



## PATIENT

Yoyo Su

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

Male Intact

## AGE

15

## WEIGHT

9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shen Li

## HOSPITAL NAME

Dr. Shen Li VS

## REFERRING VET

Shen Li

## INVOICE

13186

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

History: Recheck gall bladder mucocele first diagnosed about a year ago. Full mouth extract earlier last year, mouth pain for 2-month post anesthesia. Reported bradycardia due to long term oral sedation use (40/min HR, normal ECG). Known R prostate cyst, non-clinical. Blind and deaf for a while. 4/7/2025 US report by DACVR: No free fluid. Liver is mildly enlarged but shows a normal overall echotexture. No nodules or masses. Gallbladder is normal in size and contains a large amount of inspissated echogenic sludge with some hypoechoic material within this sludge and along the outer luminal margin creating subtle stellate strands along the cranial aspect. No biliary duct obstruction. Peri-cystic fat is normal. Spleen is normal in size and echotexture. No lymphadenopathy. Kidneys are normal in size, shape, and overall echotexture and a small cortical cyst is present in the left. No pyelectasia. Urinary bladder is normal. No stones or sand. The prostate is enlarged, symmetric in shape, heterogeneously hyperechoic and contains several variably sized thinly walled cysts containing predominately anechoic fluid; largest measures 1.4cmD. No regional inflammation. The testicles are normal in size, shape, and echotexture. No abnormalities of the GI tract are identified. The visible pancreas is normal with no regional inflammation. Normal adrenal gland size and shape bilaterally.

Abnormal PE/Chem/CBC/UA Results: Chronic thoracolumbar disc with 3/4 MPL bilaterally. HR 60/min no murmur. reactive to cranial abdominal palpation.

## 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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.4 cm in diameter. Primarily large, thinly walled intraprostatic cyst containing primarily anechoic fluid was present measuring 2.4 cm in diameter. Additional intermittent smaller prostatic cyst was visualized without evidence of peripheral inflammation.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal medullary mineral was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 cm in length.

### Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.37 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.



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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 presented mildly 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 distended in size with non-thickened wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. No current evidence of pericholecystic inflammation or effusion. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of 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.

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

### Pancreas

The area of the pancreas was sonographically normal.

### Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Previously noted gallbladder mucocele
- Mild hepatomegaly – subjective benign
- Bilateral chronic renal changes
- Benign prostatic hyperplasia with moderately large to intermittent small prostatic cysts, potential for prostatitis or emerging prostatic abscess thought less likely, no evidence of prostatic neoplastic criteria

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of pericholecystic inflammation, continued medical therapy would be appropriate. However, serial sonographic and clinical monitoring advised for evidence of progressive hepatopathy, cranial abdomen/subxiphoid discomfort on palpation, development of leukocytosis or gastrointestinal signs. Prostatic sampling required for further clarification. Likewise, continued monitoring for evidence of lower urinary tract signs and sonographic monitoring would be reasonable.



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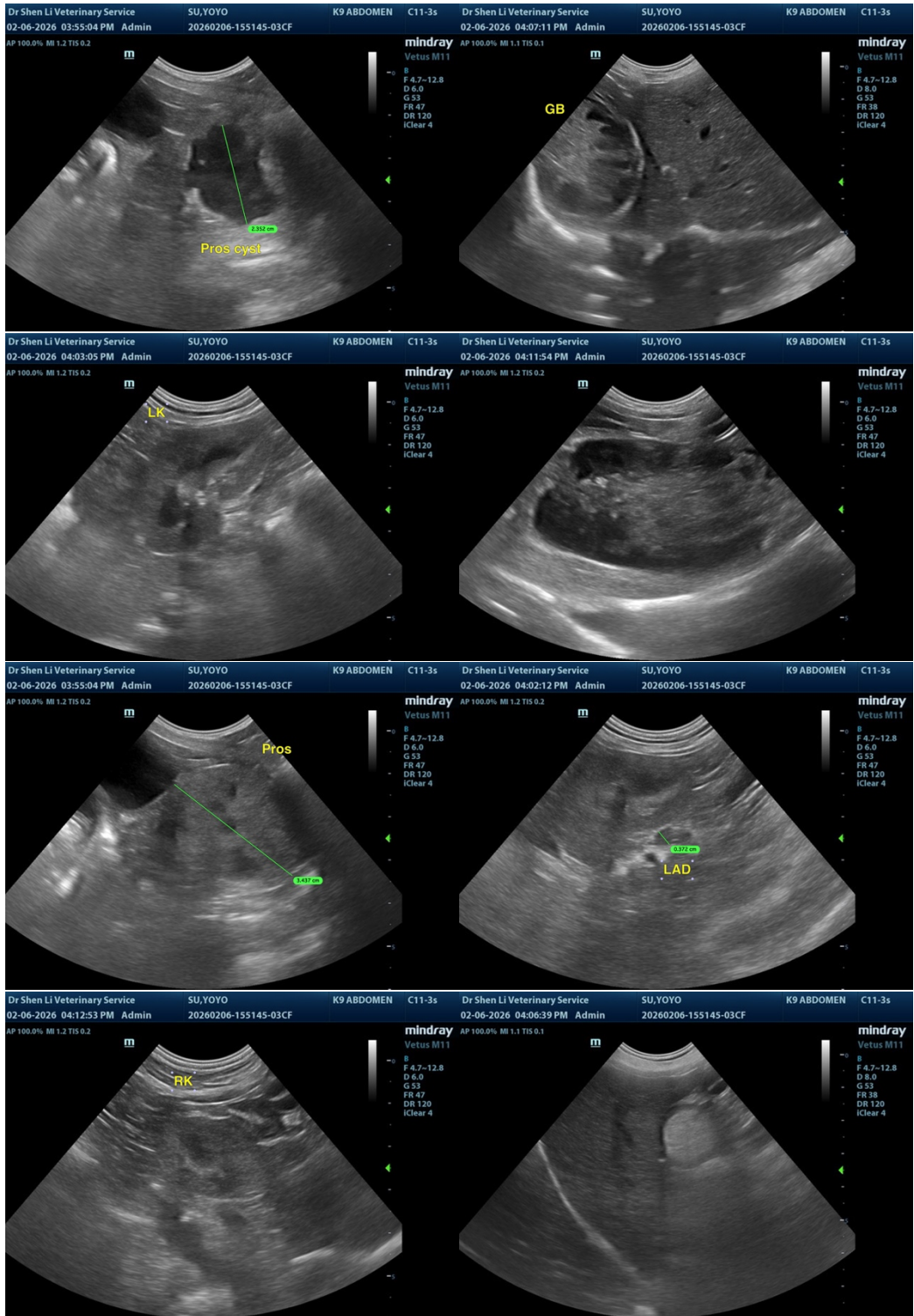
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)