



PATIENT

Hunter Pena

PRESENTING CLINICAL SIGNS

- Distended abdomen
- Panting after walking

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Urin spgr.- 1.025 TT4- 3.7 distended abdomen Bw- severely elevated ALPK 1800+, mildly elevated alt , pancreatitis

BREED

Maltese/Shih Tzu

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 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.

SEX

MN

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral areas of focal medullary mineral were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

AGE

13

WEIGHT

19.5

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

Adrenal Glands

Both adrenal glands were indistinctly visualized, exhibiting subjective bilateral mild enlargement. The left adrenal gland subjectively measured 0.61 cm width. The right adrenal gland subjectively measured 0.71 cm width.

IMAGING PERFORMED BY

Dr Sharkawy

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.

HOSPITAL NAME

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Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

REFERRING VET

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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 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Benign hepatopathy pattern
- Non-organized mild gallbladder debris
- Indistinctly visualized yet subjective bilateral mild adrenomegaly
- Chronic renal changes exhibiting mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of hepatic neoplastic criteria. The subjective bilateral mild adrenomegaly is nonspecific given lack of reported clinical signs and USG > 1.020. Adrenal screening or workup indicated if clinical suspicion of Cushing syndrome. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further assessment. Hepatosupportive medications may prove beneficial. No overt sonographic evidence of active pancreatitis, although mild pancreatitis may present sonographically normal.



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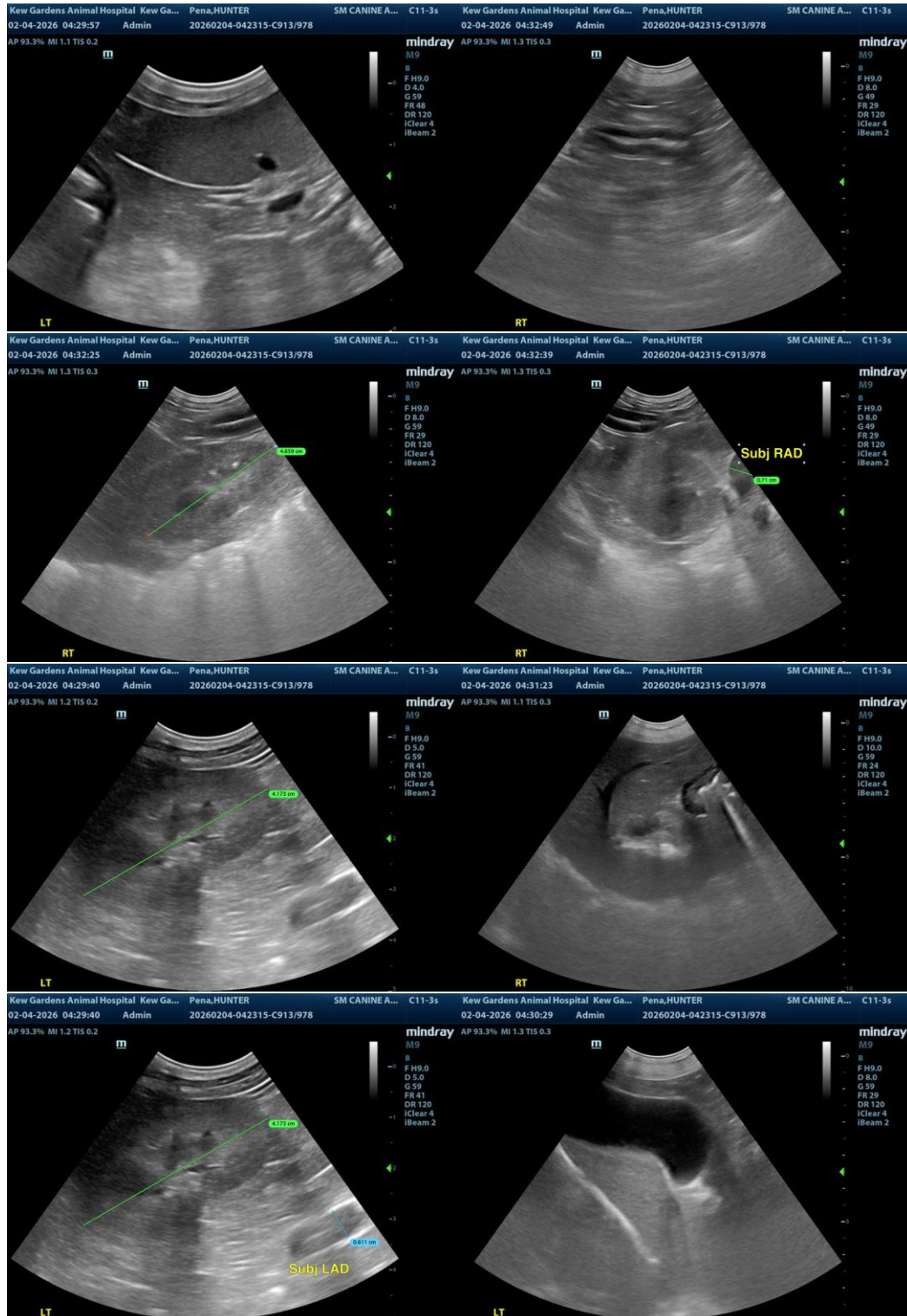
Dr Sharkawy

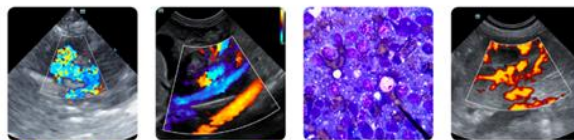
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

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Maltese/Shih Tzu

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