. Ultrasound performed for purposes of staging prior to surgery.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: MCT as noted above. CBC, chemistry, T4 WNL
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	The urinary bladder is subnormal in size, owing to lack of urine distention in which prohibited full evaluation of the urinary bladder walls. Generalized variably thickened mildly nonhomogeneous urinary bladder wall, exhibiting mild asymmetrical luminal surface contour, minimal anechoic urine with particulate sediment, and multifocal variably sized dependent to adhered luminal mineral to small calculi. An example of small calculus measured 0.40 cm in diameter. The ventrally urinary bladder wall measures 0.60 cm. No overt tumors. Urethra was normal to 2 cm.
Spayed Female	
AGE	The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sub-lumbar lymphadenopathy or masses.
11 yrs 5 mos	
WEIGHT	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. Focal to minor areas of medullary mineral and no pyelectasia in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.9 cm in length.
33	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Both adrenal glands are indistinctly visualized. No obvious pathology. The left adrenal gland subjectively measured 0.47 cm caudal pole. The right adrenal gland subjectively measured 0.55 cm caudal pole.
IMAGING PERFORMED BY	Spleen
Sarah Green	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.
HOSPITAL NAME	Liver/ Gallbladder
Healing SpiritAnimal Wellness	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.
REFERRING VET	Gastrointestinal
Sarah Green	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.
INVOICE	
10287	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.
DATE	Normal visible colon wall layers were present with apparent formed feces in lumen.
6/28/2023	



PATIENT

Pancreas

Kaya Garrett

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 were evident.

SPECIES

Canine

Free Abdomen

BREED

Mixed

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

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Primary Findings

- Probable chronic cystitis pattern with dependent to focally adhered lumen mineral/small calculi.
- Mild chronic renal changes with focal to minor medullary mineral.
- Normal liver/spleen

AGE

11 yrs 5 mos

WEIGHT

33

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence was of intraabdominal primary or metastatic neoplastic criteria. Full urinalysis to include C/S is recommended. A urinary diet may be considered. Sonographic monitoring based on oncology recommendations is suggested.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing SpiritAnimal
Wellness

REFERRING VET

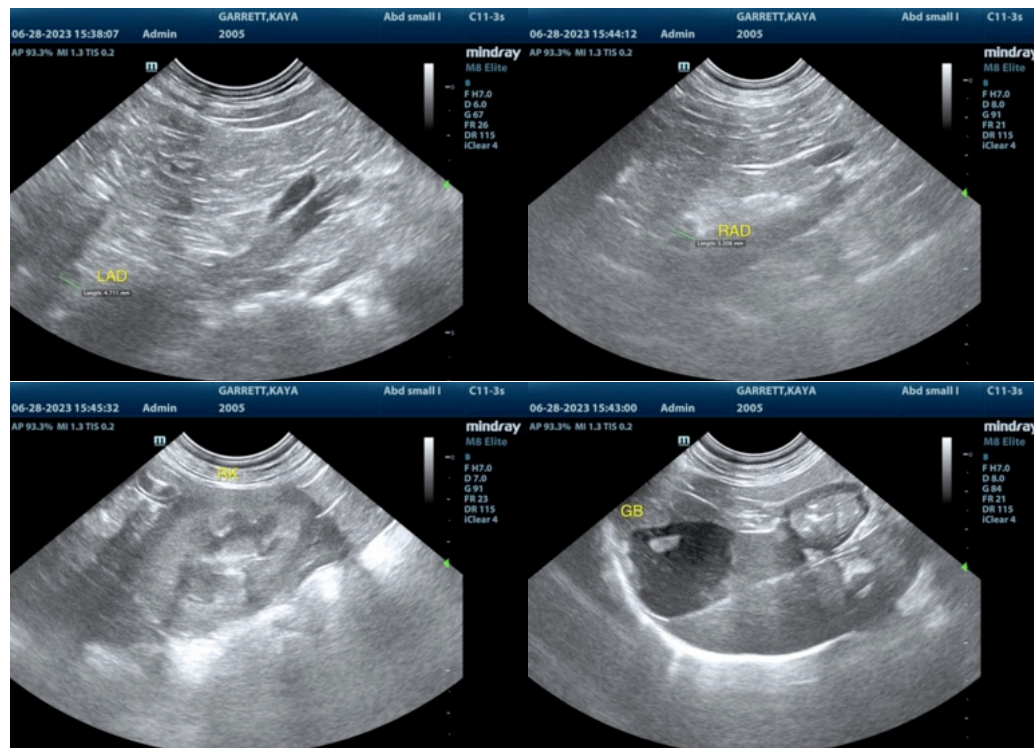
Sarah Green

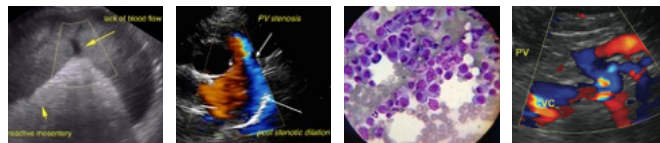
INVOICE

10287

DATE

6/28/2023





PATIENT

Kaya Garrett

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11 yrs 5 mos

WEIGHT

33

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing SpiritAnimal
Wellness

REFERRING VET

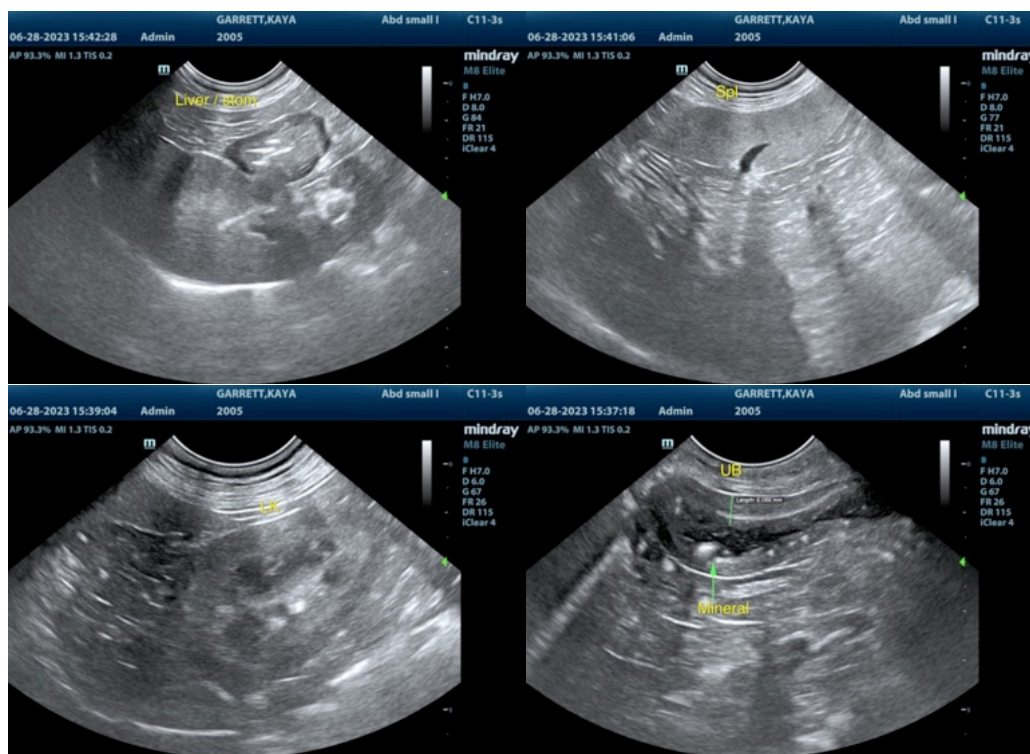
Sarah Green

INVOICE

10287

DATE

6/28/2023



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