



PATIENT

Chico Ramos

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male

AGE

6 Years

WEIGHT

16.7 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

13259

DATE

01/20/26

PRESENTING CLINICAL SIGNS

- Patient seen elsewhere 4 months ago for PU/PD. Patient is vaguely painful in the abdomen to owner. Lethargic. Scaly non-itchy skin. Previous labs 4 months ago were normal except mild glucosuria (BG normal), isosthenuria. Chems and CBC were unremarkable. Radiographs at that time showed moderate hepatomegaly and prostatomegaly (intact dog).

Abnormal PE/Chem/CBC/UA Results: Owner wanted second opinion. Labs now show decreased creatinine, increased cystatin B, slight decrease in potassium, marked increases in ALT, AST, ALP, and GGT (200, normal <13), high fasting cholesterol. Urinalysis still shows glucosuria and proteinuria. Urine culture screen, urine protein creatinine, leptospirosis panel, Fanconi panel, cytology pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone. No evidence of pathology in the area of the trigone or cystourethral junction. Anechoic urine was present in the lumen with urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.3 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Indistinct corticomedullary border demarcation was also present without evidence of pyelectasia. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.96 cm width at the caudal pole. The right adrenal gland measured 0.77 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 generalized hepatomegaly with symmetrical to rounded capsule contour and homogenous mildly hypoechoic hepatic parenchyma. Mild increased portal vein prominence was evident. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.



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The gallbladder was non-distended in size with normal walls and without evidence of wall edema. Mild nonobstructive dependent to peripheral lumen mineralized debris was visualized. The common bile duct was not visualized.

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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.

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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.

Pancreas

The right pancreatic limb was sonographically normal.

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Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present. Mild nonuniform hyperechoic omentum in the cranial abdomen primarily caudal to the stomach and in the area of the pancreas.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy- potentially acute.
- Nonobstructive gallbladder dependent to peripheral lumen mineralized sediment.
- Bilateral nonspecific indistinct corticomedullary border demarcation.
- Bilateral adrenomegaly.
- Nonhomogenous hyperechoic cranial abdomen to perigastric omentum- nonspecific steatitis, nonobvious pancreatitis.
- Urine sediment.
- Mildly enlarged nonhomogenous echogenic prostate gland- benign prostatic hyperplasia with potential for prostatitis. Prostatic neoplasia considered unlikely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Correlation with pending diagnostics and assuming normal clotting status and if not done, hepatic and prostatic FNA cytology +/- prostatic wash for further clarification is recommended. No evidence of post-hepatic obstruction. Adrenal workup is warranted if clinical signs are consistent with Cushing's syndrome. A spec cPL or full GI panel is suggested if clinical signs are consistent with pancreatitis or non-reported generalized gastrointestinal signs.

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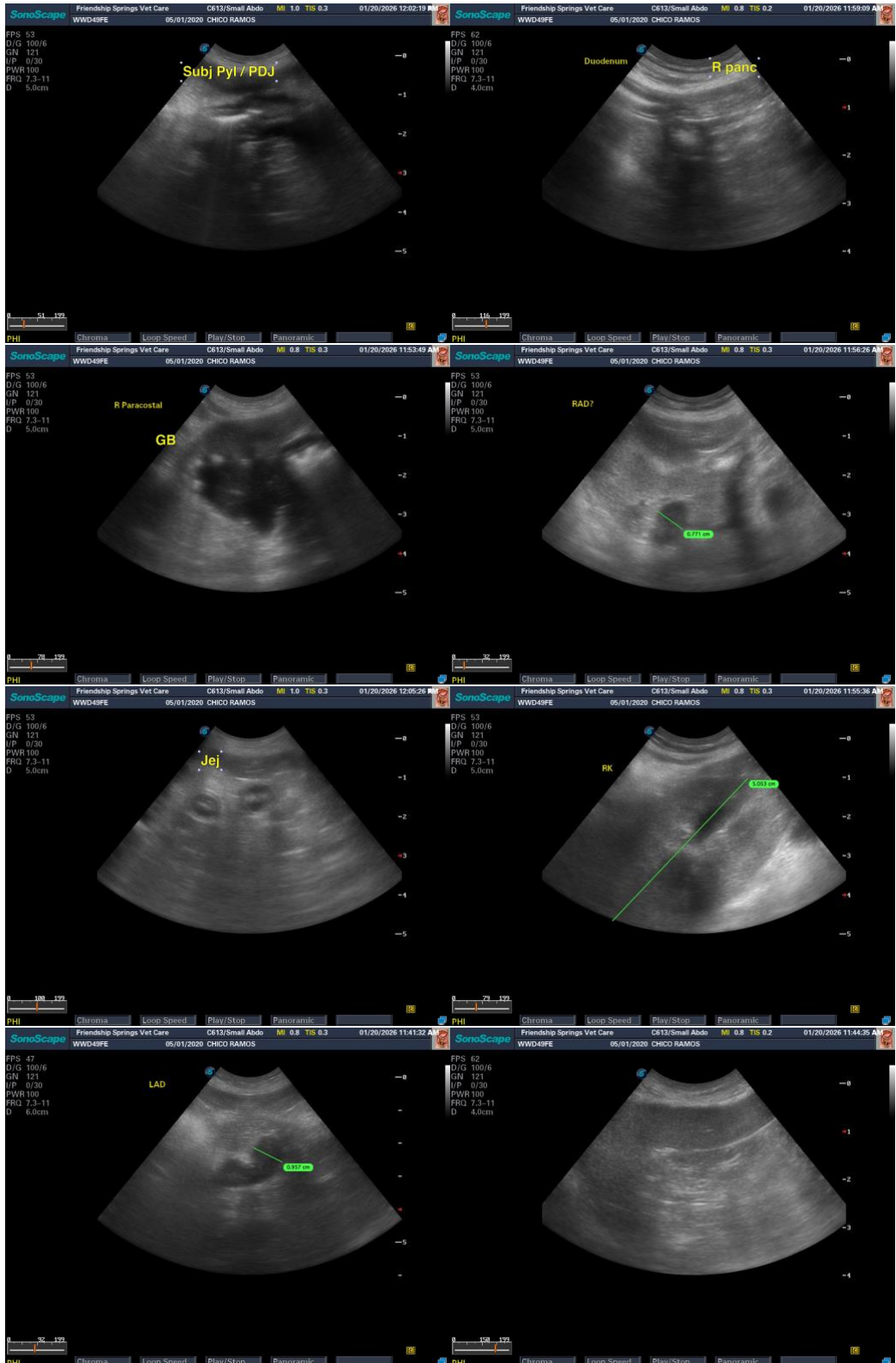
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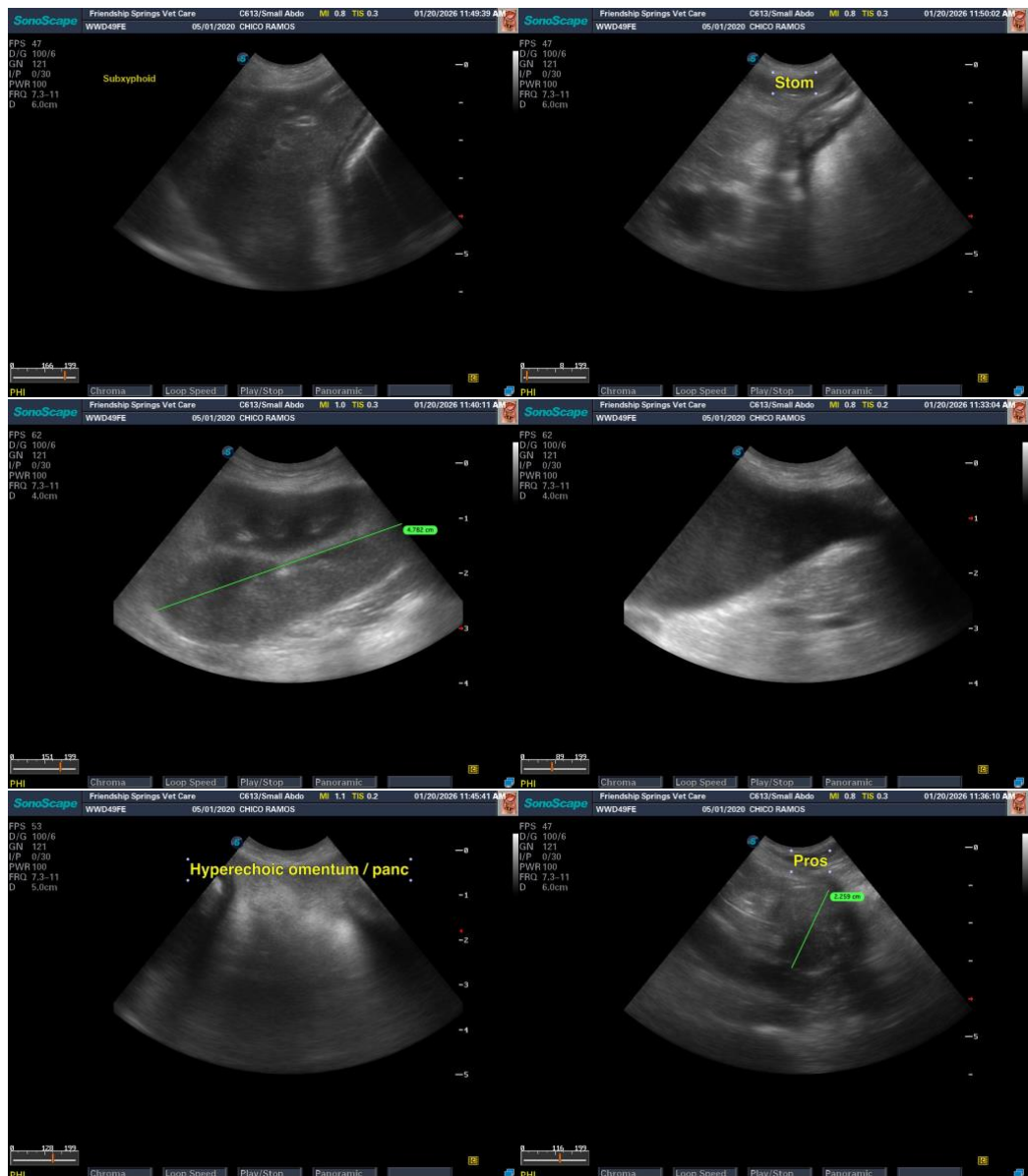
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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