



PATIENT

Rio Victorio

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

2 Years 4 Months

WEIGHT

4.6 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Summit Dog & Cat
 Hospital

REFERRING VET

Dr. Baker

INVOICE

12887

DATE

12/30/25

PRESENTING CLINICAL SIGNS

PU/PD, consistently low USG. Overall unremarkable.

Abnormal PE/Chem/CBC/UA Results: Lymph-33 neut-55 buncreatratio-33 UA ph-7.5 USG-1.011

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 area of the residual prostate was sonographically normal.

The area of the aortic trifurcation was free of pathology.

Subjective adequate size and volume with symmetrical contour was present in the kidneys given the patient's body weight. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild indistinct corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 2.4 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.36 cm width at the caudal pole. The right adrenal gland subjectively measured 0.34 cm width at 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective adequate hepatic vascular volume given the patient's size.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral mild indistinct renal corticomedullary border demarcation.
- Overtly normal bilateral adrenal glands.
- Subjective normal volume liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology. The indistinct renal corticomedullary border demarcation is nonspecific with possible patient or size variation. Emerging microscopic renal disease cannot be excluded. Screening urine culture and sensitivity and baseline UPC level fort initial renal staging with monitoring of renal parameters is suggested. Further assessment, if clinically indicated, may include bile acid profile, screening cortisol level and leptospirosis titers/PCR.



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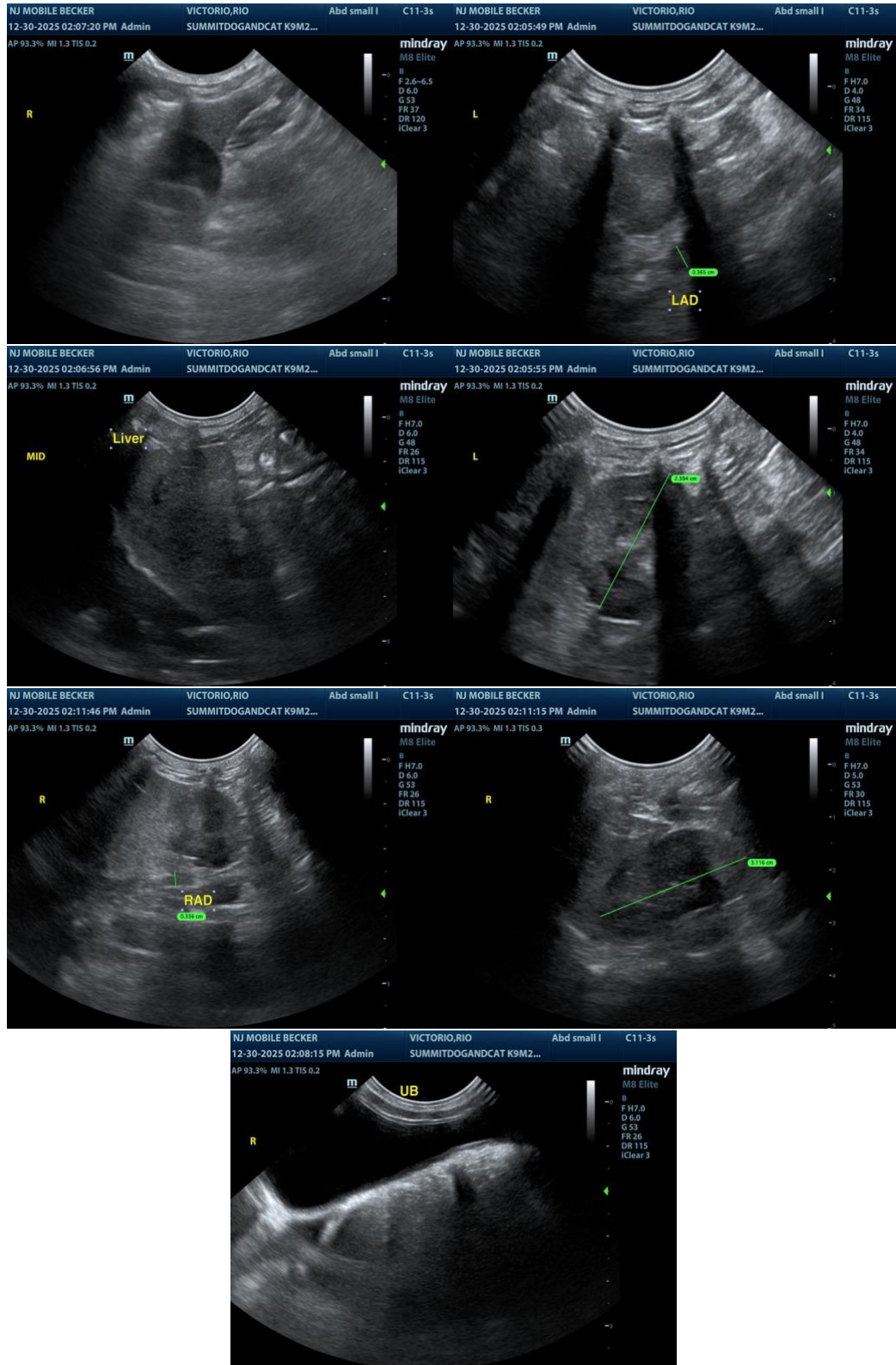
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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