



PATIENT PRESENTING CLINICAL SIGNS

Abbey Farlow History: has lung mass, FNA'd last week, consult rec abd ultrasound.

Abnormal PE/Chem/CBC/UA Results: Please see attached histo report

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED 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.

Doodle

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 5.5 cm in length. The right kidney measured 6.2 cm in length.

FS

AGE The area of the aortic trifurcation was free of pathology.

5yr

Adrenal Glands

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was uniform in size and contour with isoechoic parenchyma compared to adjacent omentum. The right adrenal gland measured 0.81 cm width at the caudal pole and 2.7 cm length.

25kg

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

Kelly Reschny **Liver**

HOSPITAL NAME 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.

Wellington Animal Hospital

REFERRING VET Gastrointestinal

Dr. Dennis 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.

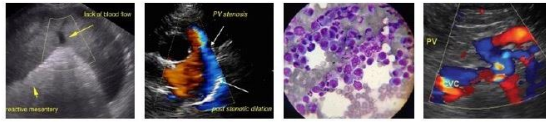
INVOICE The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

11303ag

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

DATE Pancreas

08/08/2022



PATIENT

Abbey Farlow

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

Doodle

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology as a cause or contributing factor to the lung pathology.

SEX

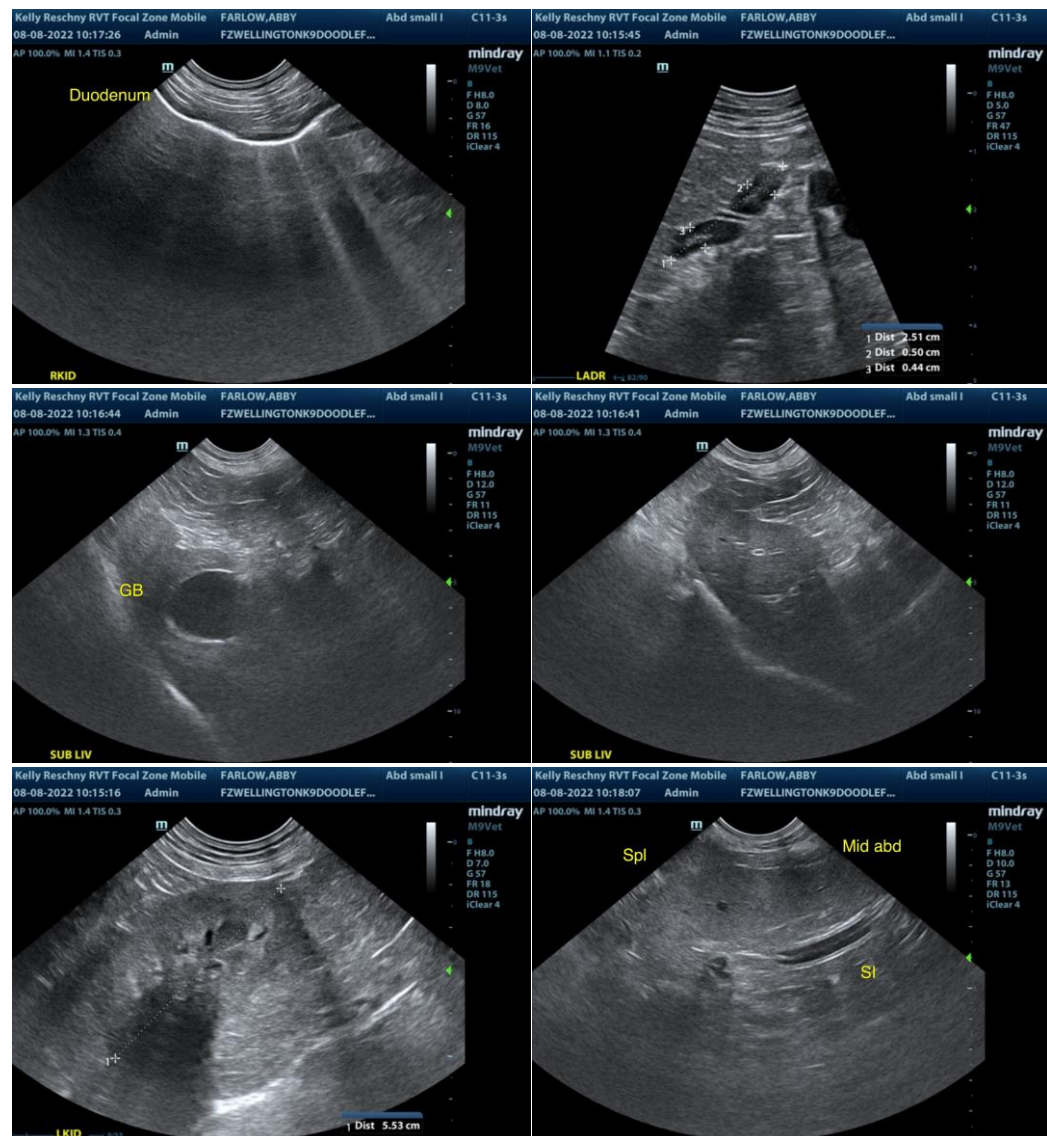
FS

AGE

5yr

WEIGHT

25kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wellington Animal
Hospital

REFERRING VET

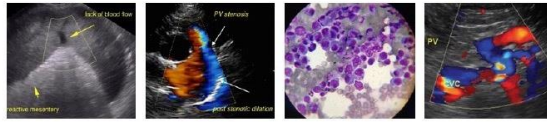
Dr. Dennis

INVOICE

11303ag

DATE

08/08/2022



PATIENT

Abbey Farlow

SPECIES

Canine

BREED

Doodle

SEX

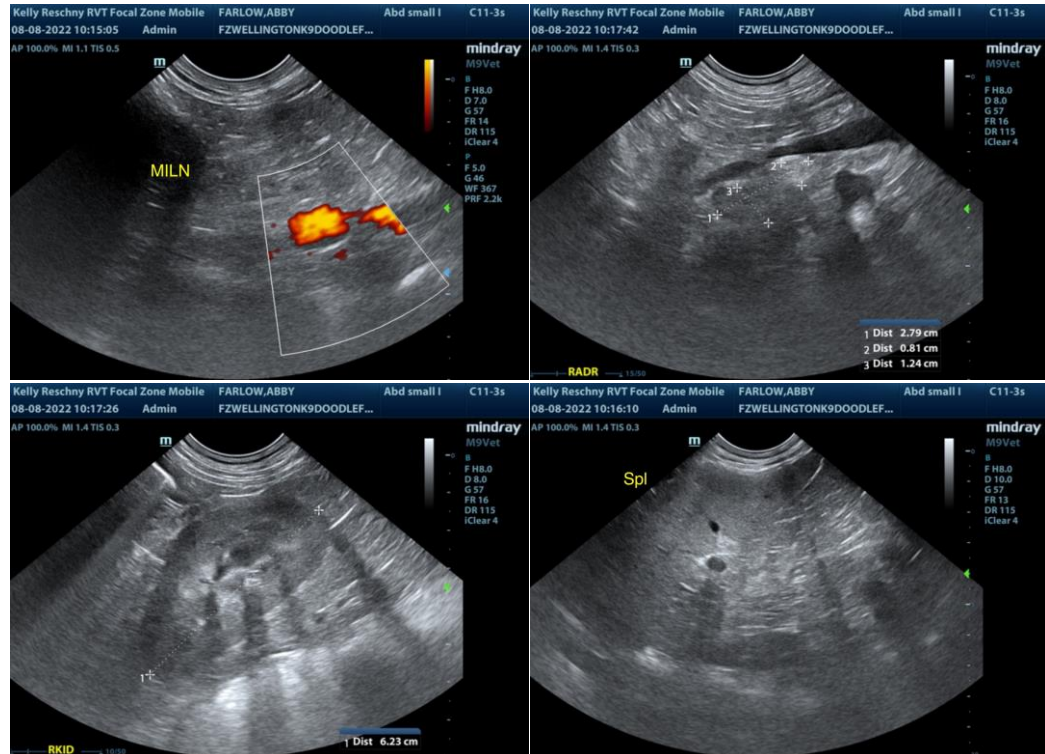
FS

AGE

5yr

WEIGHT

25kg



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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INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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Hospital

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Dr. Dennis

INVOICE

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