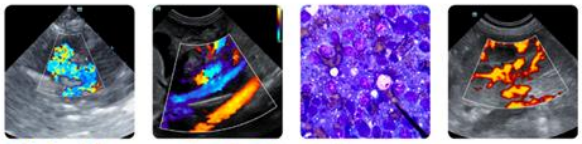


PATIENT
Makdoong Yoo

SPECIES
Canine

BREED
Pomeranian

SEX
F

AGE
10yr

WEIGHT
10.3lb

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

IMAGING PERFORMED BY
Dr Paul Kim

HOSPITAL NAME
Ridgefield Park AH

REFERRING VET
Dr Paul Kim

INVOICE
23168

DATE
12/08/2025

PRESENTING CLINICAL SIGNS

Labored breathing, loss of appetite, coughing, fluid in chest cavity, slightly tense abdomen.

Abnormal PE/Chem/CBC/UA Results: Bloodwork sent out to lab, pending results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

The submitted study contained 28 still images and seven videos for review.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. Bilateral areas of medullary mineral were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterus/uterine remnant appeared normal and free of pathology

Adrenal Glands

The adrenal glands were indistinctly visualized, no obvious pathology. The left adrenal gland subjectively measured 0.3 cm width at the caudal pole. The right adrenal gland subjectively measured 0.37 cm width at the caudal pole.

Spleen

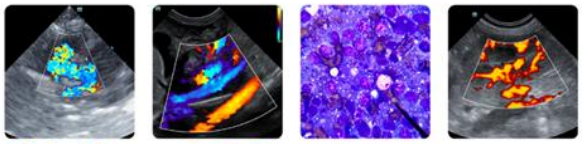
The spleen exhibited a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. A solitary, non-capsule deforming, hypoechoic craniomedial splenic nodule was present measuring 0.51 cm in diameter.

Liver/Gallbladder

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size with thin walls and mild non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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.



PATIENT

Makdoong Yoo

SPECIES

Canine

BREED

Pomeranian

SEX

F

AGE

10yr

WEIGHT

10.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr Paul Kim

INVOICE
23168

DATE
12/08/2025

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 mechanical/metabolic 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 was present.

Minor perihepatic ascites was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Congested liver
- Minor perihepatic ascites
- Transdiaphragmatic comet tail artifact
- Small non-capsule deforming splenic nodule
- Mild renolithiasis
- Normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The congested liver, minor ascites and transdiaphragmatic comet tail suggest thoracic and / or cardiac disease as primary causes of the clinical signs. The splenic nodule may indicate hyperplasia, hematopoiesis, or emerging primary or metastatic neoplasia without a visualized abdominal mass. Correlation with thoracic radiographs and echocardiogram are indicated with respiratory support. If patient is stable and normal clotting status, splenic nodule FNA with 25 ga needle is warranted.

PATIENT

Makdoong Yoo

SPECIES

Canine

BREED

Pomeranian

SEX

F

AGE

10yr

WEIGHT

10.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Paul Kim

HOSPITAL NAME

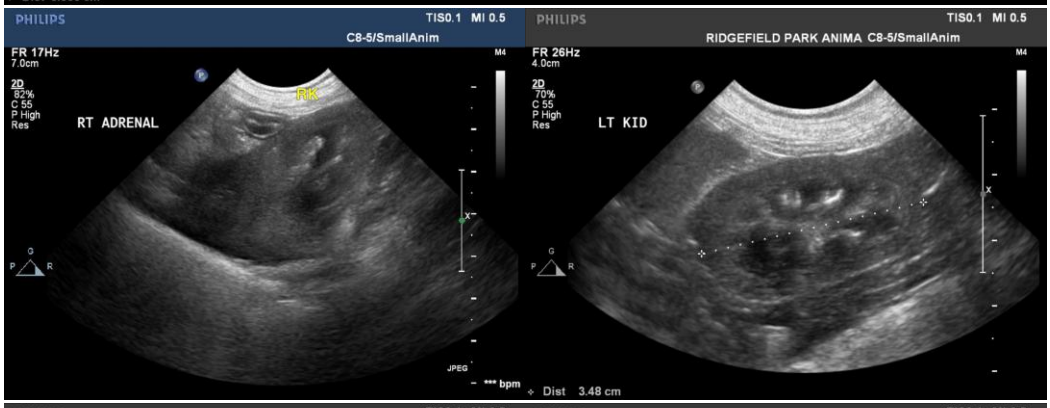
Ridgefield Park AH

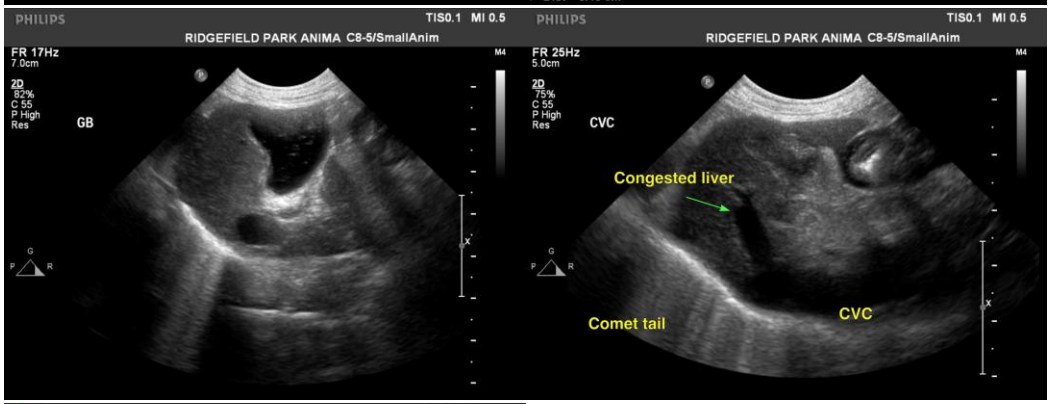
REFERRING VET

Dr Paul Kim

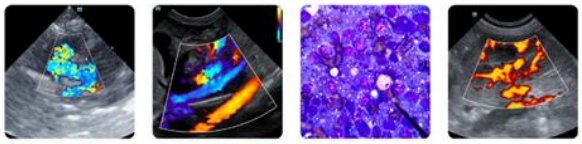
INVOICE
23168

DATE
12/08/2025





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Makdoong Yoo

SPECIES

Canine

BREED

Pomeranian

SEX

F

AGE

10yr

WEIGHT

10.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr Paul Kim

INVOICE
23168

DATE
12/08/2025

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