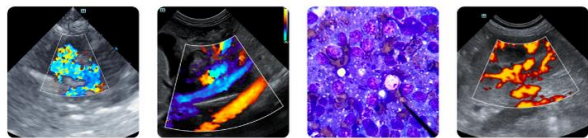




PATIENT	PRESENTING CLINICAL SIGNS
Bruno Lopez	Vomited about 6x yesterday, no interest in food yesterday or today, lethargic hx of PU/PD- been worked up but never completed the work up
SPECIES	Abnormal PE/Chem/CBC/UA Results: Bloodwork from April - Potassium 6.5, Na/K 23, Chol 388, ALT 195, ALP 153, BUn 35, Creat 1.4, USG 1.013, UPC 1.2, lepto negative today bloodwork pending- yellow serum and yellow urine PE- pet dehydrated, pot belly, heart murmur grade 2
Canine	
BREED	
Maltipoo	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Male Neutered	Urinary System
AGE	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
11	
WEIGHT	There was no overt pathology in the area of the residual prostate.
21.1	No evidence of pathology in the area of the aortic trifurcation.
INTERPRETED BY	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 loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Dr. Scott	Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.9 cm width at the caudal pole. The right adrenal gland measured 1.0 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Wyckoff VH	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.
REFERRING VET	Liver/ Gallbladder
Dr. Scott	The liver presented moderate to marked hepatomegaly. Homogeneous mildly hypoechoic hepatic parenchyma was present compared to the spleen with a mildly coarse echotexture. Rounded to symmetrical contour was noted. The hepatic and portal vasculature were normal in appearance without
INVOICE	
10379	
DATE	
11/20/25	



PATIENT	signs of congestion. Intermittent, subtle, hypoechoic, nondisruptive hepatic nodules were present, with an example measuring 1.0 cm in diameter.
Bruno Lopez	
SPECIES	The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Regional pericholecystic inflammation was present without definitive evidence of effusion.
Canine	
BREED	<i>Gastrointestinal</i>
Multipoo	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. Mild retained echogenic fluid was present.
SEX	
Male Neutered	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.
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
11	
WEIGHT	<i>Pancreas</i>
21.1	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or peritoneal effusion was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Scott	<ul style="list-style-type: none">• Gallbladder mucocele with peripheral inflammation• Hepatopathy with subtle intraparenchymal nodules - subjective benign• Gastroenteritis with mild nonobstructive hypomotile stomach• Heterogeneous pancreas• Mild chronic renal changes• Bilateral adrenomegaly
HOSPITAL NAME	
Wyckoff VH	
REFERRING VET	
Dr. Scott	
INVOICE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
10379	Assuming normal clotting status and with perioperative gastrointestinal support and broad-spectrum antibiotics, cholecystectomy when possible with consideration for hepatic biopsies, is recommended. Concurrent adrenal workup to assess for or rule out Cushing's Syndrome is recommended. Monitoring of degree of proteinuria and UPC, if persistent proteinuria, is recommended. Three-view chest radiographs are recommended prior to surgical considerations.
DATE	
11/20/25	



PATIENT

Bruno Lopez

SPECIES

Canine

BREED

Multipoo

SEX

Male Neutered

AGE

11

WEIGHT

21.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

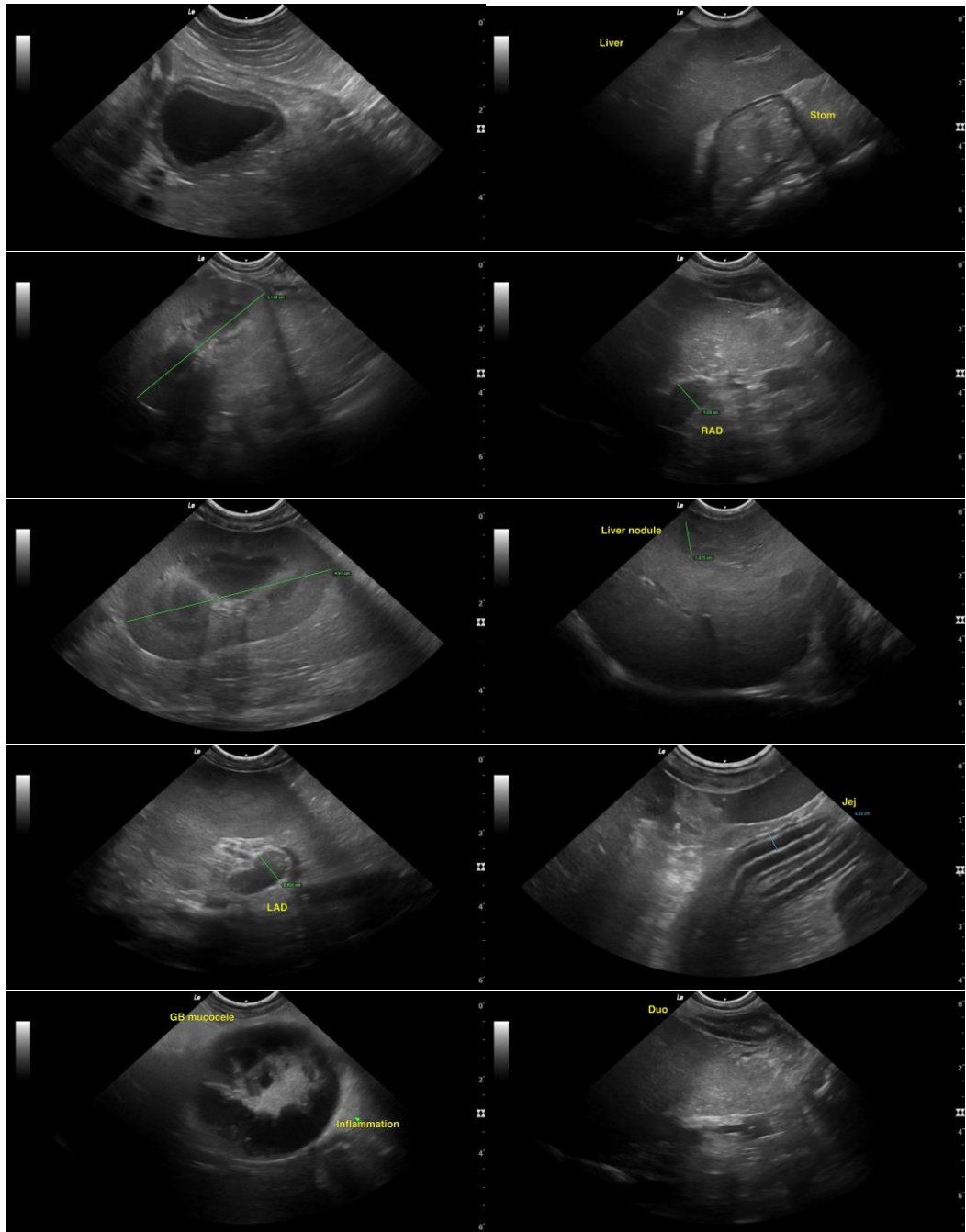
Dr. Scott

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DATE

11/20/25





PATIENT

Bruno Lopez

SPECIES

Canine

BREED

Maltipoo

SEX

Male Neutered

AGE

11

WEIGHT

21.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Scott

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DATE

11/20/25

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