



PATIENT

Jasper Hodgman

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

5

WEIGHT

80

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

13585

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- straining to urinate and defecate, some blood in urine, vomited from Clavamox

Abnormal PE/Chem/CBC/UA Results: unremarkable exam, perfect chem, platelets borderline low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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 proximal urethra was subjective mildly thickened including normal structure and tone to a depth of 5.0 cm measuring 0.88 cm in diameter.

The area of the residual prostate appeared normal and free of pathology. The residual prostate measured 1.2 cm in diameter.

Mildly prominent medial iliac nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 3.0 cm x 0.95 cm.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. The right kidney measured 7.1 cm in length.

Mild left kidney pyelectasia and increased peri pelvic to renal pelvic tissues echogenicity. Scant left perinephric to retroperitoneal effusion was present. The left kidney measured 7.6 cm in length with minor proximal left ureter dilation.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland measured 0.57 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 & Gallbladder

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.



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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.

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.

The colon walls presented intact yet mild thickened wall layering. The colon was nondistended with soft fecal matter present in the colon lumen. The distal colon wall measured 0.45 cm wall width.

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.

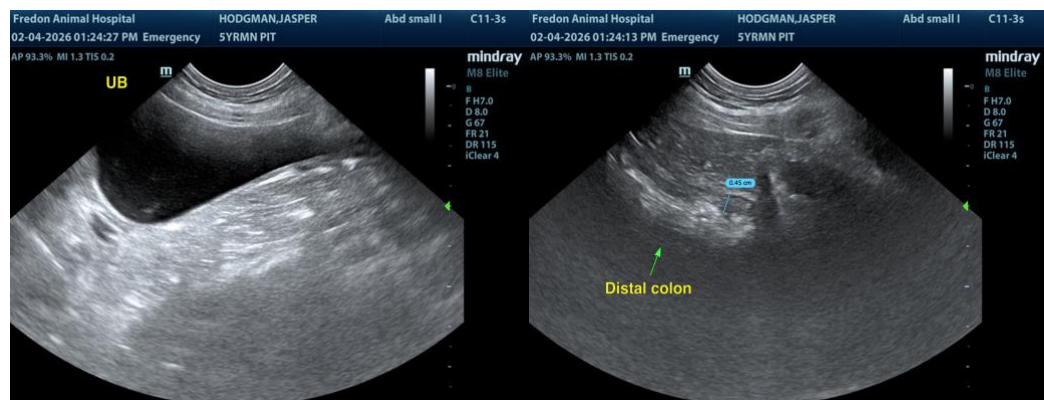
ULTRASONOGRAPHIC FINDINGS

- sonographically normal urinary bladder and residual prostate.
- Possible proximal urethritis.
- Left kidney pyelonephritis pattern with scant perinephric/retroperitoneal effusion.
- Normal empty gastrointestinal tract with mild descending colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended. No overt lower urinary tract or residual prostate neoplastic criteria or obstruction to urine outflow.

Concurrent gastrointestinal support and empirical therapy for colitis is recommended. Sonographic monitoring is recommended if persistent hematuria, clinical signs or development of azotemia.





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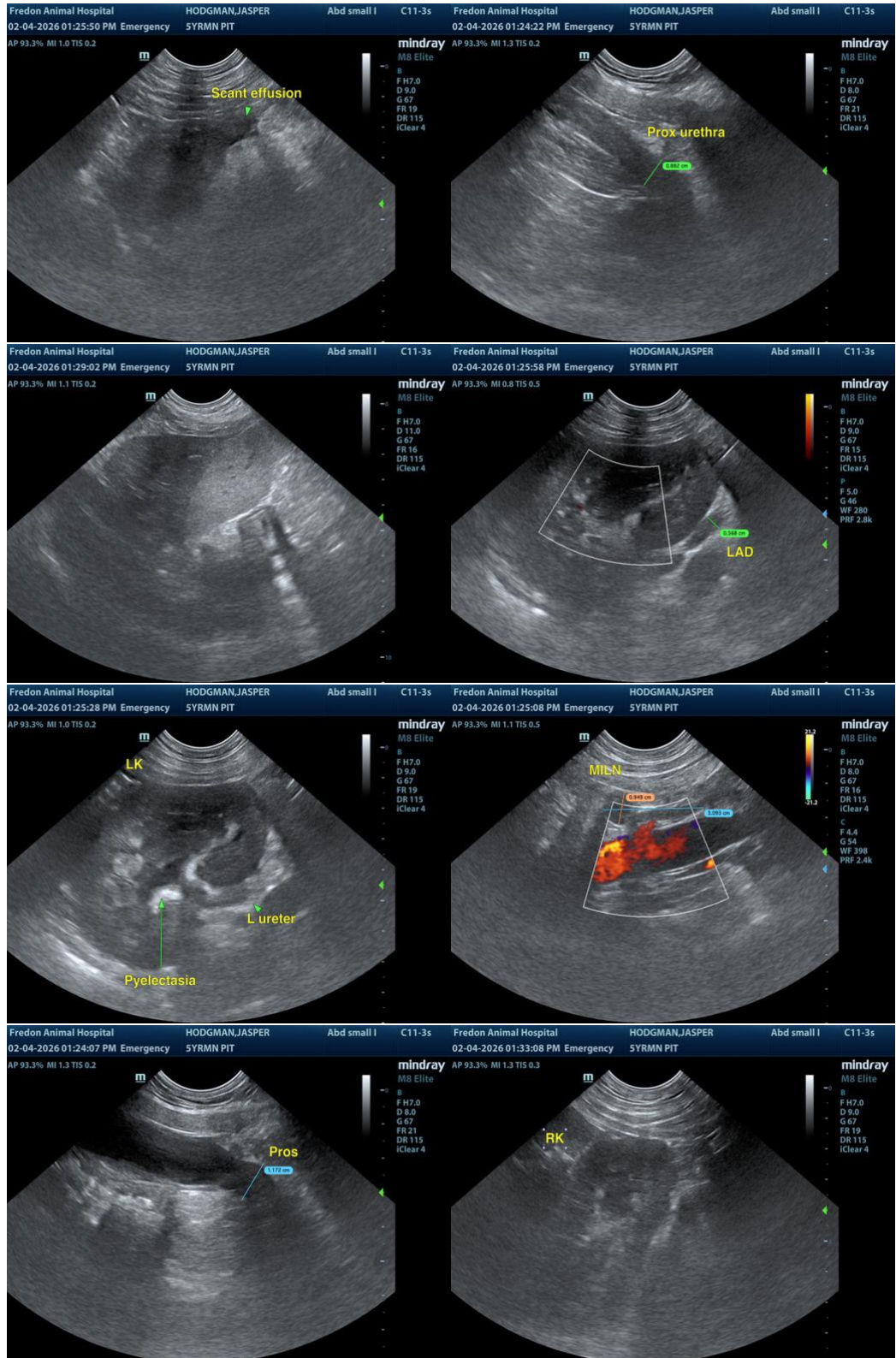
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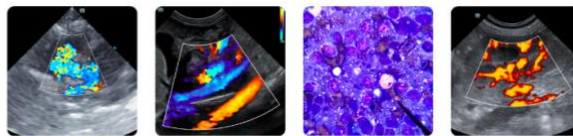
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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