



PATIENT

Chobi Ramos

SPECIES

Canine

BREED

Pug

SEX

NM

AGE

8 years

WEIGHT

26.5 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Krstevski

INVOICE

15937

DATE

1/25/23

PRESENTING CLINICAL SIGNS

PU/PD reported following abdominal cryptorchid testicle which was removed close to adrenal gland.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.6 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of adrenomegaly or tumors was noted. The left adrenal gland measured 1.8 cm length x 0.58 cm width at the caudal pole. The right adrenal gland measured 1.6 cm length x 0.40 cm width at the caudal pole.

Spleen

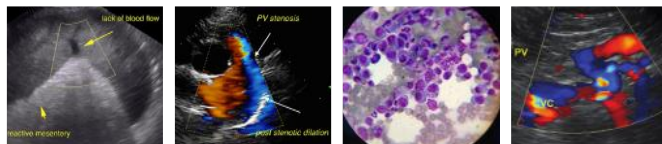
The spleen was normal in size and contour with a primarily finely textured homogeneous parenchyma. A solitary, hypoechoic, nondisruptive, mid-intraparenchymal nodule measuring 0.8 cm in diameter was present.

Liver/ Gallbladder

The liver was normal in size and contour exhibiting normal parenchyma echogenicity with minor parenchymal remodeling. Possible discretely prominent portal vascular borders. Overall normal hepatic vascular volume was noted. Overtly normal visualize portal vein was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, echogenic, luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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Pancreas

The pancreas base and right pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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NM

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable bilateral kidneys / adrenal glands
- Minor hepatic parenchymal remodeling, normal hepatic vascular volume
- Mild gallbladder debris (non-mucocele)
- Nonspecific mid-splenic nodule - likely benign, probable focal hyperplasia, hematopoiesis, or similar
- Heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral pathology as an obvious cause of the reported PU/PD. Correlation with full CBC/Chemistry Panel and urinary workup to include C/S and baseline UPC if evidence of proteinuria is suggested. If evidence of hepatic enzyme elevations, bile acids, Leptospirosis titers / PCR, +/- screening hepatic FNA cytology could be considered.

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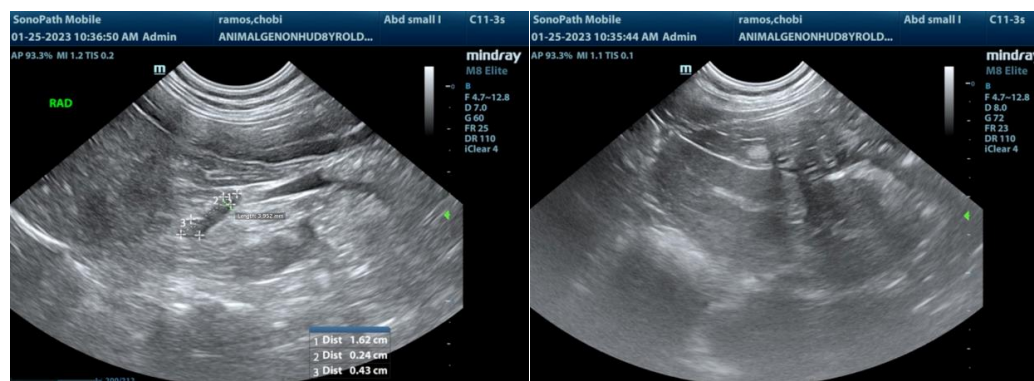
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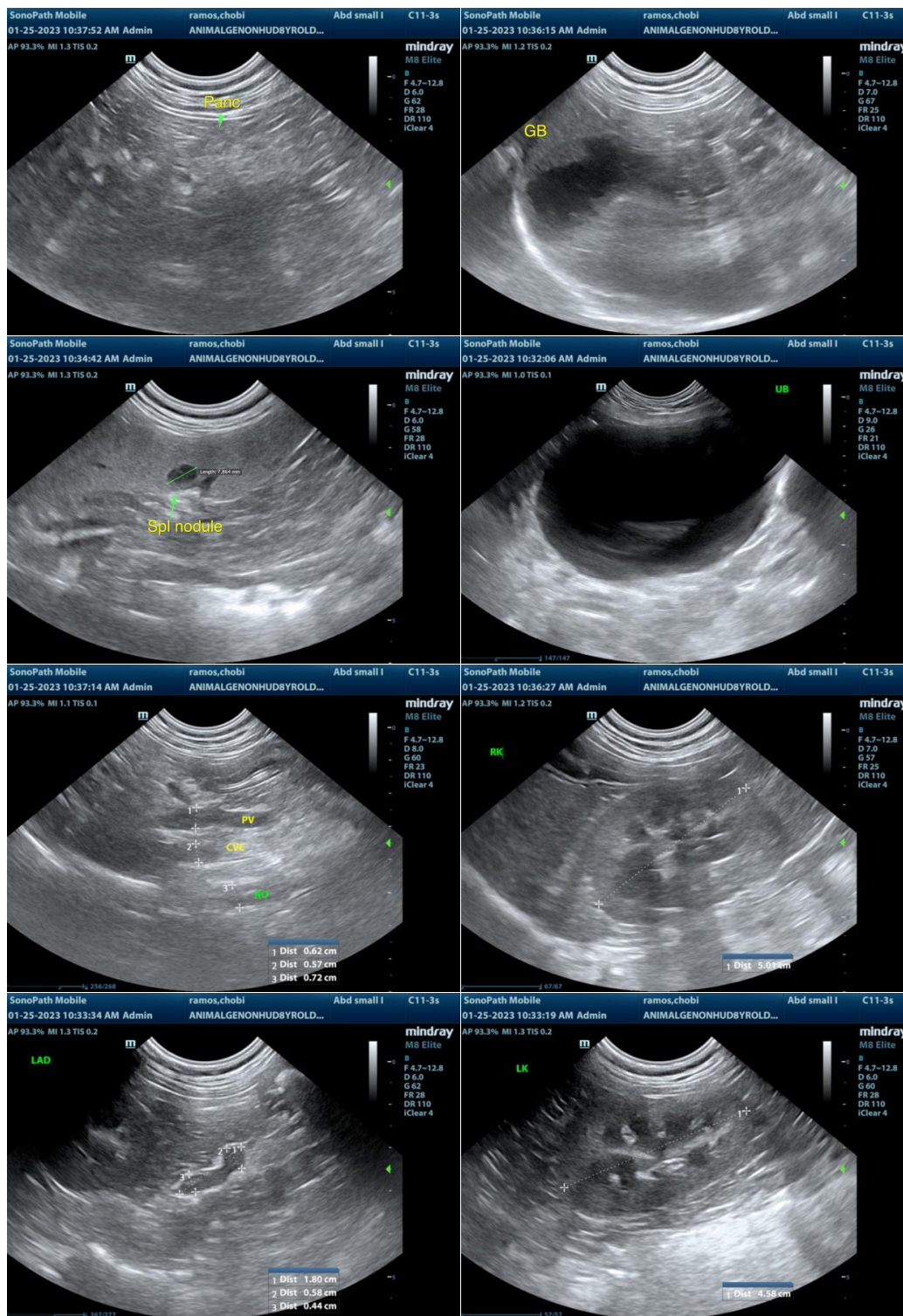
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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