



PATIENT

Sammy Rybnik

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

11

WEIGHT

44.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

14446ag

DATE

07/28/2023

PRESENTING CLINICAL SIGNS

hx hypothyroidism , peri anal mass , dental calculus, hx mass on ventral chest

Abnormal PE/Chem/CBC/UA Results: PE - lateral recumbent, weak ambulatory , large bruised/ swelling on right lateral chest with multiple open wound with discharge (serosanguineous discharge), mild distended abdomen.

***The submitted study contained 13 videos for review. Please submit additional videos if further interpretation is required.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 6.7 cm in length. The right kidney measured 7.1 cm in length.

The area of the iliac trifurcation was free of pathology including no overt evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was indistinctly visualized without overt pathology subjectively exhibiting symmetrical contour and homogenous parenchyma.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Normal to adequate vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly thickened to hyperechoic wall. Primarily anechoic luminal content without evidence of sludge. The cystic and common bile ducts were normal.

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.



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The visualized small intestine presented intact wall layering with normal muscularis/mucosa ratio. The visualized lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was not definitively visualized without overt pathology.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Mild hepatic parenchymal remodeling-subjectively benign.
- Possible mild chronic cholecystitis.
- Overtly normal visualized GI tract.
- Overall normal peritoneal cavity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the limited number of videos submitted for interpretation, there is no overt evidence of intra-abdominal pathology. No evidence of intra-abdominal neoplastic criteria, peritoneal effusion etc. Correlation with CBC/Chem panel/UA and recheck T4 level if not recently done is suggested.

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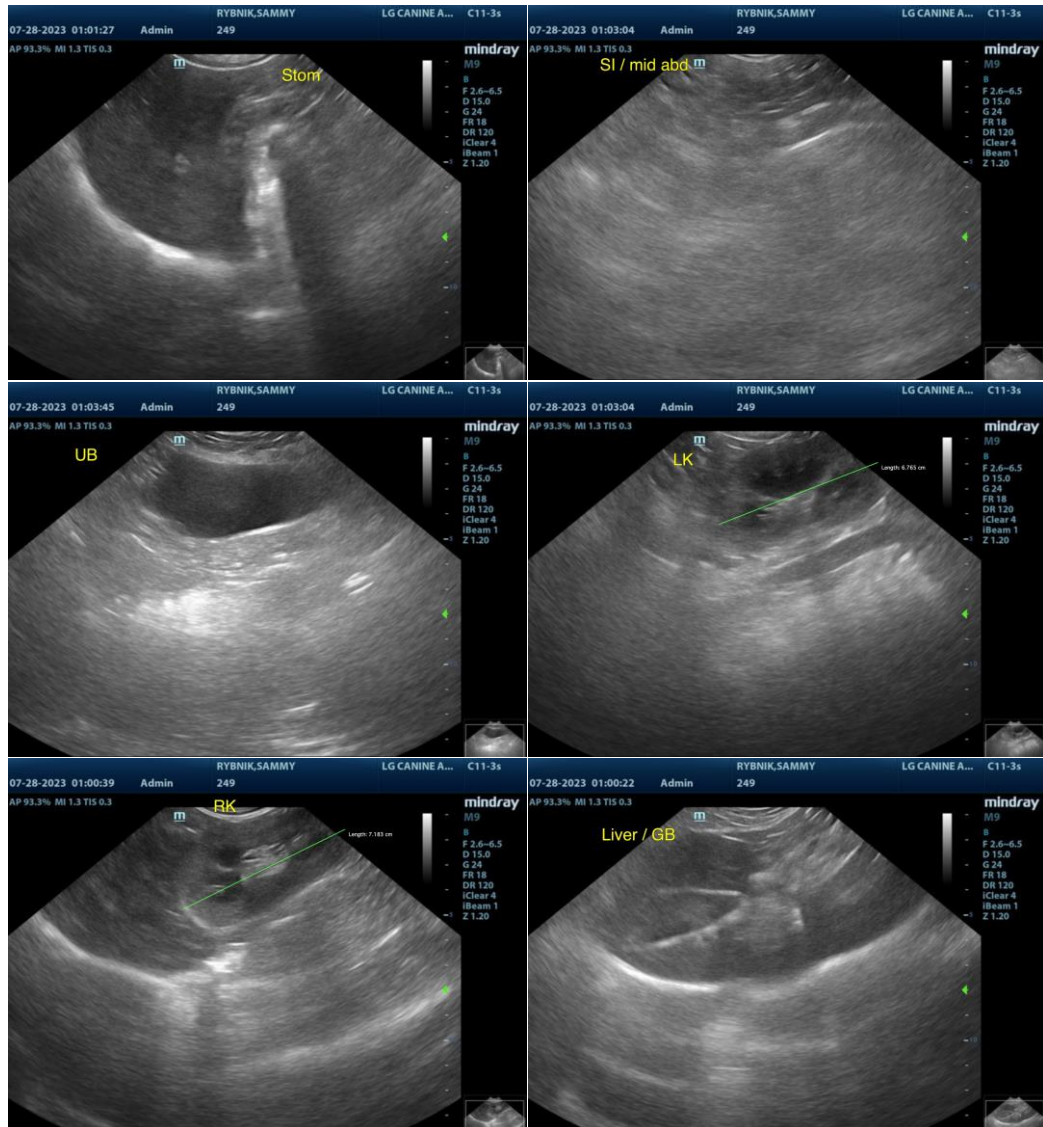
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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