



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Max Barrios	falling on head with seizure activity re check for previous hepatic inflammation
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Pom	
<b>SEX</b>	No overt pathology associated with the prostate was noted. The prostate measured 1.0 cm in diameter.
Male	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
2	Subnormal size with mild asymmetrical renal margination was present in the left kidney. The left kidney exhibited marked loss of corticomedullary border demarcation with primarily indiscernible corticomedullary architecture. No evidence of pyelectasia or retroperitoneal inflammation was noted. The left kidney measured 2.3 cm in length.
<b>WEIGHT</b>	The right kidney was subjectively normal in size with asymmetrical margination. The right kidney exhibited mild to moderate loss of corticomedullary border demarcation with nonobstructive medullary mineralization / renolithiasis. The right kidney measured 2.7 cm in length.
3	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.39 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Rockaway AH	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. Normal subjective hepatoportal vascular volume was present. No evidence of a shunt was noted. The gallbladder was non-distended in size mild gallbladder debris. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
12731	
<b>DATE</b>	
12/4/21	



**PATIENT**

***Gastrointestinal***

Max Barrios

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

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.

**BREED**

Pom

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

**SEX**

Male

***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 were evident.

**AGE**

2

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

3

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Sonographically unremarkable liver
- left kidney subnormal size with loss of discernable corticomedullary architecture
- Right kidney normal size with mild to moderate loss of corticomedullary border demarcation and nonobstructive medullary mineralization / renolithiasis

**INTERPRETED BY**

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

***Secondary Findings***

- Gastric Ingesta - suspect post prandial presentation, minor potential for some degree of gastric stasis if documented NPO

**IMAGING PERFORMED BY**

Jenn

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Rockaway AH

Full lab work is recommended to assess for underlying metabolic disease, as well as hepatic enzyme elevation. Fasting and post prandial bile acids may be considered to assess hepatic functionality If clinically indicated. Assessment of renal values also recommended.

**REFERRING VET**

Dr. Maniar

The bilateral kidneys are suggestive of bilateral renal dysplasia, more prominent it the left kidney. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Neurology consultation may be indicated.

12/4/21



**PATIENT**

Max Barrios

**SPECIES**

Canine

**BREED**

Pom

**SEX**

Male

**AGE**

2

**WEIGHT**

3

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

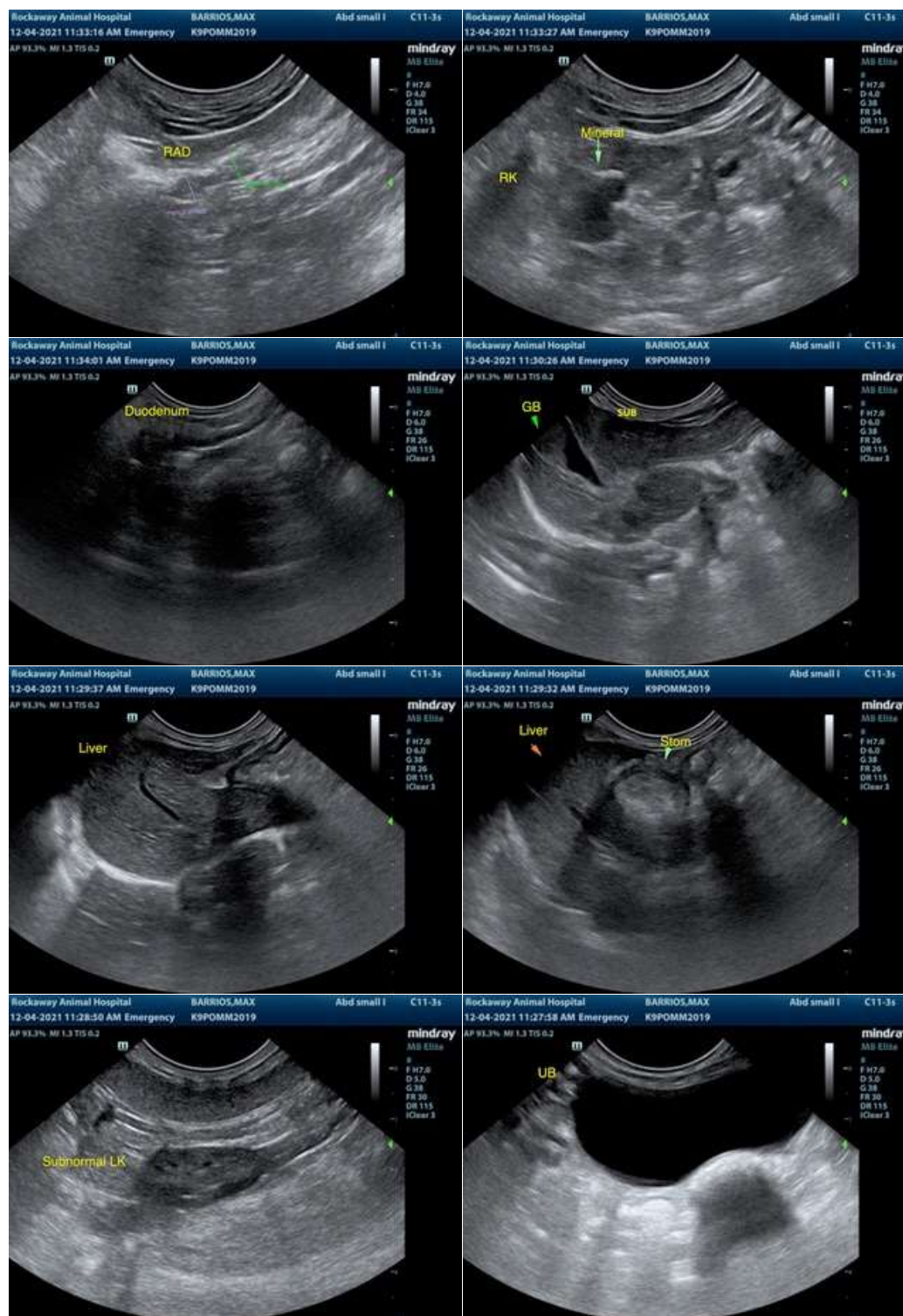
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Max Barrios

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.

**SPECIES**

Canine

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

**BREED**

Pom

**SEX**

Male

**AGE**

2

**WEIGHT**

3

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DVM, DABVP  
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**IMAGING  
PERFORMED BY**

Jenn

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Rockaway AH

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