



PATIENT	PRESENTING CLINICAL SIGNS
Gunnar Smith	-Bladder stone - recheck. History of urate crystals. Suspect Caox. stones
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder exhibited normal size and tone. No evidence of inflammatory or neoplastic mural criteria was noted. Mild, dependent, accumulated mineralized sand to small calculi were present. Concurrent, mild, suspended, particulate to echogenic debris was present, likely indicative of concurrent suspended cellular or crystalline debris. The urethra was normal to a depth of 4.0 cm.
Mixed	
SEX	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.93 cm in diameter.
Neutered Male	The area of the aortic trifurcation was free of pathology.
AGE	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. Focal areas of nonobstructive medullary mineral were present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.
6 years	
WEIGHT	Adrenal Glands
74 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.73 cm width at the caudal pole.
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/ Gallbladder
Kelly Vazquez	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
Allendale VH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
REFERRING VET	
Dr. Izar	
INVOICE	
12164	
DATE	
9/2/21	



PATIENT

Gunnar Smith

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.

SPECIES

Canine

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

BREED

Mixed

Pancreas

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

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

74 lbs.

- Urinary bladder mild dependent mineralized sand / small calculi with concurrent suspended particulate debris
- Bilateral, likely static, mild chronic renal changes with nonobstructive medullary mineralization / renolithiasis

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no evidence of dysuria, stranguria, or similar clinical signs, the urinary bladder mineralized sand to small calculi do not appear to be resulting in inflammatory urinary bladder changes at this time. Urine culture and sensitivity on a sterile urine sample may be considered if not recently done.

IMAGING PERFORMED BY

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Neutered Male

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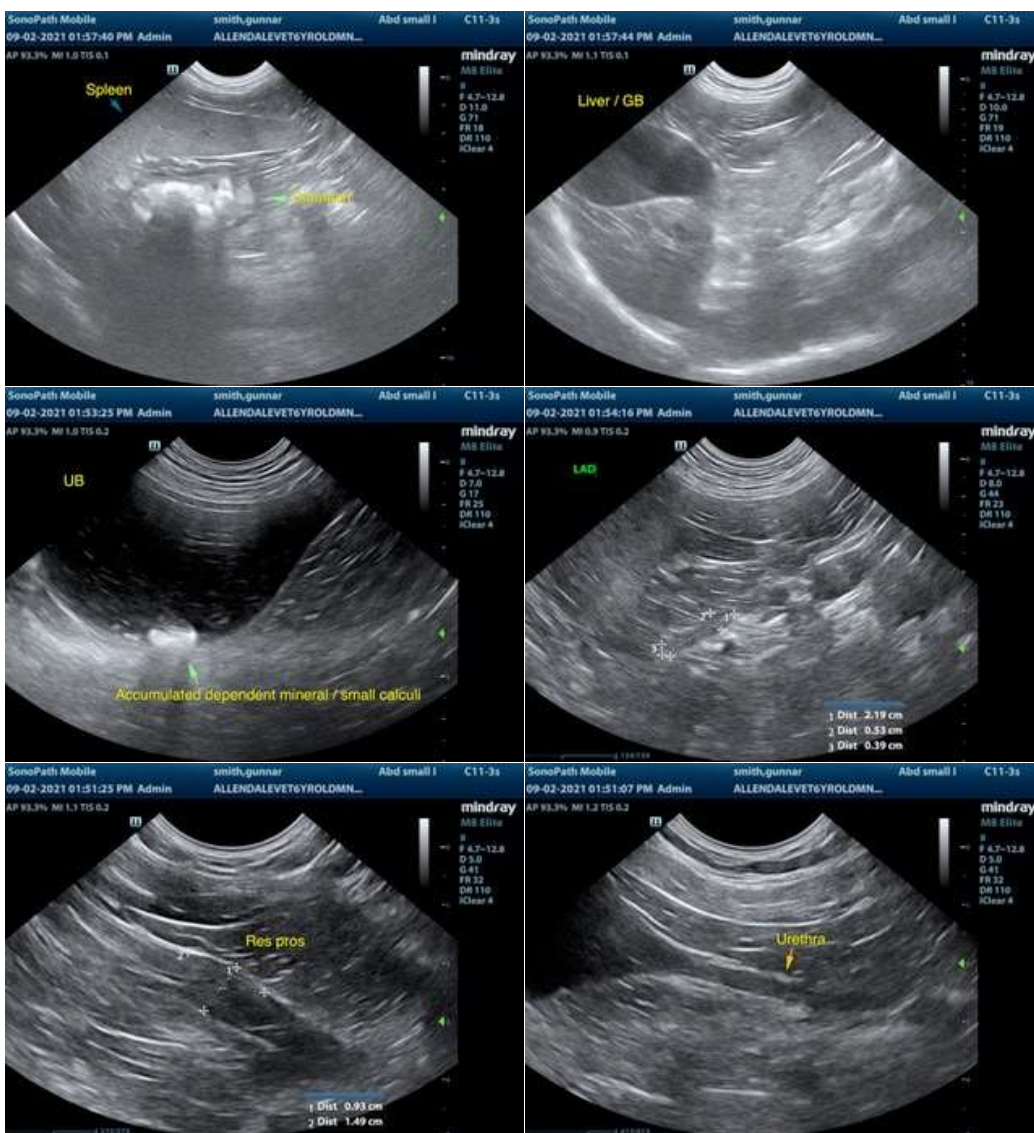
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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