



PATIENT

Max Arias

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9 years

WEIGHT

98.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn Nolan

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

12326

DATE

9/28/21

PRESENTING CLINICAL SIGNS

-Recheck

Previous ultrasound revealed apical dorsal bladder wall polyps and benign hepatopathy with minor remodeling.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal. A mild amount of dependent mineral was present. Previously noted apical polyps were not definitively evident in this study. Anechoic urine was otherwise present. Potential for minor micropolypliod changes associated with either minor irritation owing to the mineral or age-related urinary bladder changes is possible, yet, no overt evidence of significant inflammatory or evidence of neoplastic mural criteria. The urinary bladder wall width measured 0.17 cm in width. The urethra was normal in structure and tone to a depth of 3.0 cm.

No evidence of pathology was noted in the area of the residual prostate or aortic trifurcation.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.53 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

Spleen

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.

Liver/ Gallbladder

The liver exhibited subjective normal size and overall echogenicity with minor static parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder mineral - no overt evidence of previously noted polyps or masses
- Static minor hepatic parenchymal remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Urine culture and sensitivity on a sterile urine sample could be considered if not recently done. Dissolution diet therapy may also prove beneficial.

No evidence of intraabdominal metastasis from previous mast cell tumors.

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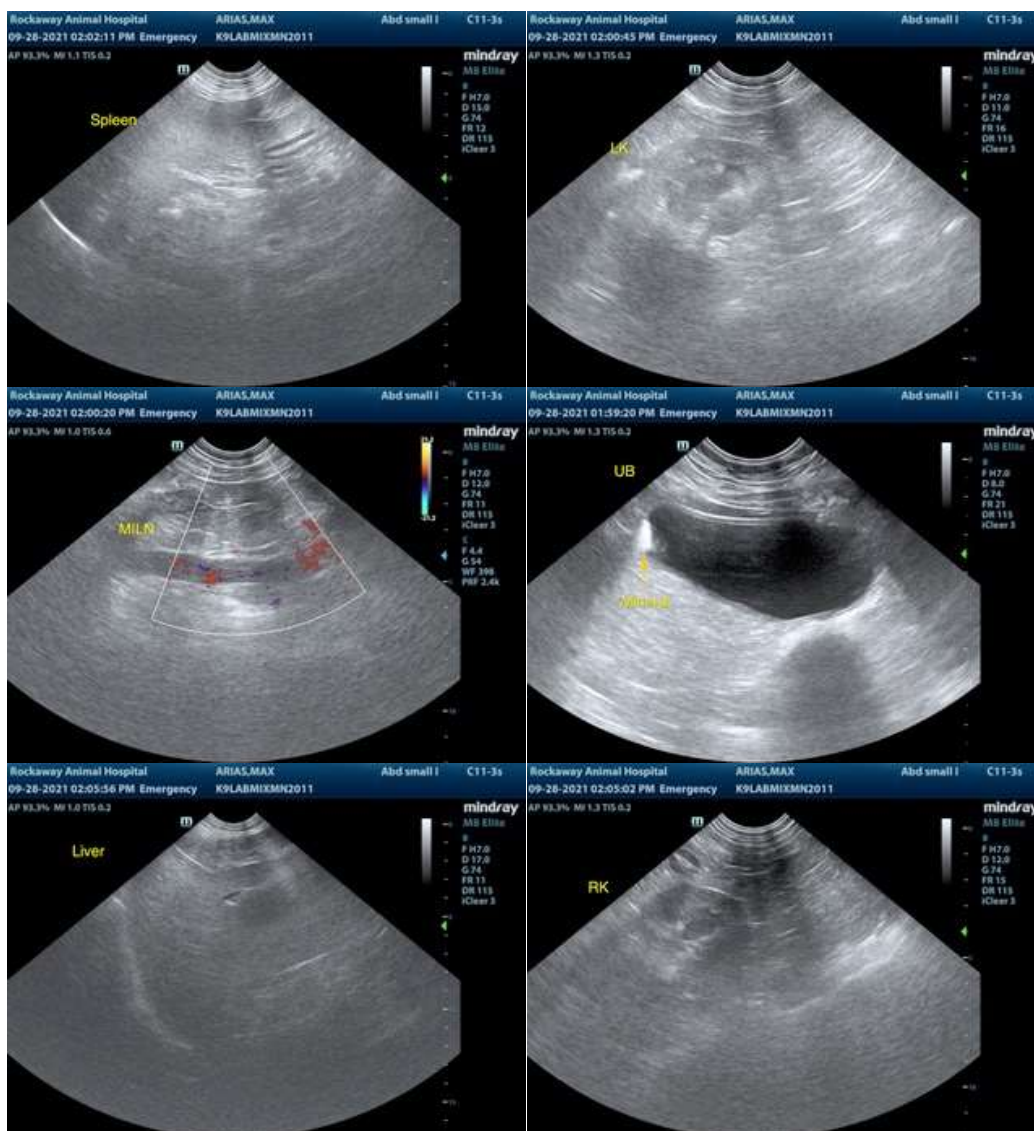
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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