



PATIENT

Frankie Johnston

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

5 Years 4 Months

WEIGHT

11 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park
 Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

12238

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Evaluate urinary tract (calculi on Rads) + pancreas. Recently presented for Vomiting- resolved- but bladder calculi noted on radiographs and Inc. pancreatic values on BW. Meds: Galliprant 10 mg SID

Abnormal PE/Chem/CBC/UA Results: Dec. Phos 2.4, Inc. GGT. 14, Amylase >2500, Inc. Lipase 5680, Inc. HCT 59.4, Inc. RBC 9.24, Inc. HGB 20.2, Inc. Reticulocytes 117.2. Urine: Protein 1+, Blood 3+, RBC 4-10/ hpf, USG 1.044

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was overall nondistended prohibiting full evaluation of the urinary bladder wall yet, subjective associated ventral to dorsal mild cystitis pattern. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal tone. No evidence of tumors. Two visualized calculi were visualized in the urinary bladder with an example measuring 0.50 cm in diameter.

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 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 pyelectasia. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 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 0.38 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 0.56 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

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 thin walls and primarily anechoic luminal content. 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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas presented with normal size, contour and isoechoic mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

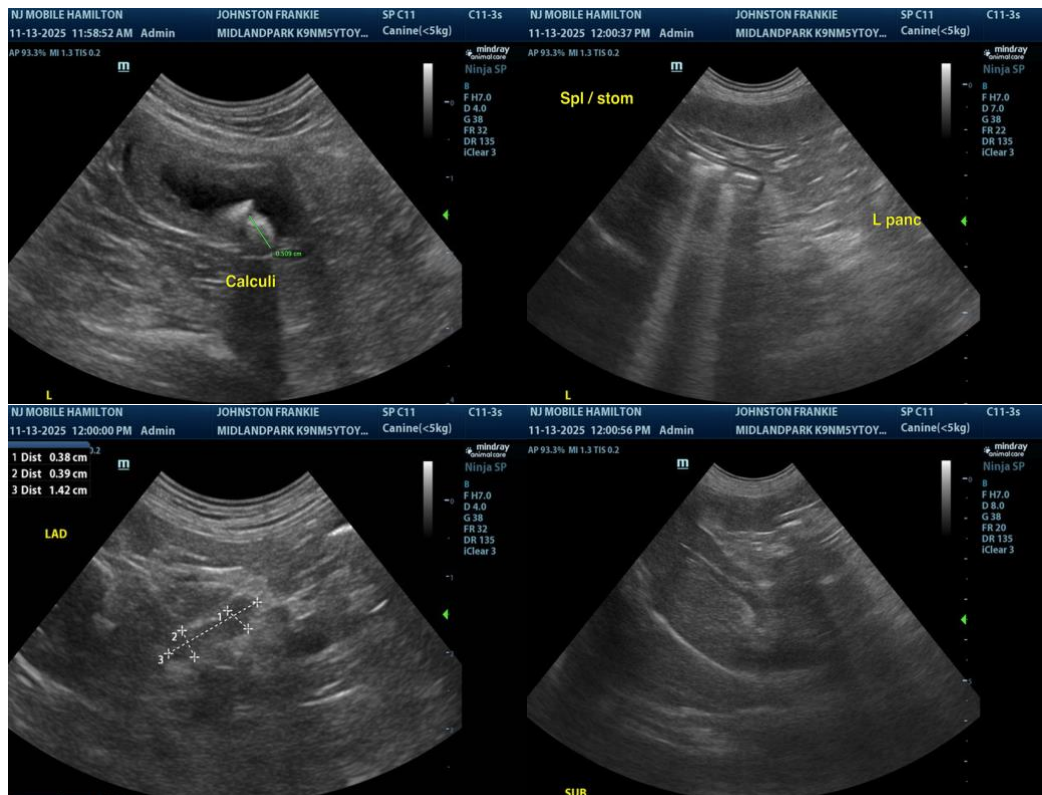
No overt lymphadenopathy or peritoneal effusion was present.

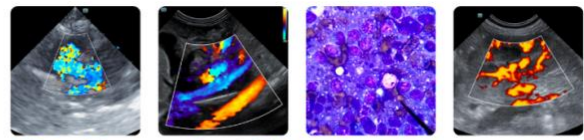
ULTRASONOGRAPHIC FINDINGS

- Cystic calculi (estimate two) with concurrent mild cystitis pattern.
- Sonographically normal gastrointestinal tract.
- Mild heterogeneous pancreas.
- Normal volume liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended. No evidence of intrahepatic or extrahepatic macroscopic shunt. The pancreas was not consistent with current active pancreatitis although previous pancreatitis with current mild pancreatic remodeling or low-grade chronic pancreatitis may present sonographically unremarkable. As needed supportive care is recommended.





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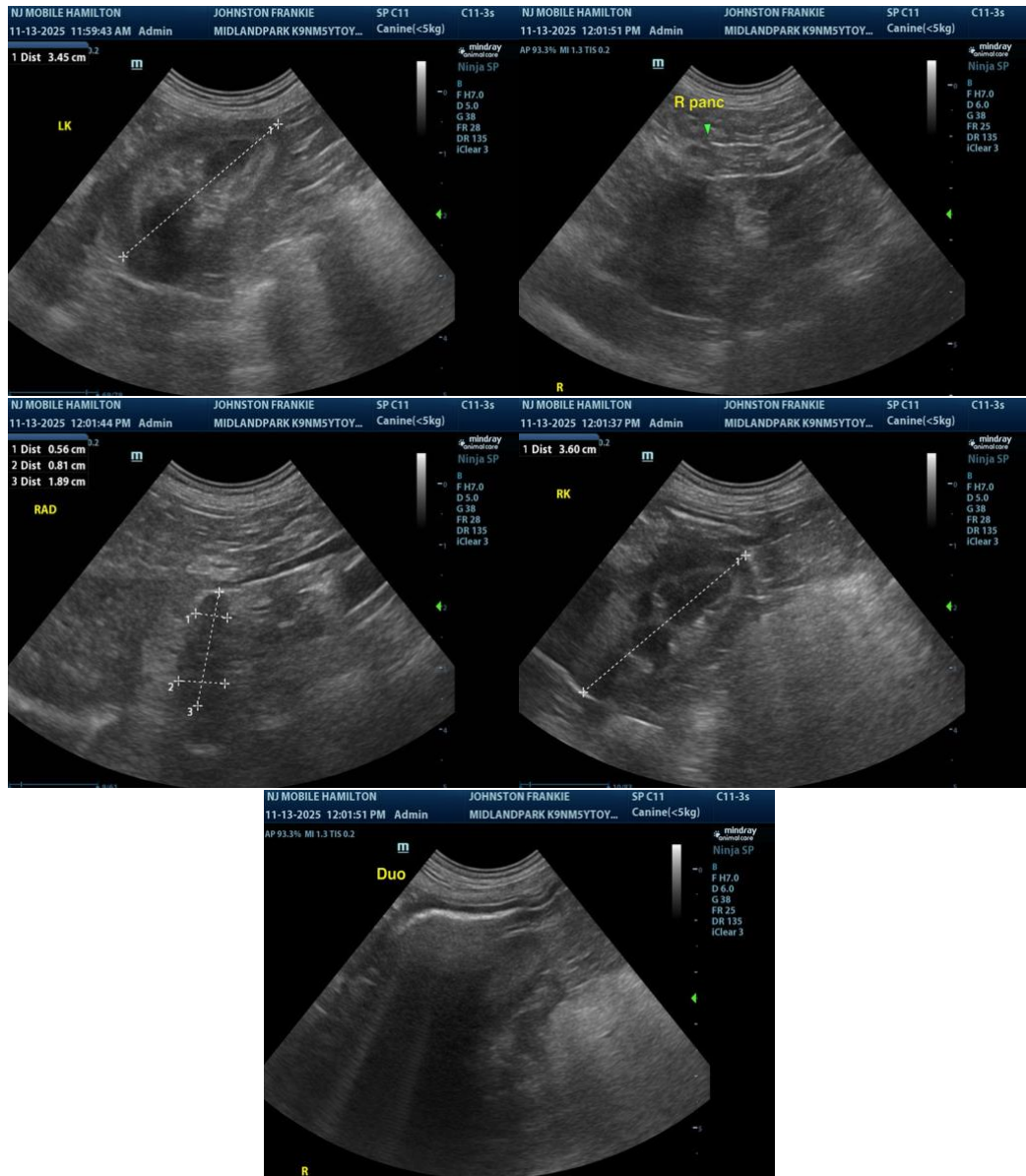
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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