



PATIENT

Luna Perez

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

10

WEIGHT

12 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park Animal
Hospital

REFERRING VET

Dr. Paul Kim

INVOICE

12812

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Submitted study contained 28 still images and six videos for review.

Patient came in today for a general checkup and ultrasound due to History of elevated ALK phosphate in March 2025.

Abnormal PE/Chem/CBC/UA Results: Alk Phosphatase 947 and Triglycerides 401 in March 20 2025

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 mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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. Mild areas of medullary mineral were present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the caudal pole. The right adrenal gland was indistinctly visualized and subjectively measured 0.58 cm width in 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 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.

The gallbladder was normal in size with moderate heterogeneous mildly congealed yet 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 echogenic, mild nonshadowing ingesta and mild gas without signs of obstruction or foreign material.



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The visualized small intestine was sonographically normal with segmental nonshadowing intestinal ingesta consistent with food echogenicity.

Normal visible colon wall layers were present with semi formed fecal matter 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. Mildly prominent pancreatic duct.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy.
- Congealed nonorganized gallbladder debris- not consistent with mucocele criteria.
- Mild chronic renal changes exhibiting mild medullary mineral.
- Mild urinary bladder lumen mineral.
- Remodeled pancreas with prominent pancreatic duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification primarily to assess for nonobvious inflammatory criteria. No overt evidence of adrenal pathology as an obvious contributing factor. Adrenal screening or work up if clinical signs, which may suggest adrenal disease are nonreported or arise, may be considered. Spec cPL indicated if clinical signs are consistent with chronic pancreatitis. Hepatosupportive medications may prove beneficial. Urinalysis +/- renal staging to include culture and sensitivity or UPC level is recommended.





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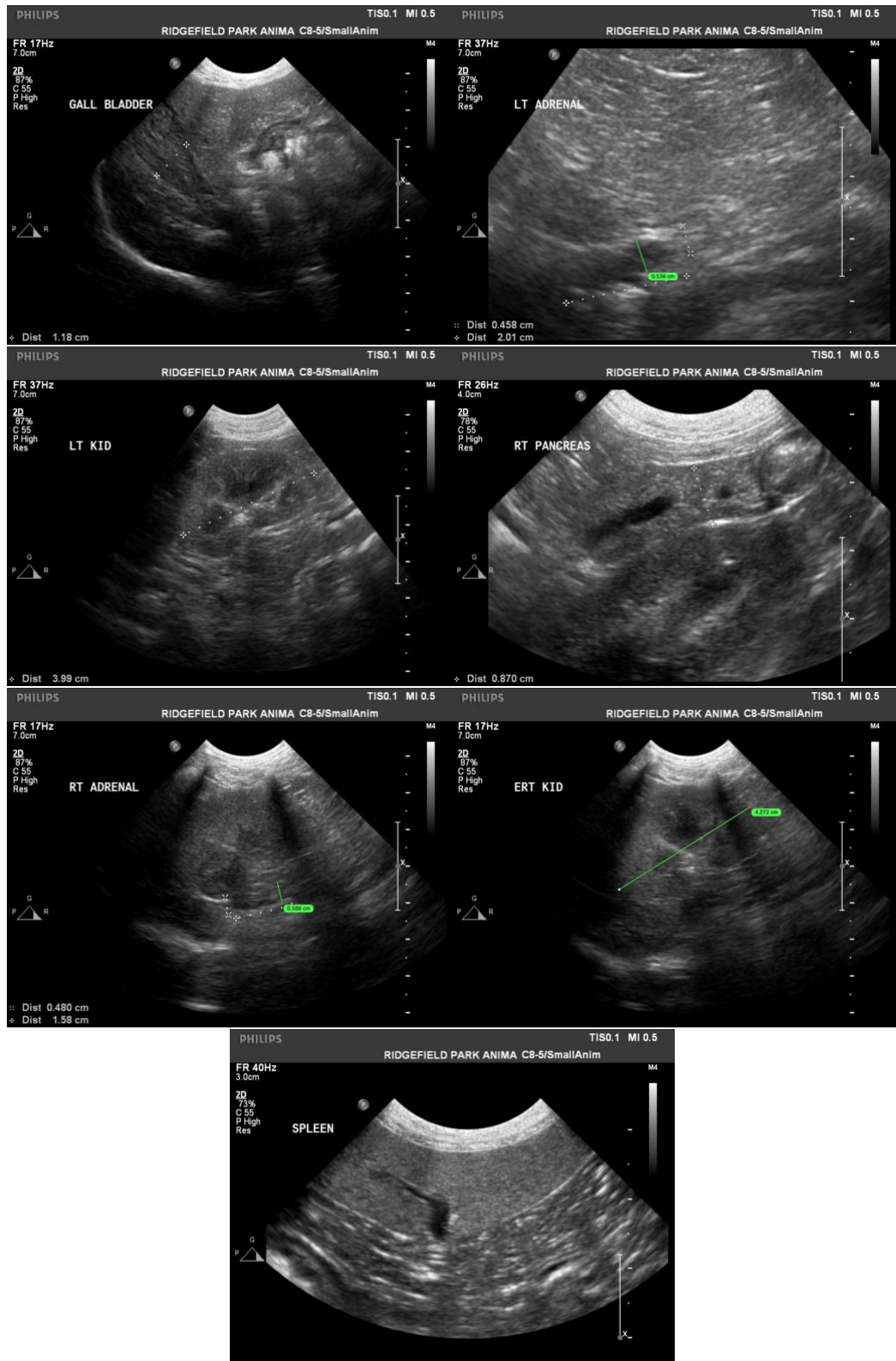
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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