



PATIENT

Pocky Zhu

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed female

AGE

9 years

WEIGHT

25 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary
Services

REFERRING VET

Dr. Shen Li

INVOICE

78437

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Overall healthy.

Abnormal PE/Chem/CBC/UA Results: Comprehensive bloodwork, UA and fecal test WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the trigone and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.32×1.63 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane. The right kidney is normal in shape and size: 4.07×1.85 cm, and the thickness of the cortex is 0.41 cm in the sagittal plane. Both kidneys demonstrate normal cortical echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands were not confidently visualized during the examination.

Spleen

Splenic thickness is 1.22 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

Portions of the hepatic parenchyma could not be completely evaluated due to acoustic shadowing and reverberation artifact associated with gastric gas. The visualized areas were subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma observed was uniform and isoechoic compared to the falciform fat.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal tract

The stomach is empty and folded, with a wall thickness of 2.29 mm and preserved wall layering. The jejunum measures 2.47 mm in thickness and demonstrates normal wall layering. No evidence of gastrointestinal inflammation, ileus, obstructive disease, or foreign material is identified within the intestinal segments evaluated. The colon measures 1.24 mm in thickness and contains soft fecal material within the descending colon.



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Pancreas

The pancreatic regions included in the examination do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- No clinically significant abdominal ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

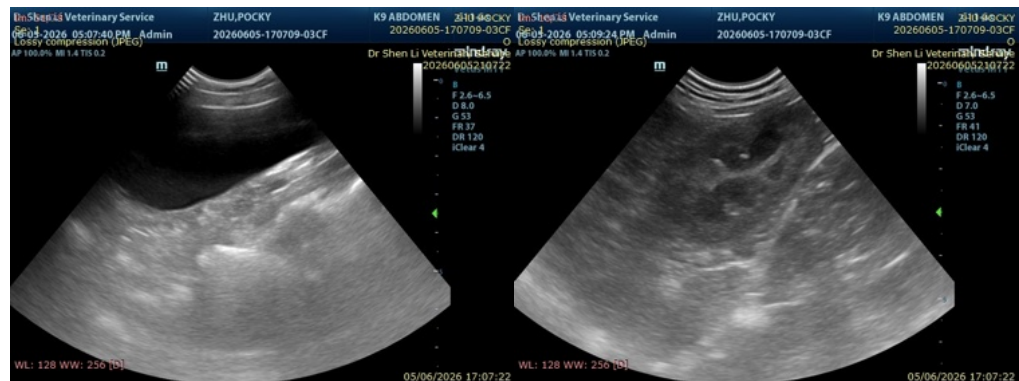
The urinary tract, liver, gallbladder, spleen, gastrointestinal tract, pancreas, and visualized abdominal lymph nodes are within normal ultrasonographic limits. No evidence of inflammatory, obstructive, infiltrative, or neoplastic abdominal disease is detected.

Overall, this examination is unremarkable, and no sonographic explanation for occult systemic disease is identified.

Recommendations

- Continue routine clinical monitoring and wellness screening as recommended by the attending veterinarian.
- Correlation with future clinical signs, physical examination findings, and laboratory testing is recommended if new concerns arise.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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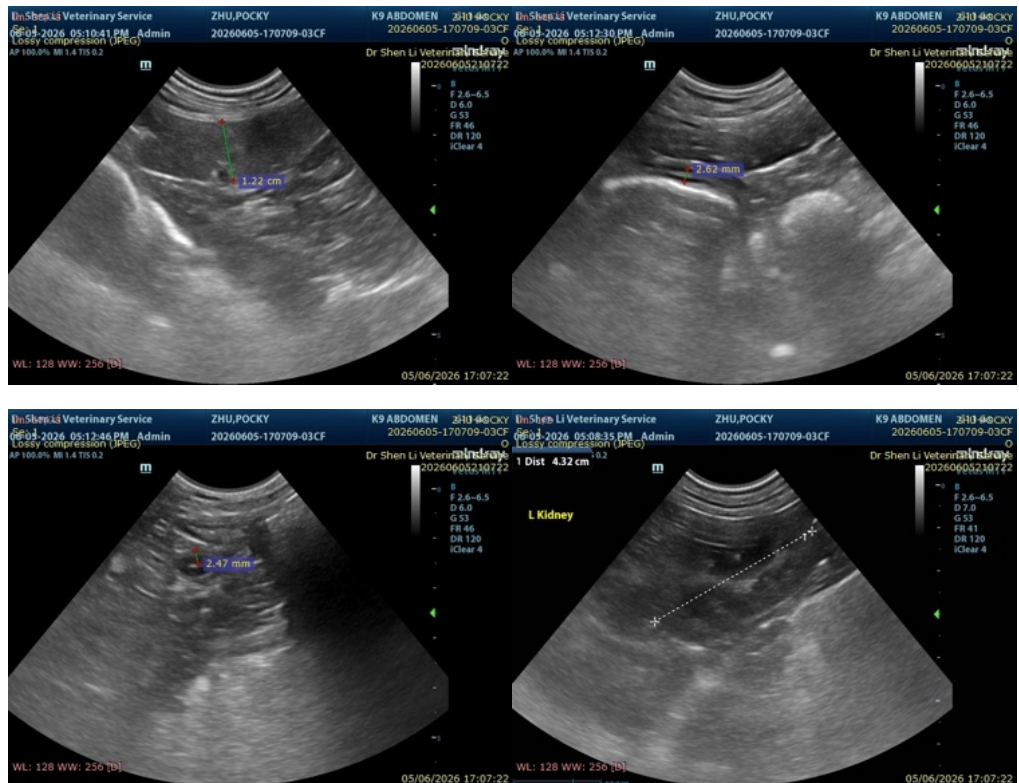
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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