



## PATIENT

Kevin Guerra

## SPECIES

Canine

## BREED

Min Pin

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

8.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

12534

## DATE

12/02/25

## PRESENTING CLINICAL SIGNS

FB vs dietary indiscretion

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The residual prostate was mildly enlarged in size with maintained symmetrical capsule contour and nonhomogenous parenchyma exhibiting areas of hyperechoic prostatic parenchyma consistent with prostatic parenchymal mineralization. The residual prostate measured 2.1 cm in diameter.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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. The left kidney measured 3.4 cm in length. The right kidney measured 4.0 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 0.56 cm width at 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*

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 mild to moderate congealed nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

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



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Empty intestinal segments with mild segmental nonshadowing similar appearing intestinal ingesta/chyme.

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

## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

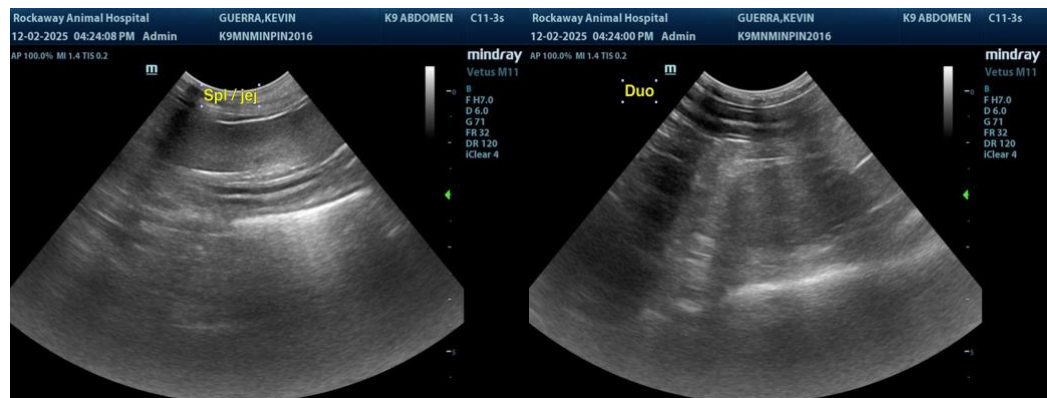
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with nonshadowing gastric and segmental intestinal ingesta-most consistent with food echogenicity.
- Nonorganized congealed gallbladder debris (non-mucocele).
- Early age-related renal changes.
- Mildly enlarged nonhomogenous residual prostate exhibiting evidence of mineralization.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstructive pattern or overt foreign material. Correlation with most recent meal ingestion is recommended. Gastrointestinal support and consideration for documented 12-hour fast with sonographic reassessment to assess gastrointestinal motility, although no evidence of gastrointestinal foreign body. Spec cPL could be considered to assess for mild pancreatitis. Evidence of prostatic mineralization is concerning for emerging neoplastic criteria i.e. prostatic or transitional cell carcinoma. Prostatic sampling is recommended for further clarification.





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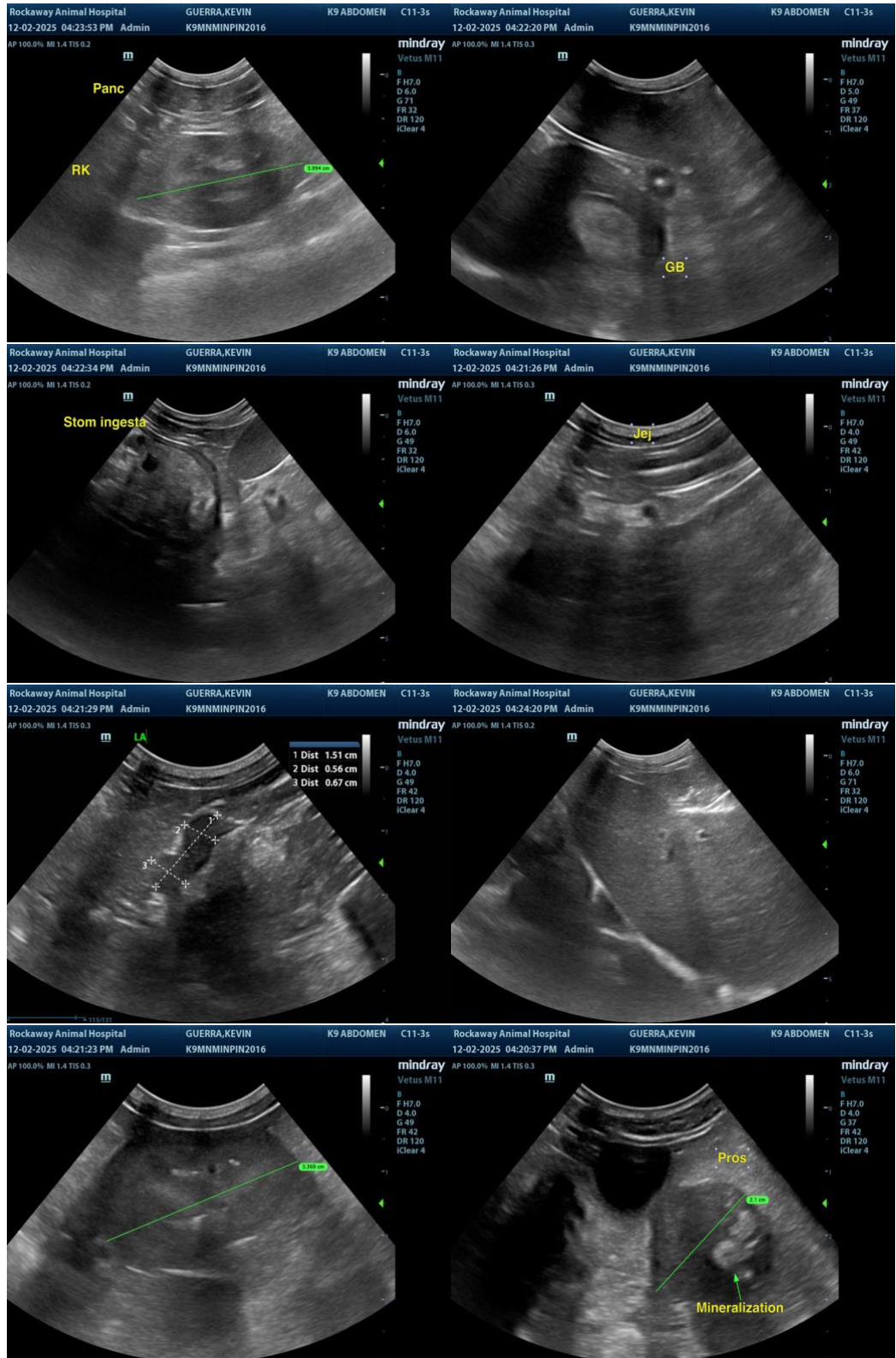
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)