



## PATIENT

Ozzie Kang

## SPECIES

Canine

## BREED

Maltese

## SEX

MN

## AGE

15yr

## WEIGHT

12.8lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

23213

## DATE

12/10/2025

## PRESENTING CLINICAL SIGNS

Presented for sudden onset of head tremor that started last night and happened again today, ongoing inappetence for a week, chronic vomiting, scleral irritation OS. Owner stated that after placing a OTC flea collar onto the pet symptoms of not acting right started, owner gave the pet activated charcoal at home. Hx fleas infestation, DJD, urinary incontinence.

Abnormal PE/Chem/CBC/UA Results: PE: limited oral exam - fractious. HM grade 4-5 /6, BCS 4/9, scleral congestion L>R, upper eyelid nodule OS, mild tensed on abdominal palpation, slight delayed CP deficit LHL, stiff gait. BP - high (hypertension) IOP - low end normal OU pro BNP - normal cPLi test - HIGH / Abnormal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented uniformly thickened ventroapical urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.53 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with mild particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.6 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

### 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



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

## SPECIES

Canine

The gallbladder was non-distended in size with normal walls. The gallbladder lumen was primarily occupied by non-organized variable hyperechoic debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present.

## BREED

Maltese

### **Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

## SEX

MN

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

## AGE

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No evidence of pathology level of the ileocolic junction.

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The descending colon exhibited empty lumen prohibiting full evaluation of the colon wall with subjective mild thickened descending colon wall.

### **Pancreas**

The area of the pancreas was sonographically normal.

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### **Free Abdomen**

No evidence of peritoneal effusion was present.

A solitary enlarged mesenteric lymph node was present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 4.0 cm x 1.3 cm.

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## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Non-specific gastroenterocolopathy
- Normal area of pancreas
- Immature gallbladder mucocele
- Solitary hypoechoic to swollen mesenteric lymph node

### **Secondary**

- Chronic renal changes exhibiting mild medullary mineral
- Mild cystitis pattern with mild urine sediment.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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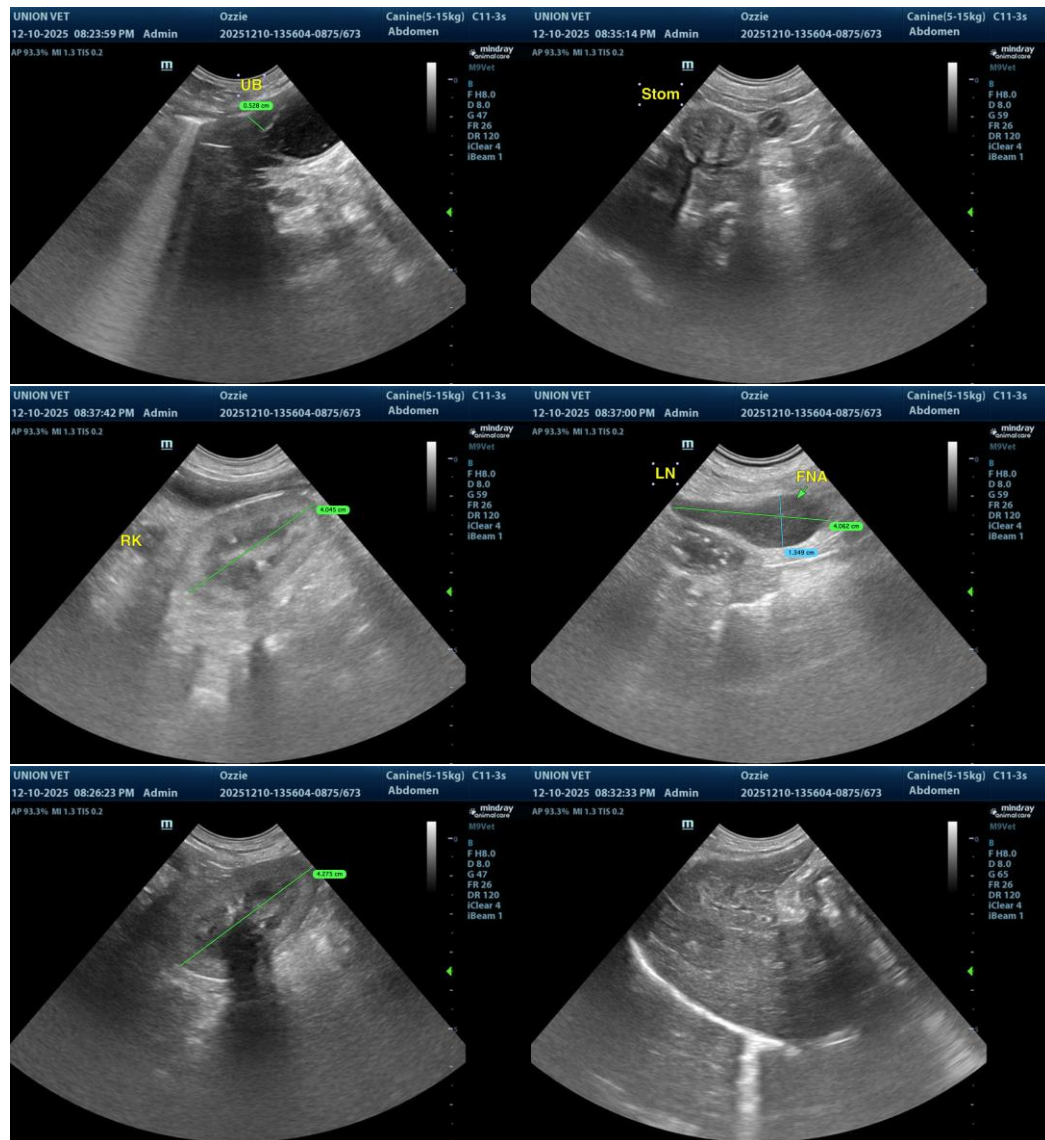
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Non-specific inflammatory bowel, enterotoxin, infectious gastroenterocolitis, mild to chronic pancreatitis which may present sonographically normal, occult parasitism with mesenteric lymphoid hyperplasia / lymphadenitis, occult gastrointestinal neoplasia and neoplastic lymphadenopathy all potentials. Assuming normal clotting status, FNA cytology of a mesenteric lymph node recommended for further clarification.

No evidence of mechanical gastrointestinal obstruction. Gastrointestinal support which may include consideration for brief hospitalization with IV fluid therapy, gastroprotectants and clinical monitoring with sonographic reassessment if persistent or progressive gastrointestinal signs would be reasonable.



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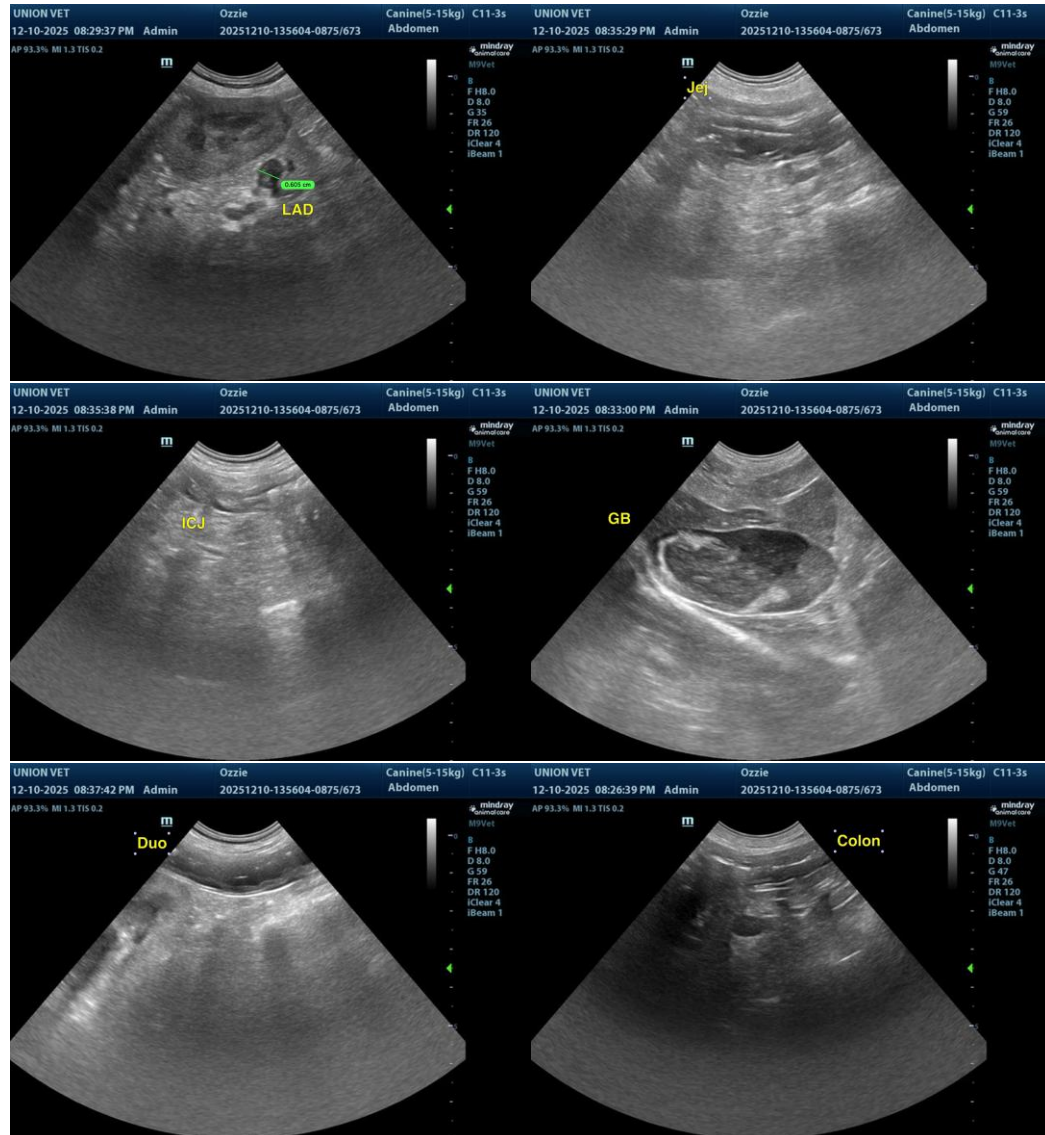
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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