



PATIENT

Loky Colon

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male

AGE

8

WEIGHT

2.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sheila Vega

HOSPITAL NAME

Animalis Veterinary
Group

REFERRING VET

Dr. Sheila Vega

INVOICE

13190

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Patient presented for dental cleaning, at presentation owner explained recent history of renal failure and anemia at December 2025 in other vet hospital. Patient is stable at this moment but has periodontal diseases 3/4 with nostrils discharge that used to be green now white/clear with antibiotics. At x-ray from the beginning of January radiologist recommended abdominal U/S. Patient is stable but anemia still present. We are doing abdominal u.s to r/o any condition before going into anesthesia.

CBC: RBC 3.33 (5.65-8.87), HCT 24.2 (37.3-61.7), HGB 7.2 (13.1-20.5), MCHC 30 (32-37.9), RDW 10.8 (13.6-21.7), WBC 33.03 (5.05-16.76), Neu 23.32 (2.95-11.64), Lymph 5.40 (1.05-5.10), Mono 4.28 (0.16-1.12), Eos 0.2 (0.06-1.23), MPV 14.3 (8.7-13.2), Plateletcrit 0.58 (0.14-0.46%) Chem: SDMA 16 (0-14), ALB 2 (2.2-3.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No obvious pathology in the area of the prostate although indistinctly visualized.

The area of the aortic trifurcation was free of pathology.

Adequate renal size (given the patient's body weight with mild subnormal right kidney size compared to the left kidney) with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.2 cm in length. The right kidney measured 2.8 cm in length. Mild pyelectasia was visualized bilaterally without evidence of left or right hydroureter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was mildly subnormal in size, suggestive of volume contraction and 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. The spleen measured 0.45 cm width level of the mid spleen.

Liver & Gallbladder



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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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, moderate nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to primarily generalized mild nonshadowing intestinal ingesta to the level of the colon.

Normal visible colon wall layers were present with semi formed to possible soft fecal matter in lumen.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes exhibiting pyelectasia.
- Volume contracted spleen.
- Mild nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract/colon with gastrointestinal ingesta and semi formed to soft fecal matter- gastrointestinal ingesta consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of abdominal neoplastic criteria. The renal dysplasia may be secondary to chronic renal changes, pelvic scarring with unilateral/bilateral pyelonephritis thought less likely.

Correlation with recheck urinary workup including urinalysis, culture/sensitivity +/- UPC level if non-inflammatory proteinuria is recommended. If anesthesia is elected, appropriate perioperative IV fluid administration with close monitoring of systemic blood pressure and perioperative renal parameters is recommended.



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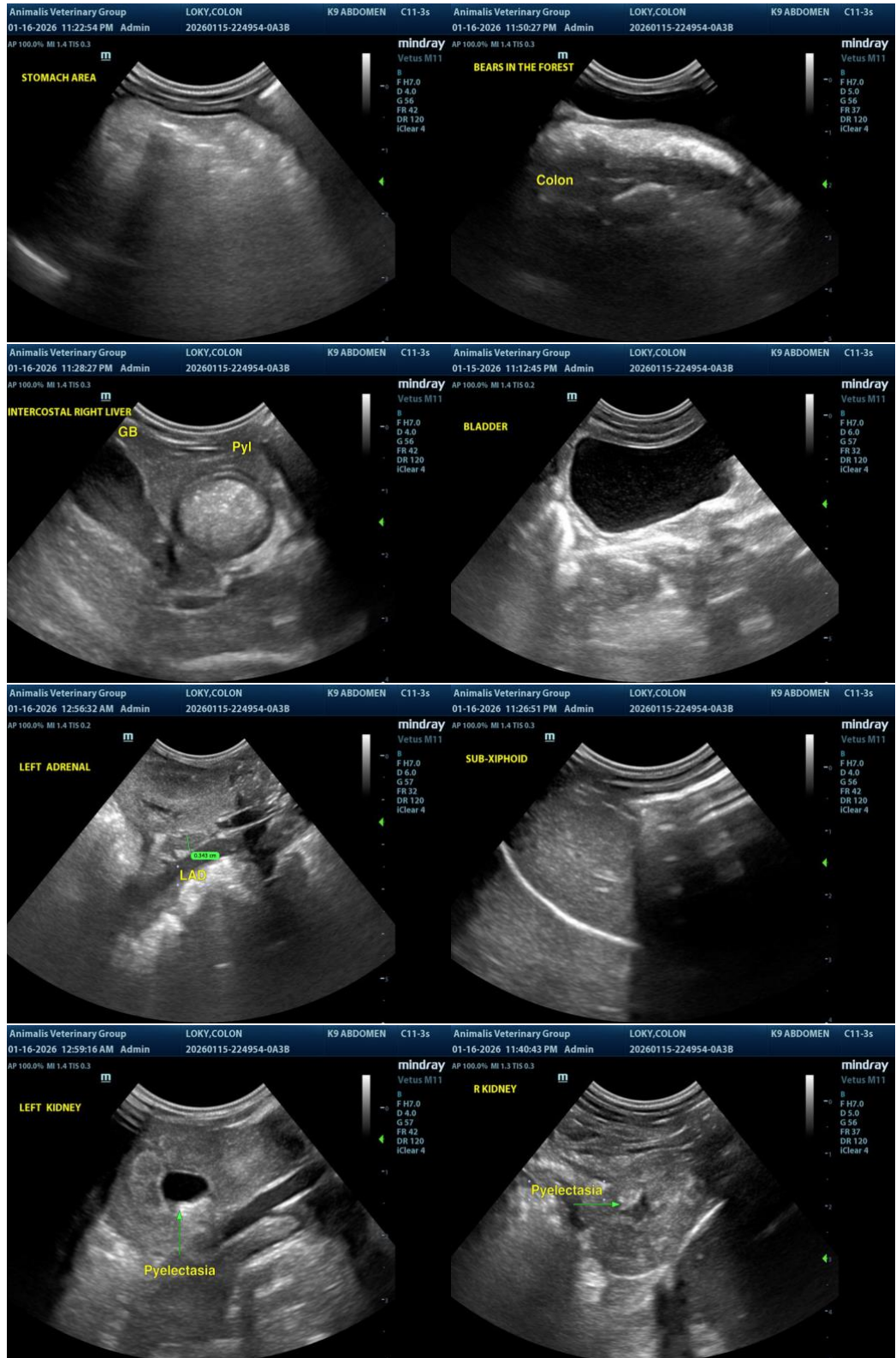
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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