



PATIENT PRESENTING CLINICAL SIGNS

Lucy Basu History:

- SPECIES**
- Heart Murmur IV/VI
 - Large Belly
- Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Yorkie Poo **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 changes were noted.

Female Spayed

AGE Normal renal size 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 loss of corticomedullary distinction was also present. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

10y 10m

WEIGHT **Adrenal Glands**

15.7 lbs

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to overlaying gastric ingesta artifact.

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

IMAGING PERFORMED BY **Spleen**

Vincent Ravancho, CVT

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.

HOSPITAL NAME **Liver**

Vetco Clark

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of overt hepatic congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET **Gastrointestinal**

Dr. Mohamed

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

INVOICE

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1/28/26



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The small intestine exhibited segmental, mild increased jejunal mucosa echogenicity with pinpoint hyperechoic mucosal speckling. Intestinal wall layering was intact and non-thickened with maintained wall layer detail. Segmental, similar appearing, mild, non-shadowing ingesta to the level of the colon. There was no evidence of an obstructive pattern or foreign material. The appearance of the small intestine is most consistent with protein losing enteropathy or lymphangiectasia. There was no evidence of infiltrative or neoplastic intestinal disease which is considered unlikely but cannot be ruled out without full thickness or endoscopic biopsies.

Normal visible colon wall layers were present with apparent formed feces 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

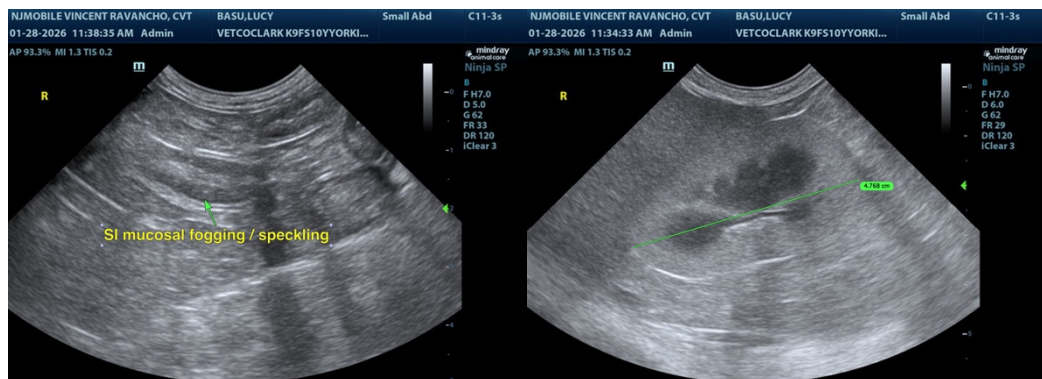
No omental masses, significant lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-congested hepatomegaly
- Mild, non-organized gallbladder debris
- Bilateral mild chronic renal changes
- Nonspecific segmental intestinal mucosal speckling/fogging with gastrointestinal ingesta – ingesta most consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific benign hepatomegaly is probable with considerations including vacuolar hepatopathy, cholestasis, inflammation, hyperplasia without overt sonographic evidence of hepatic neoplastic criteria or congestion. The mild intestinal mucosa changes likewise are nonspecific and may indicate patient variants, although could also be associated with underlying enteropathy such as protein losing enteropathy. Correlation with full lab work, urinalysis and echocardiogram is recommended. Assuming normal clotting status and if clinically indicated, hepatic FNA cytology could be considered for further clarification.





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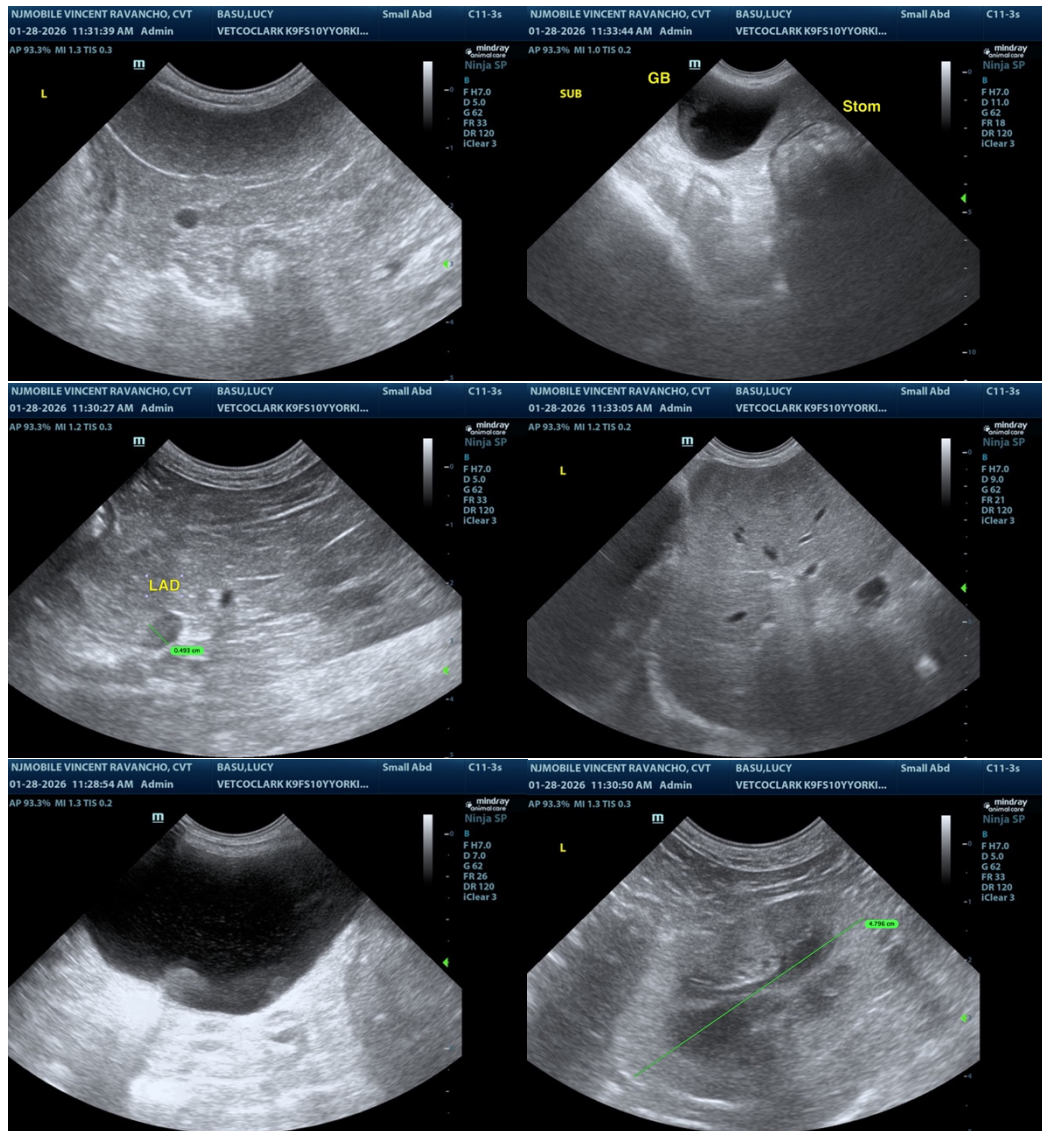
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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