



PATIENT

Max Okimoto

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

14 Years 6 Months

WEIGHT

10 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13134

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Hx CKD, hx pancreatitis. Owner mentioned doing well at home, controlled vomiting, pet received sq fluid once weekly.

PE: LS OU, dental calculus, BCS 4/9. cPLI test - normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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. Mild medullary mineral was present bilaterally with no evidence of pyelectasia. Focal to intermittent small cortical cysts were visualized within the left kidney. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 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 0.58 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 0.47 cm width at the caudal pole.

Spleen

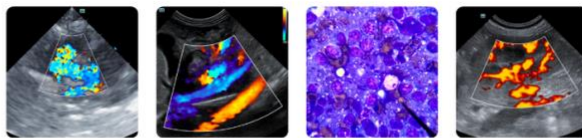
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented with borderline to possible mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gravity dependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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. The pylorus wall measured 0.40 cm wall width.

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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 pancreas was normal in size with mildly heterogeneous hyperechoic parenchyma and indistinct pancreatic capsule compared to adjacent isoechoic omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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10 pounds

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with mild medullary mineral.
- Mildly heterogeneous hyperechoic pancreas.
- Borderline/mild hepatomegaly exhibiting mild parenchymal remodeling.
- Nonorganized gallbladder debris (non-mucocele).
- Normal empty gastrointestinal tract.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic remodeling owing to previous pancreatitis with potential intermittent flare-ups of chronic pancreatitis are possible. Low-grade gastritis, given patient's history, cannot be definitively excluded. No evidence of abdominal neoplastic criteria. Correlation with urinalysis, monitoring +/- renal staging to include culture/sensitivity or UPC level if clinically indicated with concurrent renal and gastrointestinal support is recommended.

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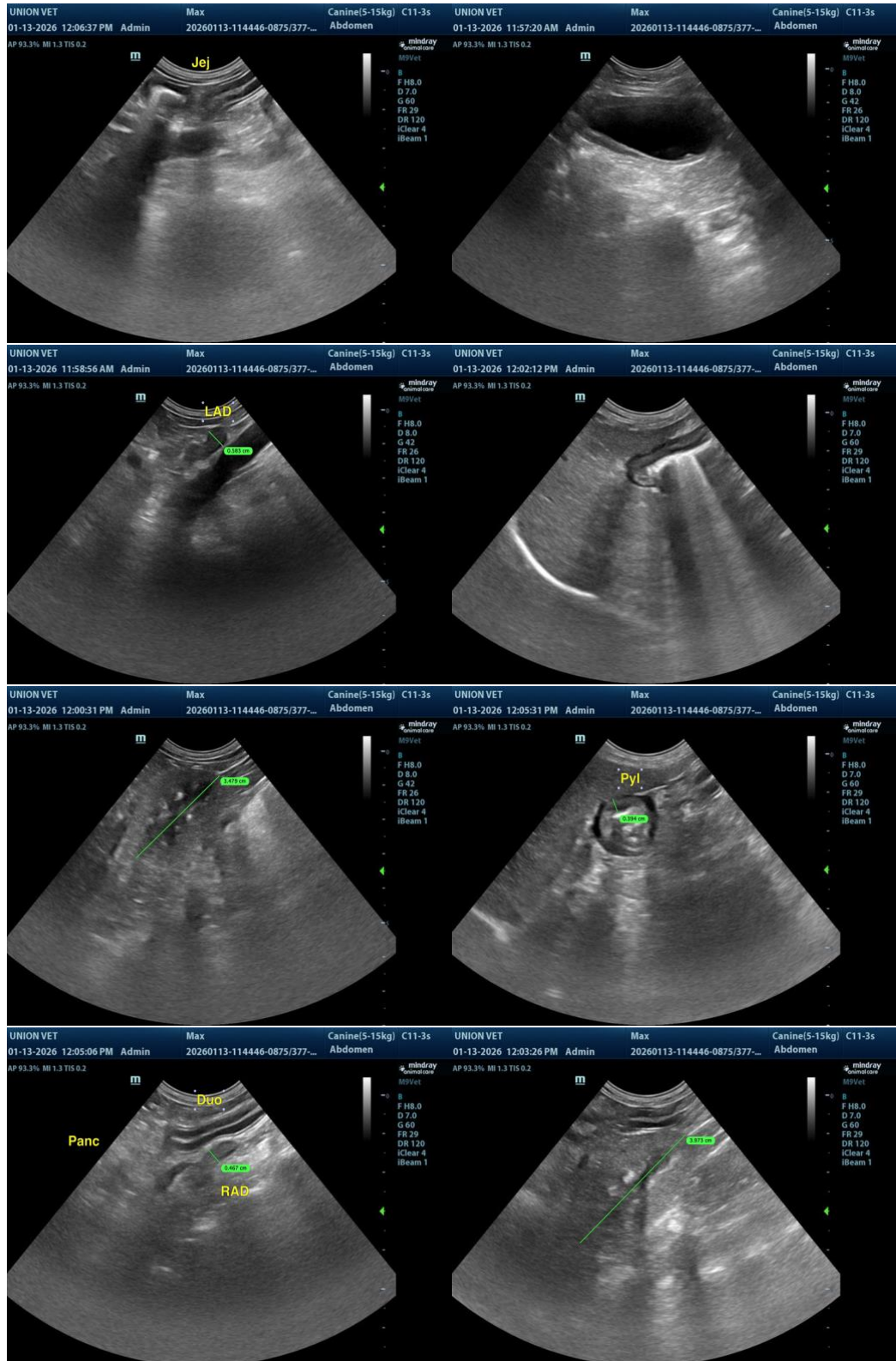
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com