



**PATIENT**

Latte Manis

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Male Neutered

**AGE**

16y 5m

**WEIGHT**

7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Becca Hamilton

**HOSPITAL NAME**

Marsh AH

**REFERRING VET**

Dr. Armani

**INVOICE**

12967

**DATE**

12/18/25

**PRESENTING CLINICAL SIGNS**

History: Recent Hx 11/4/25- CVD, Moderate secondary enlargement. Hx tracheal collapse, pancreatitis, currently NPO, Murmur grade 2-3 (ER visit- last night for collapse- BP was 220) coughing.

Meds: Hydrocodone PRN 0.7 ml BID, Famotidine, Gabapentin

Abnormal PE/Chem/CBC/UA Results: ALT 168, ALP 318, GGT 21, PSL 2999. BP last night at ER 220, BP here today 162/109, 163/91, 157/109

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild accumulated dependent lumen sand was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology

The area of the aortic trifurcation was free of pathology.

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. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Areas of medullary mineral was present. The left kidney exhibited a thinly walled cranial cyst measuring 1.3 m in diameter. The left kidney measured 4.0 cm in length. The right kidney measured 3.4 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 0.46 cm width at the caudal pole. No obvious pathology in the area of the right adrenal gland.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Solitary visualized, discrete to non-disruptive, hypoechoic nodule to potential cyst was present measuring 0.33 cm in diameter.

**Liver**

The liver was subjective mildly enlarged in size. 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



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of congestion. Areas of lobar biliary tree mineralization was present. The gallbladder was non distended in size with mild, non-organized, echogenic, debris in the gallbladder neck with non-obstructive mineral. The common bile duct was not visualized.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

**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.

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 was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting biliary tree mineralization
- Mild, non-organized to mineralized gallbladder debris (non-mucocele)
- Heterogeneous remodeled pancreas
- Chronic renal changes exhibiting medullary mineral and left kidney cyst
- Small hypoechoic splenic nodule vs cyst
- Mild urinary bladder lumen sand

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic benign hepatopathy with considerations including vacuolar changes, cholestasis, inflammation, fibrosis, all potentials. Chronic pancreatitis is probable without sonographic evidence of active pancreatitis or hepatobiliary neoplastic criteria. Hepato-supportive medications and as needed supportive care for chronic pancreatitis if clinic signs are present is recommended. Urinalysis, +/- screening C/S or UPC level for renal staging is suggested.



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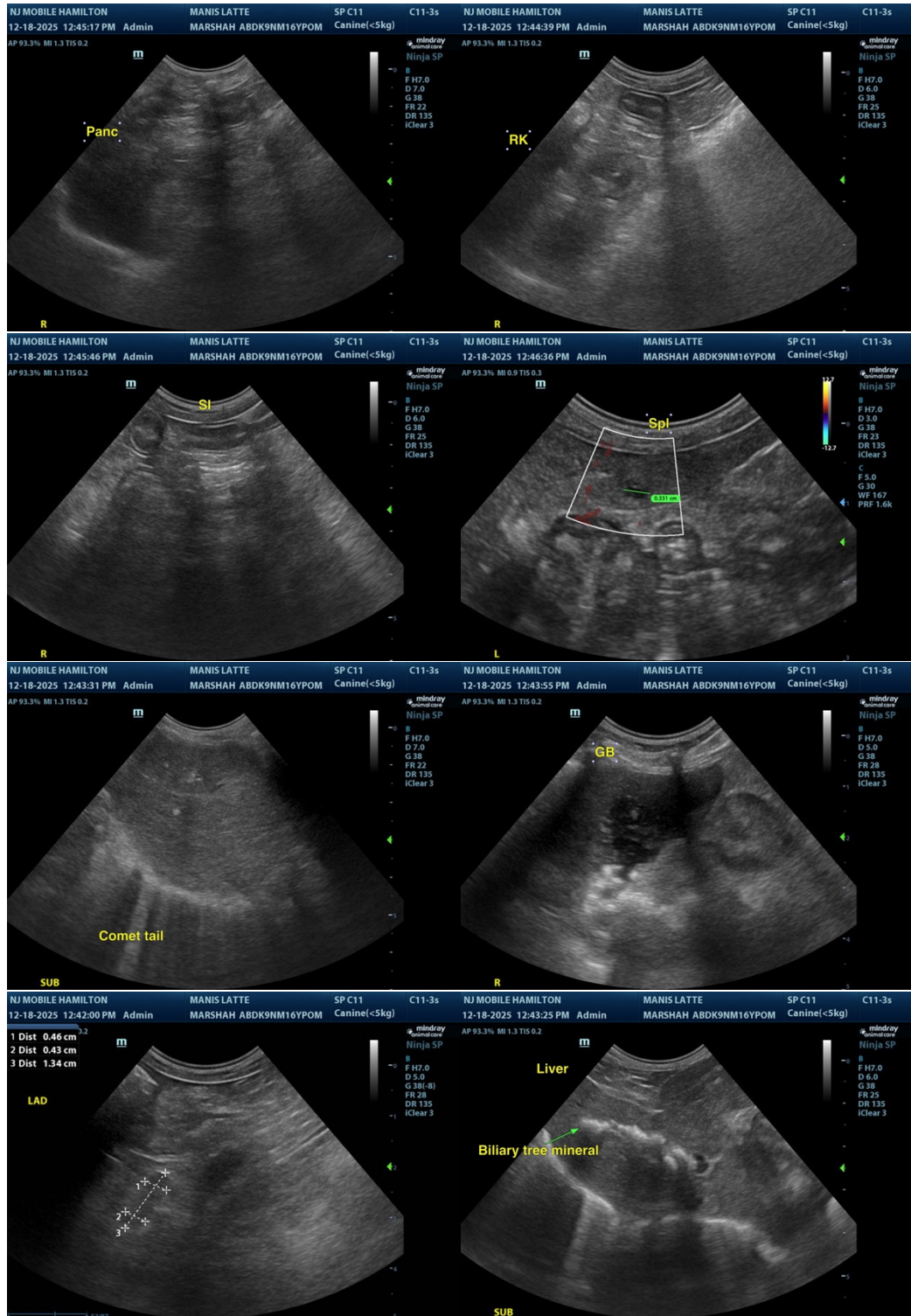
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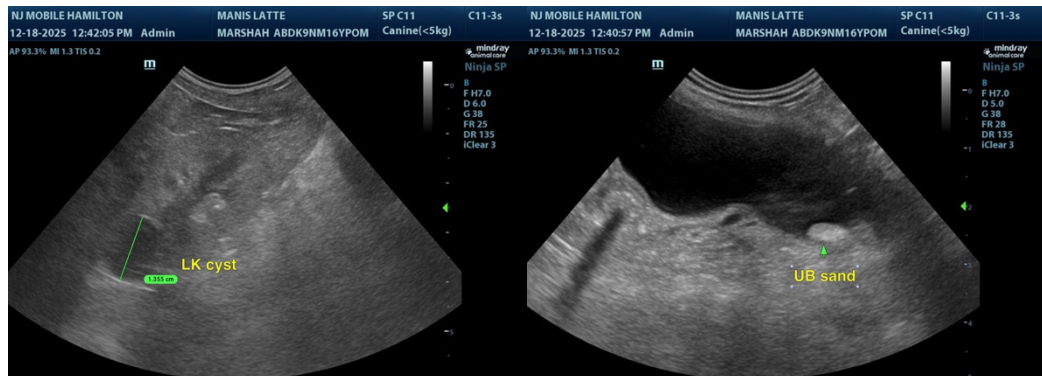
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)