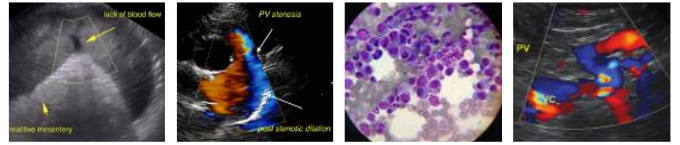


PATIENT	PRESENTING CLINICAL SIGNS
Casper Cruz	Casper was referred for abdominal ultrasound because of fever, lethargy, hyporexia-anorexia. Two weeks ago he had hematuria, cleared up with antibiotic treatment (amoxicillin).
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC (8/16) - high WBC (26.4), with neutrophilia (24024) and monocytosis (1320). CHEM (8/16) - low albumin 2.5 (2.7-4.4), high creatinine (1.8) and SDMA (18.6), normal BUN (31). High ALP (557). Negative Accuplex 4
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Poodle	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.
NM	
AGE	The area of the residual prostate appeared normal and free of pathology.
12 years	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.
WEIGHT	Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney was not visualized. The right kidney measured 5 cm in length.
23 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland measured 0.46 cm width at the caudal pole. The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Dr. Suciu	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
HOSPITAL NAME	Liver/ Gallbladder
Animal Clinic of Queens	The liver presented mildly 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. Intermittent non-disruptive non-homogenous hyperechoic nodules were present, an example measured 1.0 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate congealed non-organized hyperechoic sediment. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Cohen	
INVOICE	
14638ag	
DATE	
8/17/23	



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction, or foreign material.
Casper Cruz	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Poodle	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.
SEX	<i>Free Abdomen</i>
NM	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
12 years	<i>Primary Findings</i>
WEIGHT	<ul style="list-style-type: none"> • Mild hepatomegaly with parenchymal remodeling and intermittent likely benign intraparenchymal nodules- nodules consistent with probable lipogranulomas/nodular hyperplasia.
23 lbs.	<ul style="list-style-type: none"> • Gallbladder debris (non-mucocele). • Sonographically unremarkable GI tract. • Mild chronic right kidney changes. • Unremarkable urinary bladder.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, a largely geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of intra-abdominal neoplastic criteria. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment and to rule out inflammatory criteria or less likely occult hepatic neoplasia.
IMAGING PERFORMED BY	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. As needed GI support is recommended.
Dr. Suci	
HOSPITAL NAME	
Animal Clinic of Queens	
REFERRING VET	
Dr. Cohen	
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DATE	
8/17/23	



PATIENT

Casper Cruz

SPECIES

Canine

BREED

Poodle

SEX

NM

AGE

12 years

WEIGHT

23 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

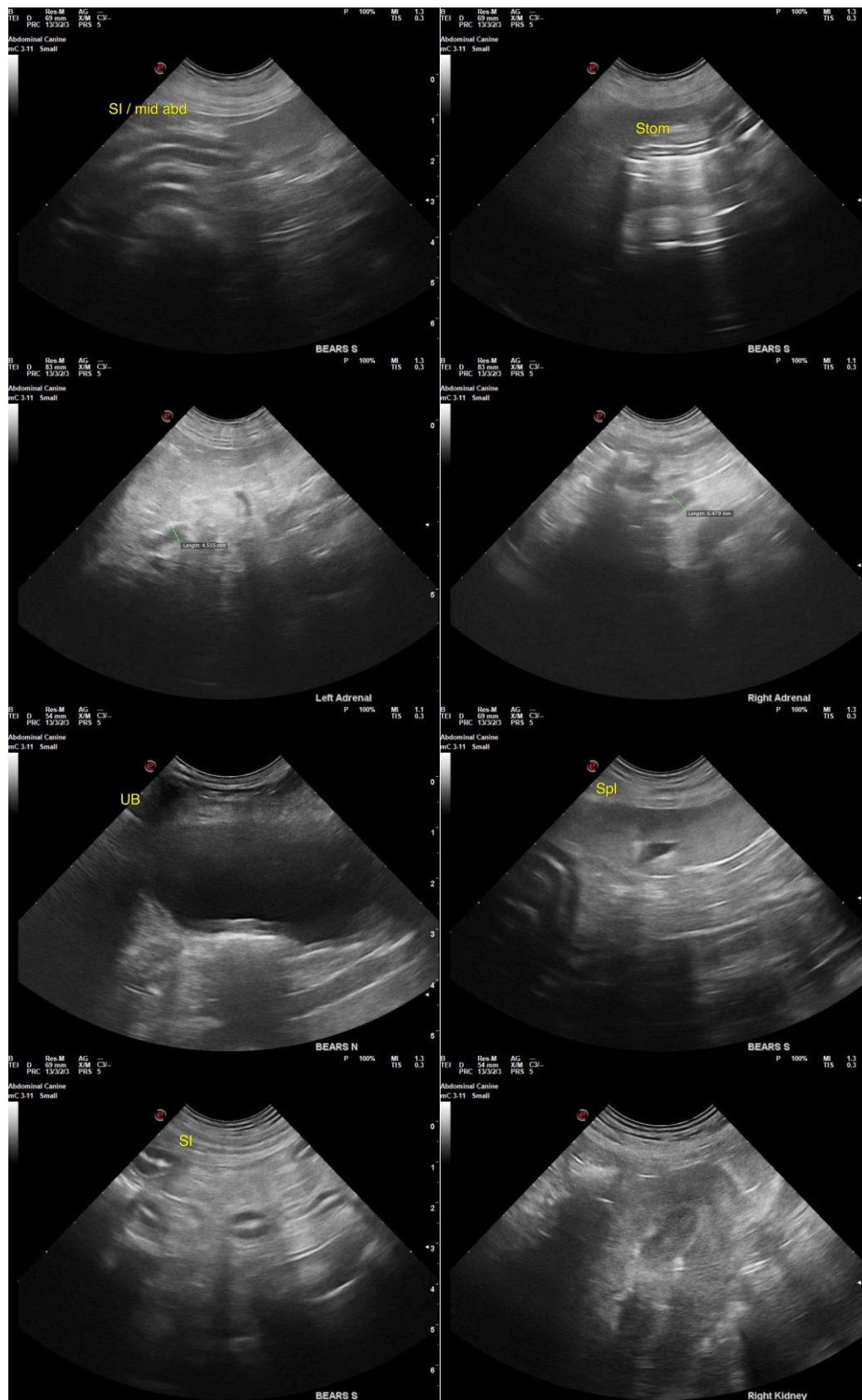
Dr. Cohen

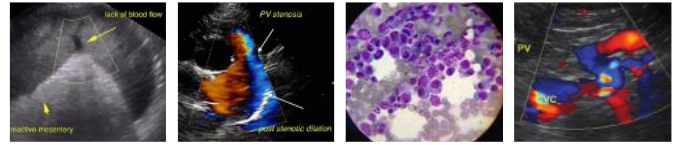
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8/17/23





PATIENT

Casper Cruz

SPECIES

Canine

BREED

Poodle

SEX

NM

AGE

12 years

WEIGHT

23 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

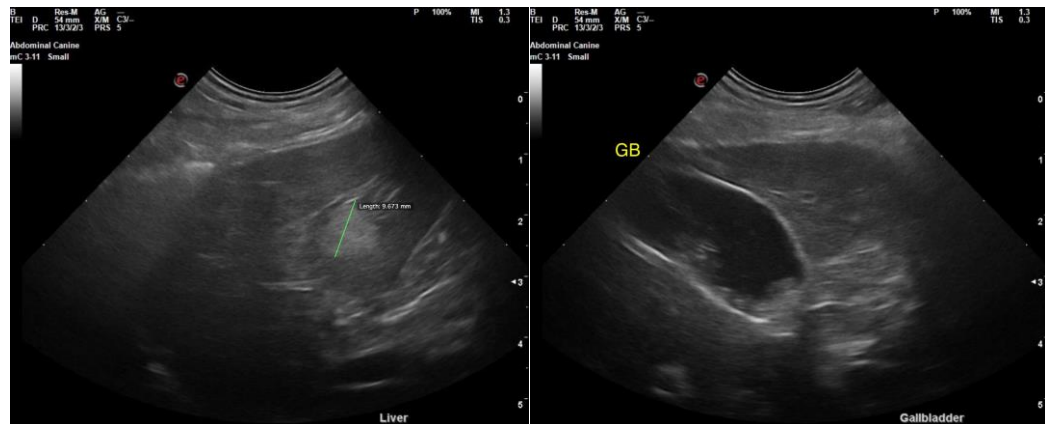
Dr. Cohen

INVOICE

14638ag

DATE

8/17/23



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