



**PATIENT**

Charlie Lemus

**SPECIES**

Canine

**BREED**

Maltese X

**SEX**

MI

**AGE**

6.5 yrs

**WEIGHT**

3.92 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Banfield - Salem

**REFERRING VET**

Dr. Marcberg

**INVOICE**

10694

**DATE**

3/18/26

**PRESENTING CLINICAL SIGNS**

History:

- one testicle palpates in scrotum
- Diagnostics: CBC- Lym 0.75 10<sup>9</sup>/L (1.0-4.8), HGB 18.2 g/dL (12.0-18.0), IOF- ALT 157 U/L (ref 10-125) stable- hx 140, 4DX- negative, Fecal- pp, Collect on 6/27/2025
- Current Medications, Denamarin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, particulate nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The descended testicle presented sonographically normal, measuring 1.5 cm diameter. The retained testicle exhibited a similar appearance to the descended testicle, present cranial to the urinary bladder, measuring ~1.5 cm in diameter.

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 1.5 cm diameter.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. 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 with no evidence of pelvic dilation. Focal areas of minor medullary mineral were noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole.



<b>PATIENT</b>	<b><i>Spleen</i></b>
Charlie Lemus	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>SPECIES</b>	
Canine	
<b>BREED</b>	<b><i>Liver/ Gallbladder</i></b>
Maltese X	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. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
<b>SEX</b>	
MI	
<b>AGE</b>	<b><i>Gastrointestinal</i></b>
6.5 yrs	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta without signs of obstruction or foreign material.
<b>WEIGHT</b>	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.
<b>INTERPRETED BY</b>	<b><i>Pancreas</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b><i>Free Abdomen</i></b>
Sara Hansen	No overt lymphadenopathy or peritoneal effusion was present.
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Banfield - Salem	<ul style="list-style-type: none"> <li>• Retained intrabdominal testicle cranial to the urinary bladder exhibiting similar sonographic appearance to descended testicle</li> <li>• Sonographically unremarkable normal volume liver – consistent with low-grade benign hepatopathy</li> <li>• Mild congealed gallbladder debris (non mucocele)</li> <li>• Focal to minor bilateral renal medullary mineral</li> <li>• Urine sediment</li> <li>• Mild benign prostatic hyperplasia</li> </ul>
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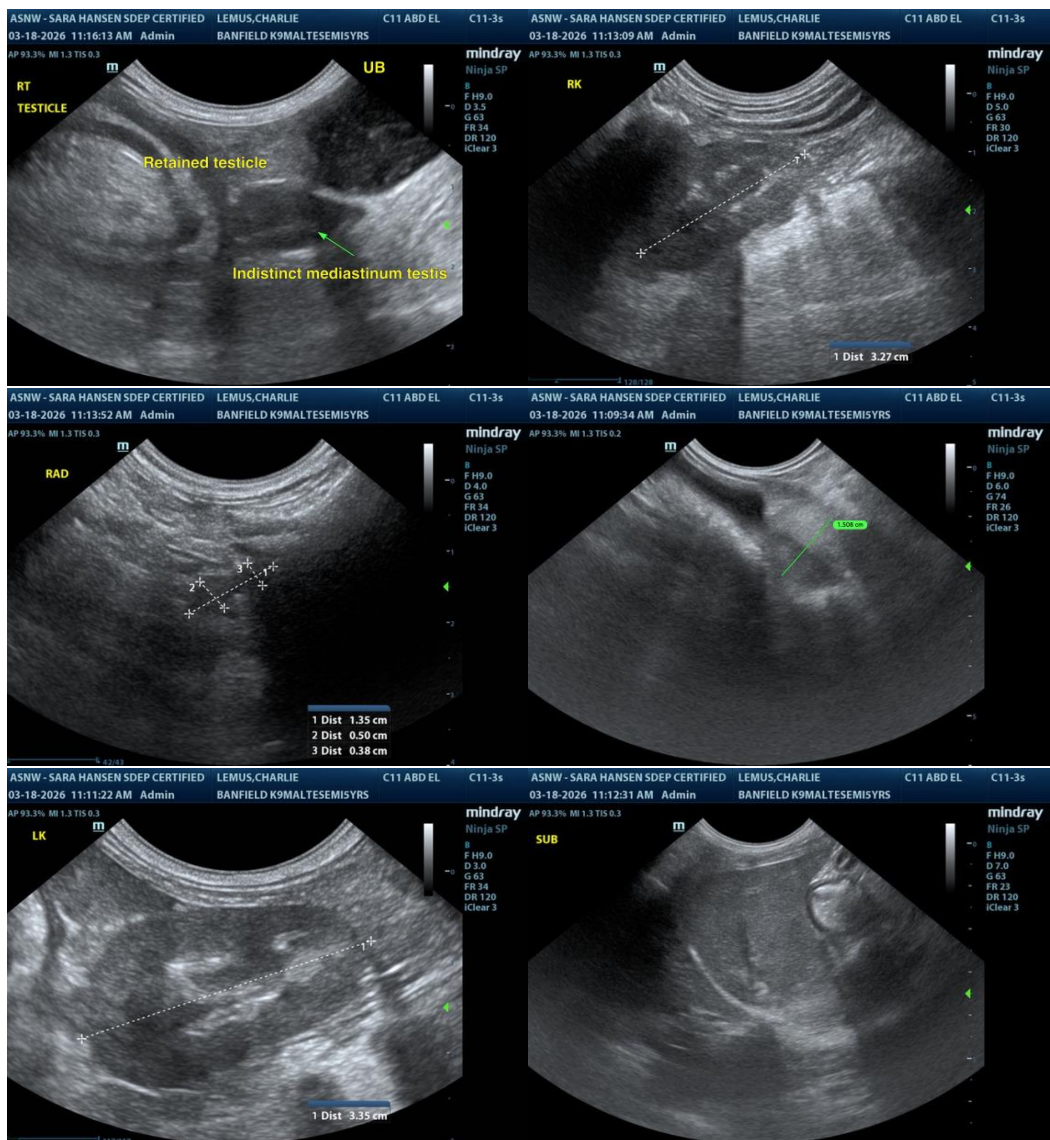
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Screening hepatic FNA cytology, assuming normal clotting status, could be considered primarily to assess for evidence of inflammatory cell type. No overt evidence of hepatic vascular anomaly. Continued hepatosupportive medications and monitoring would be reasonable.





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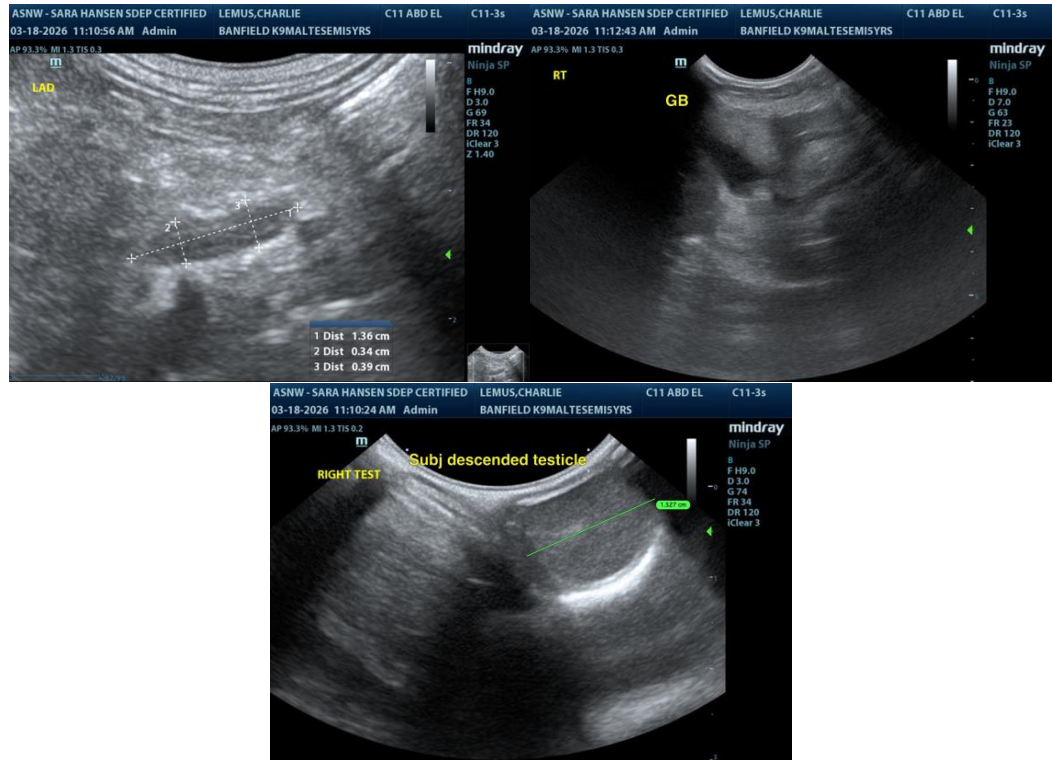
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)