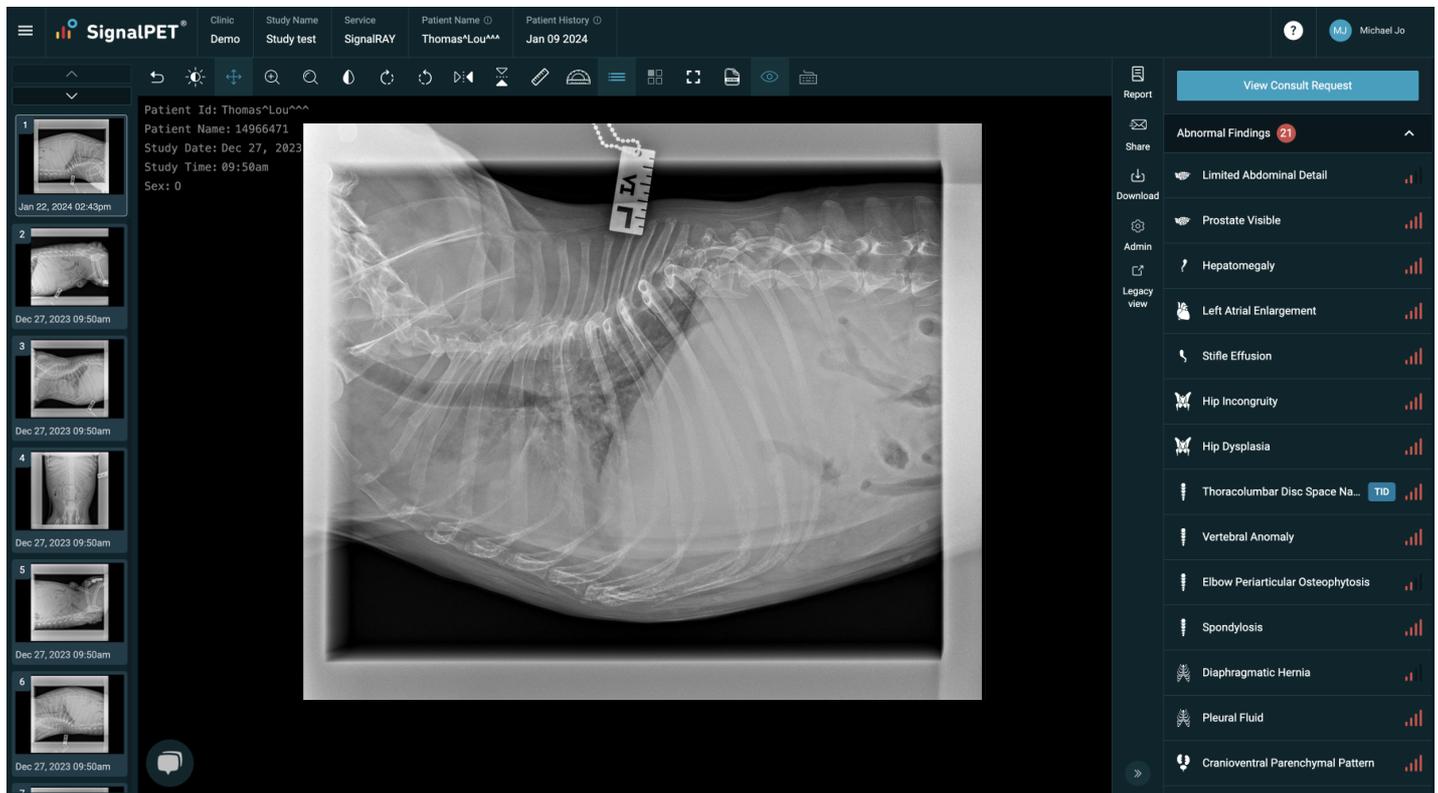


# Introducing The Next Generation Study view

Introducing the enhanced Study View page, featuring an intelligent and efficient viewer designed for in-depth review of case study radiograph diagnoses and key actions. Easily navigate findings to aid in comprehensive patient analysis. The upgraded interface facilitates a better understanding of abnormal signals, streamlining the diagnostic process for patient cases.

# Study View

The Study View page is a viewer that allows you to review both the radiographs and the results. The upgraded interface enhances understanding of abnormal signals, streamlining the diagnostic process for comprehensive patient case analysis.

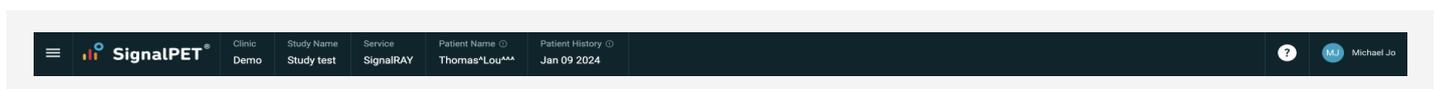


## ■ Header

The Study View page header provides a comprehensive set of features, displaying key details such as the **clinic name, study name, patient name and patient ID**.

Utilize the case history navigation.

Additionally, quick access to support help and account options is available through conveniently placed links in the header.



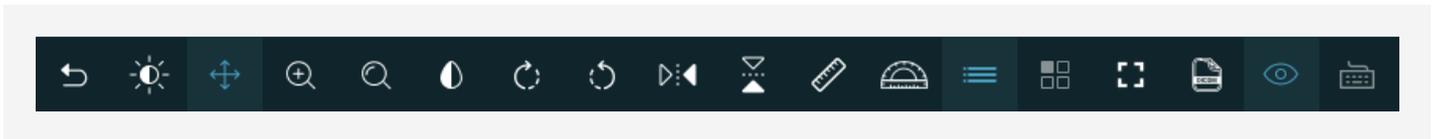
## ■ Patient History

Navigate through different case studies for the same patient using the intuitive case history feature in the Study View page header.



# ToolBar

The Study View's toolbar provides a versatile set of tools for interacting with radiographs. Zoom in for detailed examination, fine-tune brightness settings, invert for alternative views, and rotate or flip images as needed. Utilize precise measurement tools to enhance your diagnostic capabilities and ensure an effective and user-friendly experience.



	<b>Reset</b> - Resets the image display to its default settings.
	<b>Brightness</b> - Adjusts the image's brightness levels.
	<b>Pan</b> - Enables dragging to navigate within images.
	<b>Zoom in</b> - Enlarges the image for closer examination.
	<b>Magnify</b> - Zooms in with magnifying glass for precise inspection.
	<b>Invert</b> - Inverts the image's colors for better contrast.
	<b>Rotate Right</b> - Rotates the image 90 degrees to the right.
	<b>Rotate Left</b> - Rotates the image 90 degrees to the left.
	<b>Flip Horizontal</b> - Flips the image horizontally.
	<b>Flip Vertical</b> - Flips the image vertically.
	<b>Measurement Line</b> - Measures the distance between two points on the image.
	<b>Measurement Circle</b> - Measures circle attributes.
	<b>Data</b> - Showing the data related to the DICOM image.
	<b>Fullscreen</b> - Expands the viewer to occupy the entire screen.
	<b>DICOM Meta Data</b> - Displays image metadata.
	<b>Show/Hide</b> - Toggles the visibility of certain elements or toolbars.

# Main Side Panel

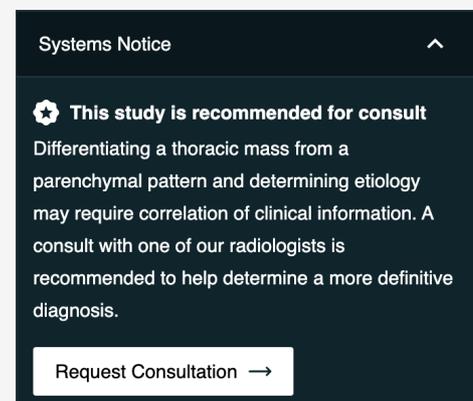
The primary side panel of the Study View page serves as a central display for case findings. Here, you'll find a detailed breakdown of test results, including classifications such as normal and abnormal signals, accompanied by diagnostic details.

## ■ System Notice

The system notification keeps you informed about various aspects, including image size, quality, and consultation recommendations, ensuring that relevant and important information is promptly communicated.

The system notice is displayed in the side panel, presenting all relevant details.

-  **Recommendation** - The notice icon indicating a recommendation implies that this study is suggested for consultation.
-  **Notification** - This notification contains essential information or updates pertaining to the study, requiring your attention. **Please take a moment to review the notification.**
-  **Error** - This notice indicates an error or issue associated with the study.



## ■ Finding Section

The **Abnormal** signals indicator serves as a visual cue highlighting areas in the study where abnormal findings have been detected.

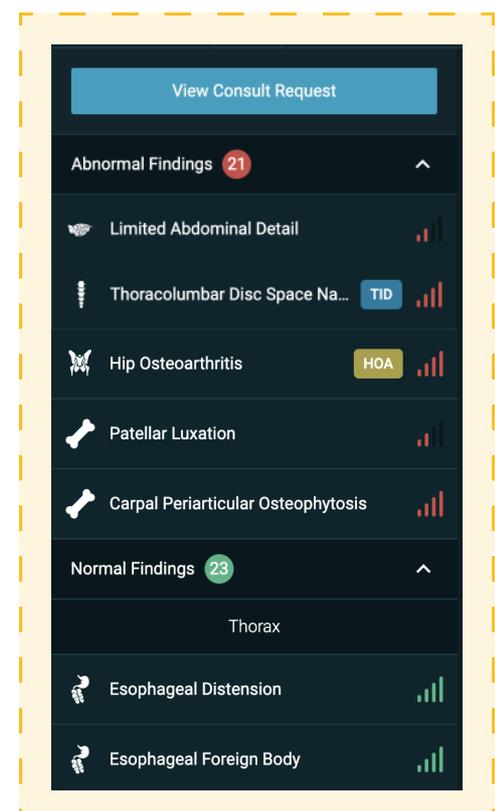
 **Likely Abnormal** - Suspected presence of pathology

 **Abnormal** - Presence of pathology detected

The **Normal** signals indicator provides a visual cue to identify areas in the study where results fall within the expected, normal range.

 **Likely Normal** - Unlikely that specific pathology is present

 **Normal** - Specific pathology not detected

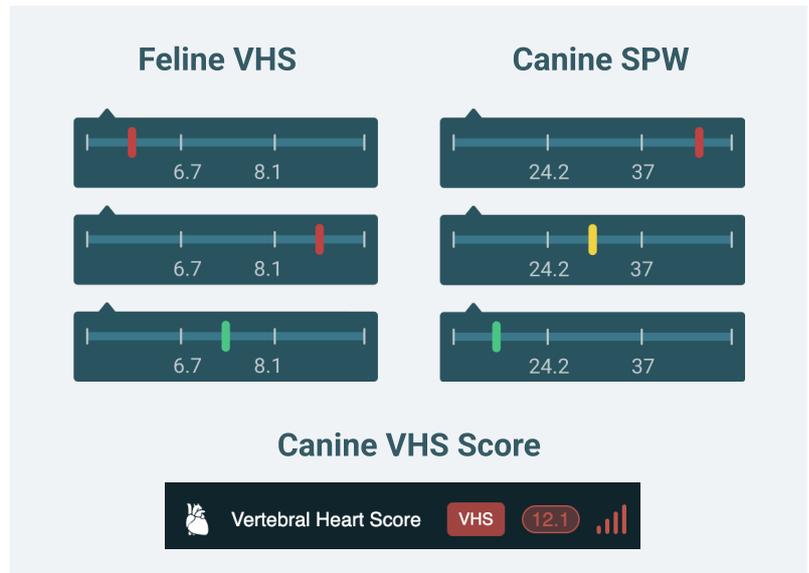


## ■ Scores 7.2 15.7

Scores will be displayed in case of those tests:

VHS - Vertebral Heart Score

SPW - SignalPet Weight Score



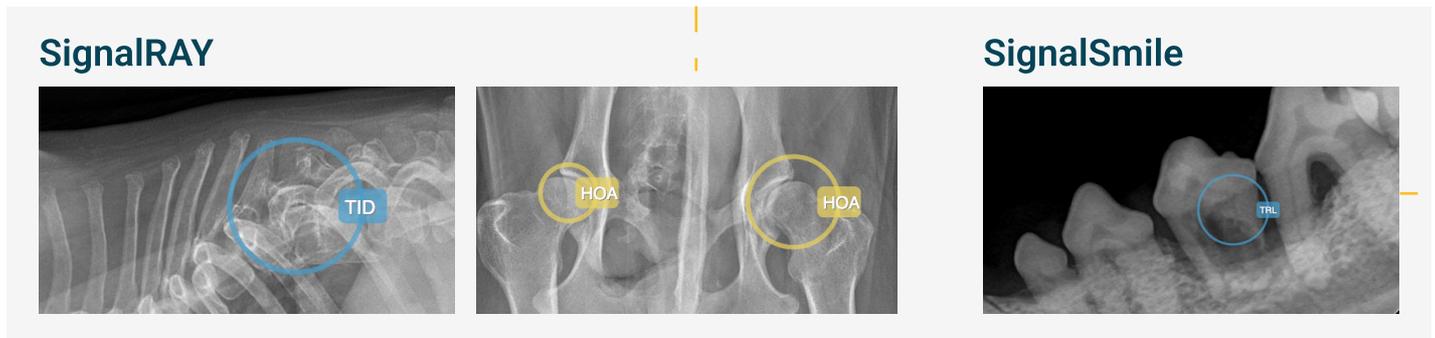
## Abnormal Indicators

To further enhance visibility, colored circles are displayed on the radiograph, precisely around areas containing abnormal findings. Corresponding colored tags appear in the findings sidebar, providing a seamless visual connection between the abnormality indicators and their detailed descriptions. This coordinated system simplifies the identification and understanding of specific abnormalities, streamlining the diagnostic process.

The screenshot shows the SignalPET interface. At the top, there is a navigation bar with the SignalPET logo, clinic name 'Example Hospital', study name 'Liad Test', service 'SignalRAY', patient name 'Angel', and patient history date 'Dec 27 2023'. Below the navigation bar is a toolbar with various icons for navigation and analysis. The main area displays a radiograph of a dog's spine and pelvis. Three colored circles are overlaid on the radiograph: a blue circle labeled 'HIC' on the left hip, a red circle labeled 'HOA' on the right hip, and another red circle labeled 'HOA' on the left hip. On the right side, there is a sidebar with a 'View Consult Results' button and a list of findings. The 'Abnormal Findings' section is expanded, showing three items: 'Hip Dysplasia' with a red bar chart icon, 'Hip Incongruity' with a blue 'HIC' tag and a red bar chart icon, and 'Hip Osteoarthritis' with a red 'HOA' tag and a red bar chart icon. Below this, the 'Normal Findings' section is collapsed, showing a count of 6.

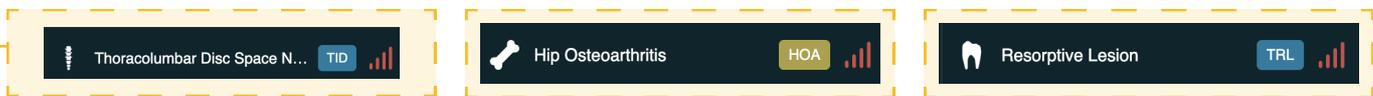
## ■ Colored Circles On Radiograph:

Colored circles are placed on the radiograph precisely around areas with abnormal findings. The color and tag of each circle corresponds to the code and color of the test tag indicator, creating a visual link between the abnormality location on the radiograph and its detailed description in the findings sidebar.



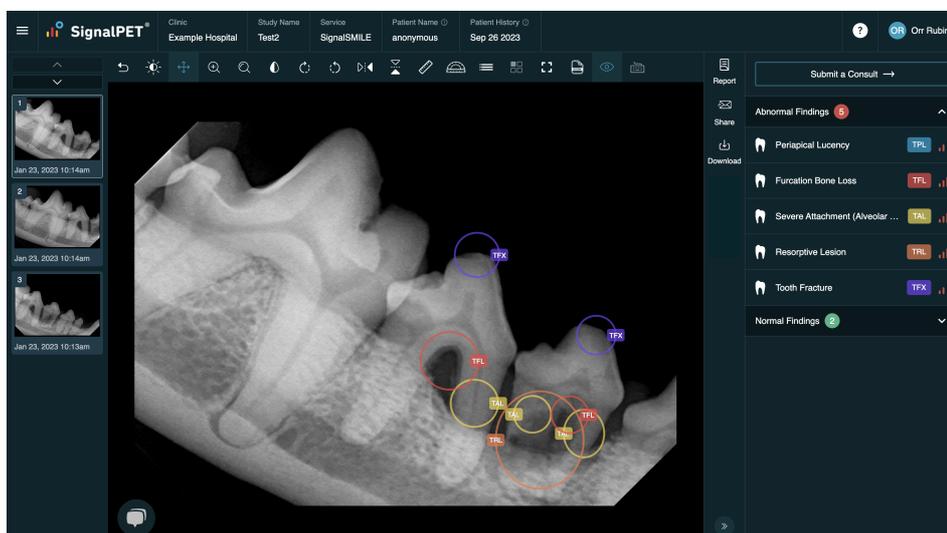
## ■ Color-Coded Tags:

Each abnormality indicator in the findings sidebar is assigned a specific code name and color. Tags serve as quick references, allowing you to easily identify and associate abnormal findings with their respective indicators.

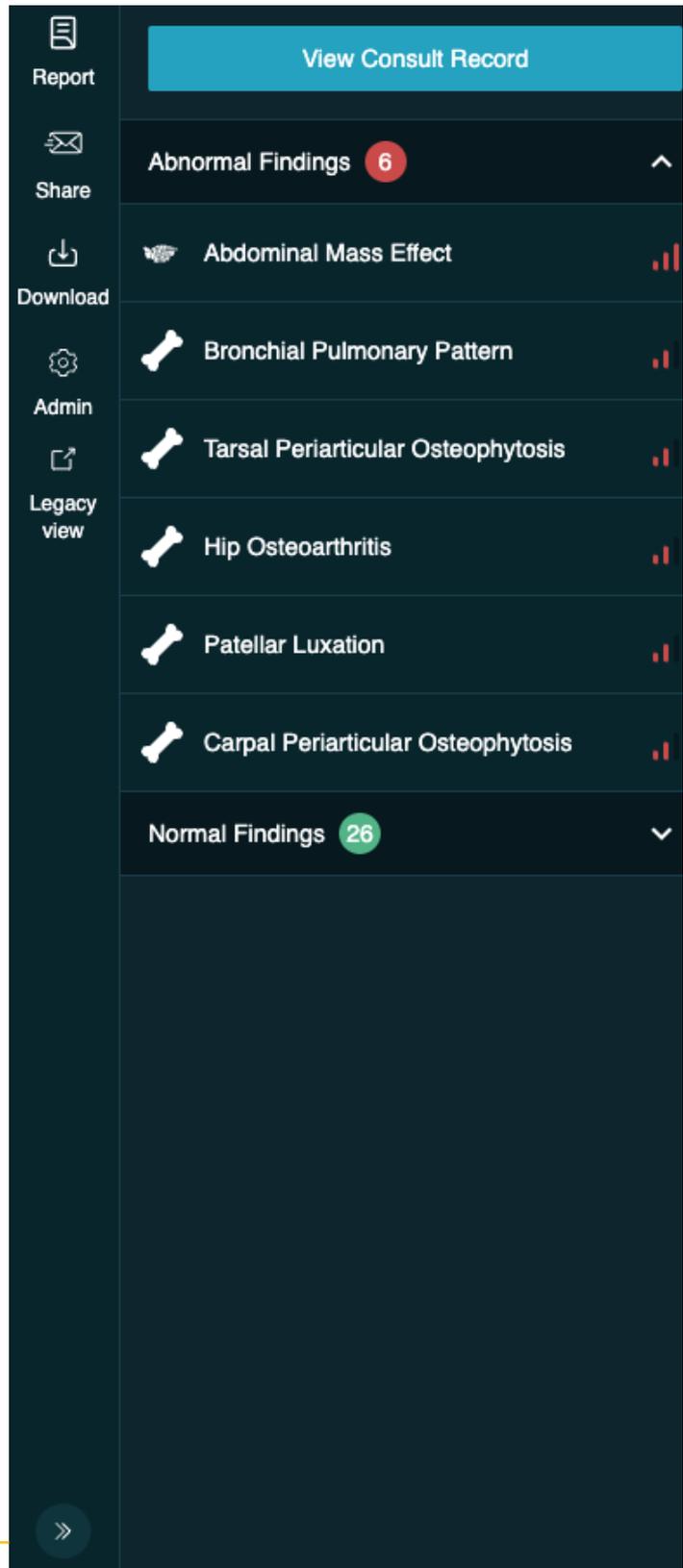


## ■ Unified Identification System:

The coordinated use of color-coded tags and circles simplifies the identification and understanding of specific abnormalities. Clicking on a specific test tag indicator in the findings sidebar highlights the corresponding areas on the radiograph with colored circles, facilitating a streamlined diagnostic process.



The collapse icon opens or closes the sidebar, granting you control over screen space to display radiographs in fullscreen.



# Edit Ray Report



To access the report, simply click on the "Report" button within the Study View.

Within the edit mode, you have the ability to customize the report according to your specific needs.

## Editing Hospital and Patient Details:

Modify and update information to ensure accuracy.

## Selective Findings Inclusion:

Opt for precision by selecting which findings to showcase in the report.

**Summary Section:** Insert summary to provide a concise overview of the diagnostic assessment.

**Image Selection:** Opt to display specific radiographs within the report, allowing for a focused presentation of relevant visuals.

### Option To Select Which Report To Display

SignalRAY Report ▾

### Share The Report Via Email

Email Report ✉

### Download Report

Download Report ⬇

**SignalPET®** Instant Point-of-Care Radiology Results

**REPORT** ID: 19426

Service: SignalRAY Date of Received: Jan 09 2024

**HOSPITAL DETAILS**

Tranquility Veterinary Clinic  
New York 999-999-9999 info@studycdemo.com

**PATIENT DETAILS**

Owner Name: Demo Name Age: 14 years  
Patient Name: Lou Patient ID: 14966471  
Species: Canine Breed: English Bulldog  
Gender: Male Neutered: UNALTERED

**ABNORMAL FINDING (3/4)**

- Spondylitis
- Bronchial Pulmonary Pattern
- Pleural Fluid
- Cranioventral Parenchymal Pattern

**NORMAL FINDING (0/18)**

- Lytic and/or Blastic Bone Lesions
- Rib Fracture(s)
- Shoulder Arthropathy
- Left Atrial Enlargement
- Gastric Material
- Vertebral Anomaly
- Hepatomegaly
- Cervical Disc Space Narrowing
- Elbow Periaricular Osteophytosis
- Gastric Distension
- Tracheal Narrowing
- Pleural Gas

Page 1 of 3

**SignalPET®** Instant Point-of-Care Radiology Results

**ADDITIONAL INFORMATION**

**Spondylitis:** An abnormal test for spondylitis indicates that bony bridging across intervertebral disc spaces has been detected in a lateral projection. Spondylitis deformans is considered a noninflammatory degenerative disorder, typically of no clinical significance. Differential diagnoses include chronic IVDD, age related changes, or other causes. DDx: Chronic IVDD, age-related, other

**Pleural Fluid:** Fluid within the pleural space can be identified by prominent pleural fissure lines, retraction of lung margins from the diaphragm or chest wall, or focal accumulation of soft tissue dense opacity. Some of these findings may not be differentiated from pleural thickening or thoracic wall deformities. Primary differentials include heart failure (in cats), neoplasia, pyothorax, chylothorax, hypoproteinemia, or other causes. Additional diagnostics to consider based on clinical signs and exam findings include TFAST scan, thoracocentesis, or other advanced imaging. DDx: Heart failure (cats), neoplasia, pyothorax, hemothorax, chylothorax, hypoproteinemia, other

**Cranioventral Parenchymal Pattern:** An abnormal signal correlates with the presence of an increased opacity within the cranioventral region of the lungs (right cranial lung lobe, right middle lung lobe, and/or left cranial lung lobe) often with an interstitial and/or alveolar pattern. Lung opacity can be affected by radiographic technique, respiratory phase, obesity of the patient, and other factors. Diagnosis should be based on clinical signs, species, and physical exam findings; the primary differential diagnosis for this pattern is pneumonia, with other differentials including pulmonary hemorrhage/contusion, atelectasis, or other causes. DDx: Pneumonia, pulmonary hemorrhage, pneumonitis, neoplasia, other

**SUMMARY**

Interstitial pattern identified in throughout the lung fields. Differentials are pneumonia/pneumonitis including bronchopneumonia (bacterial, viral, fungal) or chronic bronchitis/fibrosis. Consider respiratory lavage for cytological exam and culture and sensitivity. Opacity noted in the cranial thorax suspected to be a fatty deposition. However, due to its appearance a mediastinal mass in this region cannot be completely ruled out but is considered much less likely. An ultrasound of the region and/or CT may be considered to confirm a diagnosis. Hepatomegaly with significant rounding associated with the left liver. This may represent a benign etiology however a liver mass in this region should be investigated. Correlate with blood work for clinical significance. Consider abdominal ultrasound for further investigation. Loss of detail in the cranial abdomen likely represent serosal crowding and peritoneal effusion. Increased size of the prostate gland is likely secondary to benign hypertrophy being an intact male. Correlate with rectal exam and clinical signs. Presence of disc space narrowing associated with ventral spondylitis is suggestive of disc degeneration. Correlate with physical exam findings and consider advanced imaging such as MRI. Osteoarthritis of the hips secondary to hip dysplasia. Correlate with orthopedic examination. Osteoarthritis of the stifles. Correlate with orthopedic examination. Vertebral anomaly. Likely incidental. Correlate with physical exam.

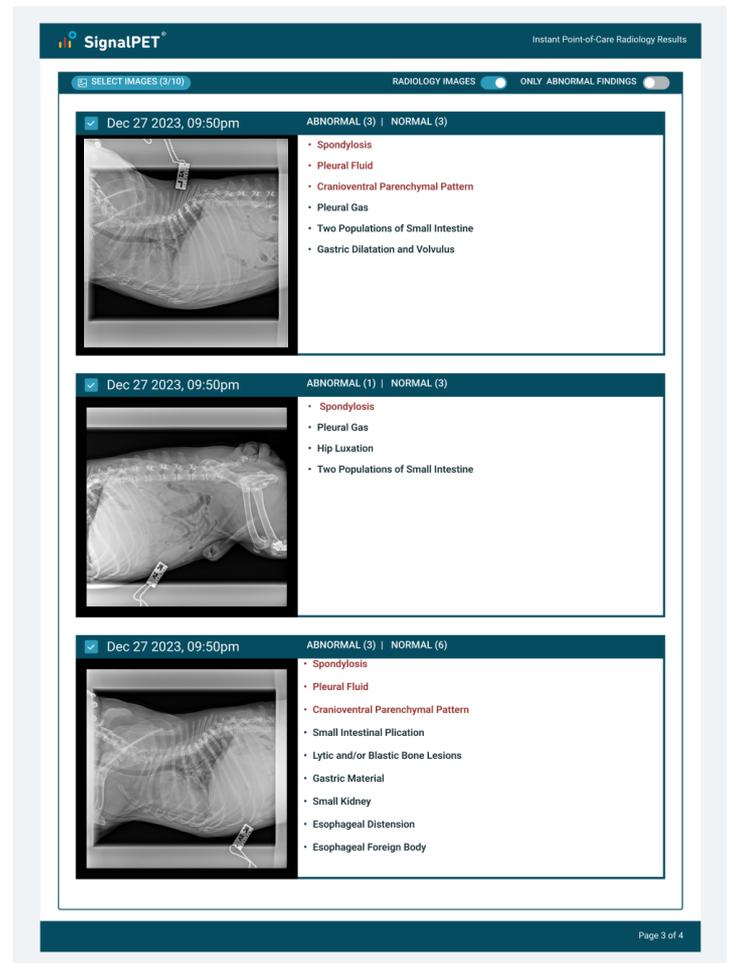
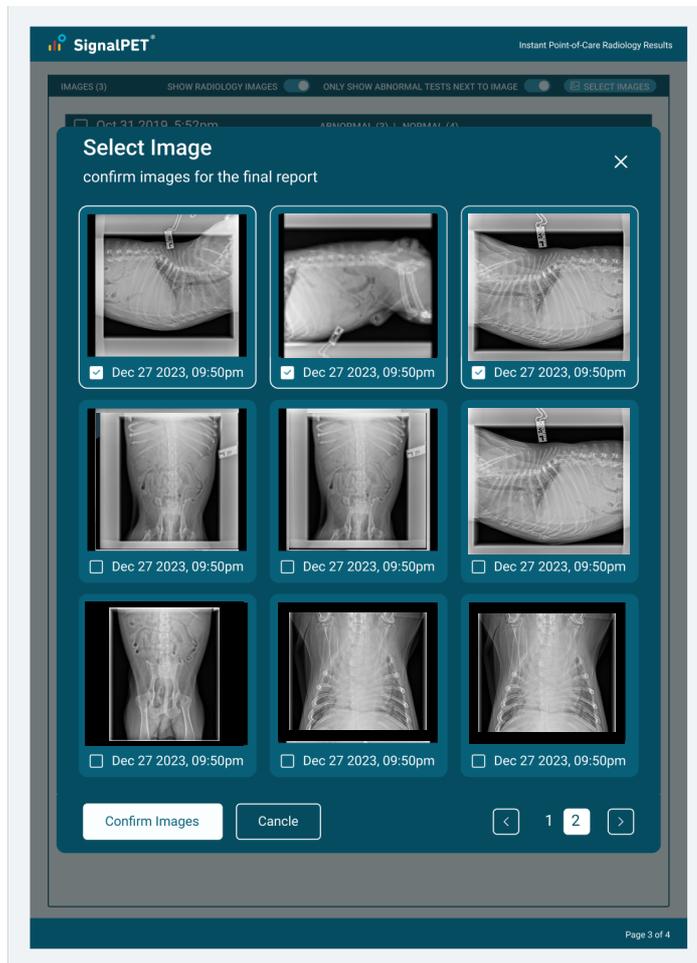
Michael Joe  
BSc, BVSc, CVR, DVM

Disclaimer: These are computer-generated results; absence of specifics doesn't imply normal or abnormal, just undetermined. Only a veterinarian can make a final diagnosis.

Page 2 of 3

# Report Radiographs

You have the option to refine the report further by choosing to display abnormal findings exclusively on the selected radiographs.



 SELECT IMAGES (3/10)

RADIOLOGY IMAGES

ONLY ABNORMAL FINDINGS

## Select Images

Click to choose which radiographs to include in the report

## Radiology Images

Click to include radiographs in the report.

## Only Abnormal Findings

Click to display only abnormal findings.

# Print-Ready Diagnostic Report

REPORT ID: 19426	
Service: SignalRAY	Date of Received: Jan 09 2024
HOSPITAL DETAILS	
Tranquility Veterinary Clinic	
New York	999-999-9999 Info@studymdemo.com
PATIENT DETAILS	
Owner Name: Demo Name	Age: 14 years
Patient Name: Lou	Patient ID: 14966471
Species: Canine	Breed: English Bulldog
Gender: Male	Neutered: UNALTERED
ABNORMAL FINDING (5)	
Spondylolysis	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pleural Fluid	<input checked="" type="checkbox"/> <input type="checkbox"/>
Cranioventral Parenchymal Pattern	<input checked="" type="checkbox"/> <input type="checkbox"/>

**ADDITIONAL INFORMATION**

**Spondylolysis:** An abnormal test for spondylolysis indicates that bony bridging across intervertebral disc spaces has been detected in a lateral projection. Spondylolysis deformans is considered a noninflammatory degenerative disorder, typically of no clinical significance. Differential diagnoses include chronic IVDD, age related changes, or other causes. DDx: Chronic IVDD, age-related, other

**Pleural Fluid:** Fluid within the pleural space can be identified by prominent pleural fissure lines, retraction of lung margins from the diaphragm or chest wall, or focal accumulation of soft tissue dense opacity. Some of these findings may not be differentiated from pleural thickening or thoracic wall deformities. Primary differentials include heart failure (in cats), neoplasia, pyothorax, chylothorax, hypoproteinemia, or other causes. Additional diagnostics to consider based on clinical signs and exam findings include TFAST scan, thoracocentesis, or other advanced imaging. DDx: Heart failure (cats), neoplasia, pyothorax, hemothorax, chylothorax, hypoproteinemia, other

**Cranioventral Parenchymal Pattern:** An abnormal signal correlates with the presence of an increased opacity within the cranioventral region of the lungs (right cranial lung lobe, right middle lung lobe, and/or left cranial lung lobe) often with an interstitial and/or alveolar pattern. Lung opacity can be affected by radiographic technique, respiratory phase, obesity of the patient, and other factors. Diagnosis should be based on clinical signs, species, and physical exam findings; the primary differential diagnosis for this pattern is pneumonia, with other differentials including pulmonary hemorrhage/contusion, atelectasis, or other causes. DDx: Pneumonia, pulmonary hemorrhage, pneumonitis, neoplasia, other

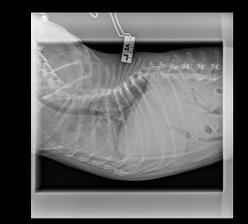
**SUMMARY**

Interstitial pattern identified throughout the lung fields. Differentials are pneumonia/pneumonitis including bronchopneumonia (bacterial, viral, fungal) or chronic bronchitis/fibrosis. Consider respiratory lavage for cytological exam and culture and sensitivity. Opacity noted in the cranial thorax suspected to be a fatty deposition. However, due to its appearance a mediastinal mass in this region cannot be completely ruled out but is considered much less likely. An ultrasound of the region and/or CT may be considered to confirm a diagnosis. Hepatomegaly with significant rounding associated with the left liver. This may represent a benign etiology however a liver mass in this region should be investigated. Correlate with blood work for clinical significance. Consider abdominal ultrasound for further investigation. Loss of detail in the cranial abdomen likely represent serosal crowding and peritoneal effusion. Increased size of the prostate gland is likely secondary to benign hypertrophy being an intact male. Correlate with rectal exam and clinical signs. Presence of disc space narrowing associated with ventral spondylolysis is suggestive of disc degeneration. Correlate with physical exam findings and consider advanced imaging such as MRI. Osteoarthritis of the hips secondary to hip dysplasia. Correlate with orthopedic examination. Osteoarthritis of the stifles. Correlate with orthopedic examination. Vertebral anomaly. Likely incidental. Correlate with physical exam.



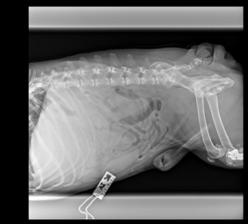
Michael Joe  
BSc, BVSc, CVR, DVM

IMAGES (3)



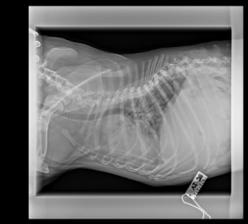
ABNORMAL (3) | NORMAL (3)

- Spondylolysis
- Pleural Fluid
- Cranioventral Parenchymal Pattern
- Pleural Gas
- Two Populations of Small Intestine
- Gastric Dilatation and Volvulus



ABNORMAL (1) | NORMAL (3)

- Spondylolysis
- Pleural Gas
- Hip Luxation
- Two Populations of Small Intestine



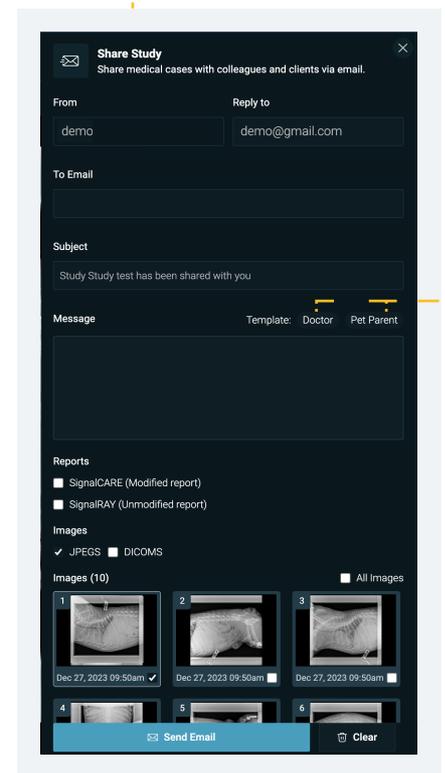
ABNORMAL (3) | NORMAL (6)

- Spondylolysis
- Pleural Fluid
- Cranioventral Parenchymal Pattern
- Small Intestinal Plication
- Lytic and/or Blastic Bone Lesions
- Gastric Material
- Small Kidney
- Esophageal Distension
- Esophageal Foreign Body

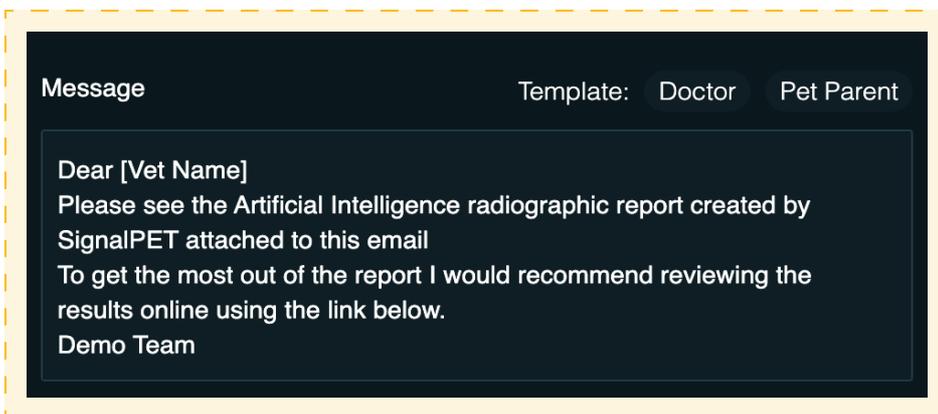
## Share

Enhance collaboration and communication by sharing relevant case study information with the client or the doctor, whether it's comprehensive reports or specific radiographs, with designated recipients via email.

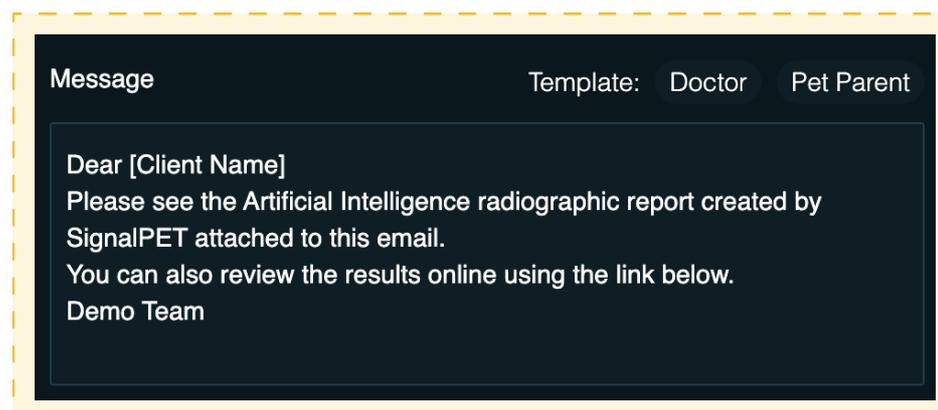
- **Reply to:** The email that receives the replied emails
- **To Email:** Specify the email address of the recipient to send the shared documents.
- **Subject:** Add the subject to the email message
- **Message:** you can fill in a personalized message or utilize provided message templates.
- **Reports to Share:**
  - SignalRAY - Unmodified report, the full report
  - SignalCARE - Modified report, the report after editing
  - Consultation report in case consultation completed
- **Images:** Choose which radiographs to include in the email. You can include JPEGS and DICOMS images.



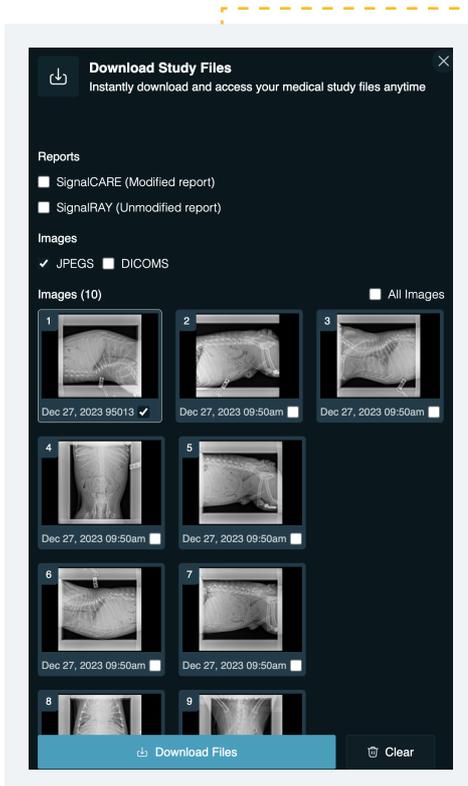
Email Notification: Upon sharing, the recipient will receive an email containing the shared documents and link to download images.



### Doctor



### Pet Parent



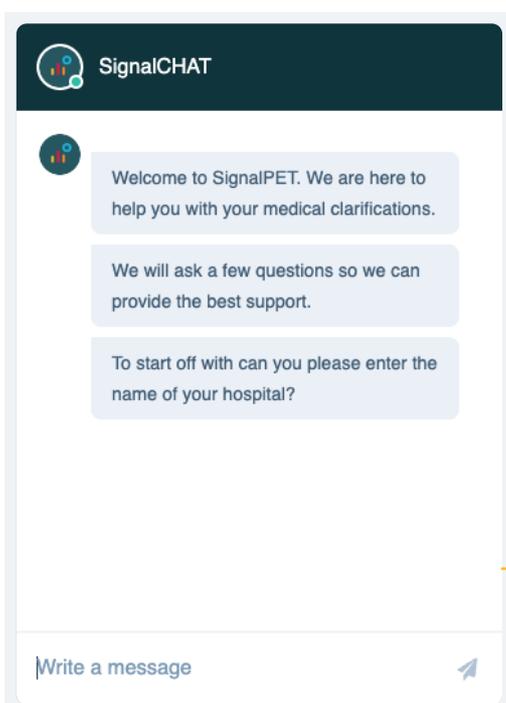
## Download

Download feature allowing you to access crucial case information, selectively download comprehensive case reports or specific radiography, and choose between JPEG or DICOM formats for the downloaded files.

## SignalCHAT

Immediate vet-to-vet support from SignalPET veterinarians.  
free access to initiate a chat.

To access the medical support chat,  
click on the chat button located at the bottom left of the study view, and send us a message.  
Our vets will be ready to help with the AI interpretation.



# Consult

Initiate consult requests, prioritizing urgent cases with the SignalSTAT for a swift response. Provide essential details and your main question, then track the consult status directly on the case. Access request details at any time for transparent and convenient communication with consulting professionals.

Submit Consult - "Study Test"

**Submit Consult**  
Submit your study for an expert radiology review.

SignalSTAT SignalCONSULT

Your remain credits 12. [Purchase More Here!](#)

**Hospital Info**

Hospital Name: Demo  
DVM Name:   
Hospital Email: Demo@info.com

**Patient Info**

Owner Name:   
Pet Name: Thomas\*Lou\*\*\*  
Birthday: 11/01/2010

Species: Canine  
Breed: English Bulldog  
Gender: Male

Neutered: UNALTERED

**Case History**

13.5 yr old MI English Bulldog presented for 12lb of weight loss over the past few months, vomiting and diarrhea for the past few days. Hx of arthritis and chronic NSAID therapy. On PE, there was increased abdominal effort on inspiration, slightly muffled heart sounds on auscultation, new patches of dermatitis along flank, T: 100.8F, P: 115, R: 25  
CBC/Chem- ALP 187, BUN 6, Creat 1.1

TGH  
Amoxicillin 13mg/kg Q12  
Mirtazapine 7.5-15mg Q12  
Ondansetron 8-16mg Q12

**Primary Concerns/Questions**

Type here

Accept SignalPET [Terms & Conditions](#) Submit Request →

## Submit Consult

Initiate a consult request seamlessly, enabling you to seek professional advice on specific cases with a turnaround time of 24 hours.

## SignalSTAT

Tailor your consultation with the option to prioritize urgent cases using the SignalSTAT, guaranteeing a response within 45 minutes.

For SignalSTAT access, reach out to [support@signalpet.com](mailto:support@signalpet.com).

If you want to purchase more credits, you can add credits to your balance from the billing page (Admin > Billing)

## Hospital Info

Hospital details are automatically filled based on account information.

The notification will be sent to the email provided in this section

## Patient Info

Owner name, pet name, birthday date, species, breed, gender, neutered

## Case History

Provide a comprehensive overview of the patients medical background and relevant clinical signs pertinent to this case. Include any necessary details such as symptom onset, progression, previous diagnoses, and any other relevant medical history.

## Primary Concern / Question

Provide the specific questions or concerns you have regarding the case. This information will be kept confidential between clinicians and help our consultants effectively address specific questions. Any information entered here will not be included in the final client report.

## Request Is Pending

Upon submitting a consult request, the status is initially marked as "Pending." Easily access and review your request details in the modal for a quick overview of the consultation process.



### Your request is pending review

We're Processing Your Request. You'll Receive a Prompt Notification Once Your Results Are Ready

Consult Service

SiganlSTAT

Requested At

11:08AM Mon, Jan 09 2023

Requested By

Micheal Joe

Request Status

 Pending

## Result Is Ready

When the consultation result is ready, you can conveniently check the request status and review the detailed consultation findings.



### Results Ready for Review

Your Results Are Now Available for Review. [Please Access Your Results](#) at Your Convenience.

Consult Service

SiganlSTAT

Requested At

11:08AM Mon, Jan 09 2023

Last Updated

11:08AM Mon, Jan 10 2023

Requested By

Michael Joe

# View The Consult Result

Once the consultation is completed and the status transitions to "Done," indicating that the results are ready, access the consult result directly in the popup for a comprehensive and efficient overview of the professional insights provided during the consultation process.

Displays a concise summary, encapsulating the key professional insights for quick understanding. Here you can find the medical record of this case including the case history and the main concern/question provided when submitting

**To access the consult result, click the button within the Study View.**

[View Consult Result](#)

The screenshot shows a dark-themed popup window titled "View Consult Result - 'Study Test'" with a close button (X) in the top right corner. The popup contains two sections of medical information:

**Michael Joe**  
11:08AM Mon, Jan 09 2023

**Case History:**  
Lou 13.5 yr old MI English Bulldog presented for 12lb of weight loss over the past few months, vomiting and diarrhea for the past few days. Hx of arthritis and chronic NSAID therapy.  
On PE, there was increased abdominal effort on inspiration, slightly muffled heart sounds on auscultation, new patches of dermatitis along flank, T: 100.8F, P: 115, R: 25  
CBC/Chem- ALP 187, BUN 6, Creat 1.1

TGH  
Amoxicillin 13mg/kg Q12  
Mirtazapine 7.5-15mg Q12  
Ondansetron 8-16mg Q12

**Sandra co**  
11:08AM Mon, Oct 16 2023

**Consult Result:**

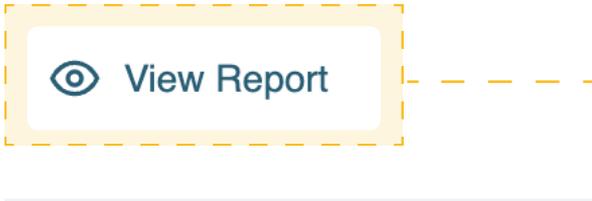
**Thorax**  
There is increased opacity throughout the lung fields, characterized as a interstitial pattern. Symmetrical widening of the mediastinum is most consistent with fatty deposition. No pulmonary masses, lymphadenopathy, or mediastinal masses are noted. The trachea is unremarkable with normal diameter. The pleural space is normal. The diaphragm is unremarkable.

**Abdomen**  
The liver appears enlarged. The spleen is normal in size and contour. The stomach is empty. The GI tract is within normal limits without overdistension, foreign material or intestinal plication identified. The small intestines appear within normal limits. There is no evidence of a mass or mass effect within the abdomen. There is loss of serosal detail noted in the cranial abdomen and there are soft tissue striations associated with the left cranial abdomen. The prostate is prominent. The visualized kidneys are within normal limits. The urinary tract is normal.

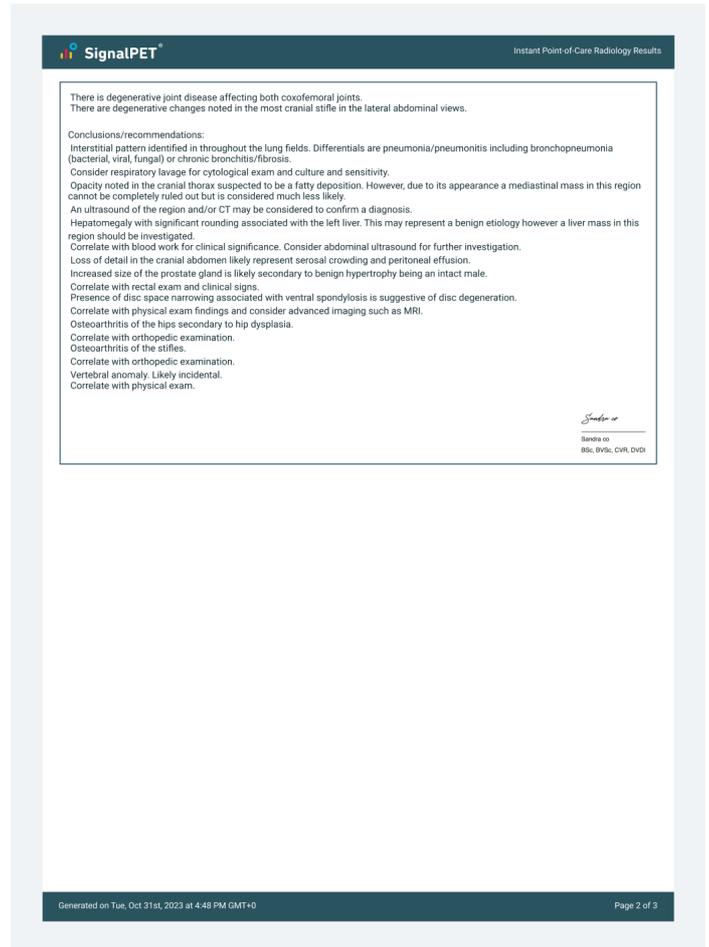
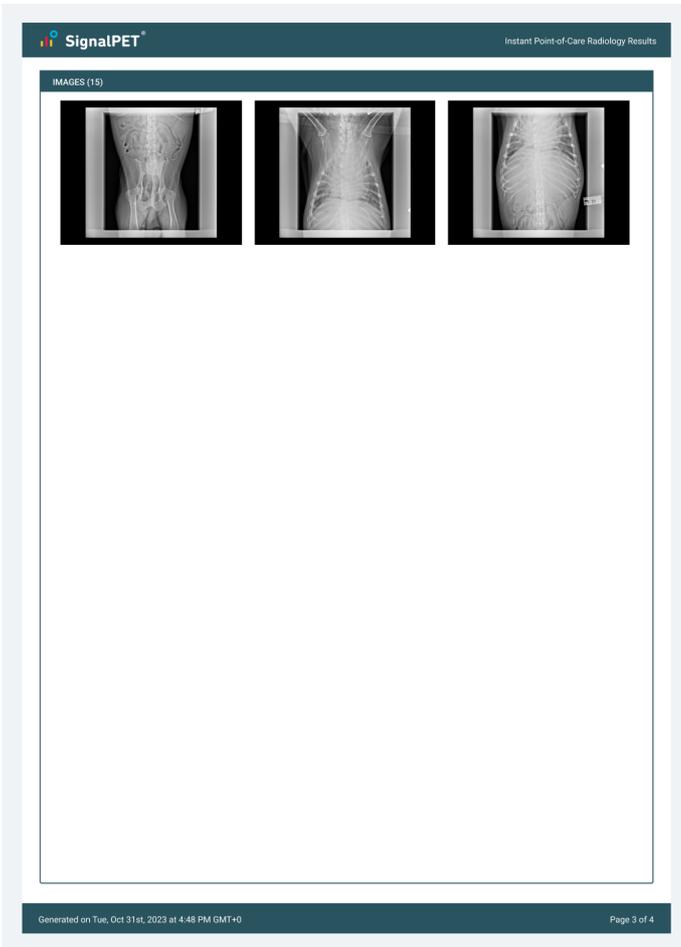
At the bottom of the popup, there are two buttons: "View Consult Record" (with a left arrow icon) and "View Report" (with an eye icon).

# View The Consult Report

Access detailed patient data and consult conclusions in a concise, organized report.



SignalPET®		Instant Point-of-Care Radiology Results	
<b>REPORT</b>			
<b>Service:</b> SignalCONSULT	<b>Date of Received:</b> Nov 21 2023		
<b>REQUEST DETAILS - 11:08AM MON, JAN 09 2023</b>			
<b>Hospital Name:</b> Demo Study	<b>DVM Name:</b>		
<b>PATIENT DETAILS</b>			
<b>Owner Name:</b> Thomas^Lou^^	<b>Age:</b> 14 Years		
<b>Patient Name:</b> Yes	<b>Patient ID:</b> 14966471		
<b>Species:</b> Canine	<b>Breed:</b> English Bulldog		
<b>Gender:</b> Male	<b>Neutered:</b> UNALTERED		
<b>CASE HISTORY</b>			
<p>Lou 13.5 yr old MI English Bulldog presented for 12lb of weight loss over the past few months, vomiting and diarrhea for the past few days. Hx of arthritis and chronic NSAID therapy.            On PE, there was increased abdominal effort on inspiration, slightly muffled heart sounds on auscultation, new patches of dermatitis along flank, T: 100.8F, P: 115, R: 25            CBC/Chem- ALP 187, BUN 6, Creat 1.1</p> <p>TGH            Amoxicillin 13mg/kg Q12            Mirtazapine 7.5-15mg Q12            Ondansetron 8-16mg Q12</p>			
<b>RESPONSE - 11:08AM MON, OCT 16 2023</b>			
<p><b>Thorax</b>            There is increased opacity throughout the lung fields, characterized as a interstitial pattern.            Symmetrical widening of the mediastinum is most consistent with fatty deposition.            No pulmonary masses, lymphadenopathy, or mediastinal masses are noted.            The trachea is unremarkable with normal diameter.            The pleural space is normal.            The diaphragm is unremarkable.</p> <p><b>Abdomen</b>            The liver appears enlarged.            The spleen is normal in size and contour.            The stomach is empty.            The GI tract is within normal limits without overdistension, foreign material or intestinal plication identified.            The small intestines appear within normal limits.            There is no evidence of a mass or mass effect within the abdomen.            There is loss of serosal detail noted in the cranial abdomen and there are soft tissue striations associated with the left cranial abdomen.            The prostate is prominent.            The visualized kidneys are within normal limits.            The urinary tract is normal.            The urinary bladder is within normal limits.            No evidence of urolithiasis.</p> <p><b>Musculoskeletal</b>            No appendicular fractures are noted.            No aggressive osseous lesions identified.            There is intervertebral disc space narrowing of the spaces between T10 - T12.            There is spondylosis deformans noted in the thoracic and lumbar spine.            Vertebral anomaly is noted in the thoracic spine as hemivertebrae.            There are no degenerative changes noted in the shoulders.            There is evidence of hip incongruity of both hips.</p>			
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