

PATIENT

Thor Ramos

PRESENTING CLINICAL SIGNS

History: ACUTE H/O VOM ITING, ANOREXIA 3 DAYS AGO, DRINKING ALOT OF WATER ALSO

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: pe: bcs 3/5, sebaceous cyst on dorsal back, abd mildly distended, non-painful CBC- plt ^, slow normal RBC and HCT, CHEM creat 1.9, ALT 924, AST 114, ALP 610 UA 1.008, 6.0, +2 prot, wbc 2-5, rbc 2-5, epith +2

BREED

American Bulldog Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male Neutered

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

7y

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

WEIGHT

96 lbs

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 indistinct loss of corticomedullary distinction was also present. The left kidney measured 7.3 cm in length. The right kidney measured 7.3 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology subjectively measuring 0.7 cm width at the cranial pole and 0.47 cm width at the caudal pole.

IMAGING PERFORMED BY

Ginny Dodd, DVM,
 ABVP-CFP

Spleen

The spleen presented mildly folded in appearance. 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

MRAH

REFERRING VET

Dr. Marty Davis

Liver

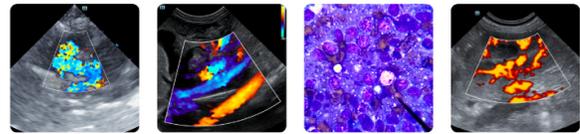
The liver was subjective borderline mildly enlarged in size with areas of mild asymmetrical hepatic capsule contour. Subjective adequate hepatic vascular volume and indistinct portal vascular borders noted. Heterogeneous, non-uniformed, hyperechoic, non-homogeneous intraparenchymal nodular changes with an example of liver nodule measuring 1.9 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented intact mildly thickened wall. Intact wall layering was maintained and distinct. The gastric lumen contained mild retained fluid and lumen gas. No evidence of shadowing content or overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical or metabolic ileus to the level of the colon

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

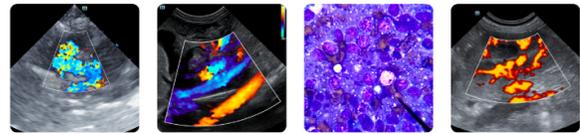
ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous hyperechoic to mildly nodular liver
- Mild gallbladder debris (non-mucocele)
- Mildly folded spleen – subjective benign
- Nonspecific chronic renal changes
- Overtly normal adrenal glands
- Mild hypomotile gastritis, sonographically normal empty small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is nonspecific yet suggestive of chronic hepatopathy criteria. Considerations may include chronic active hepatitis, cholangiohepatitis or other inflammatory hepatopathy given primarily elevated ALT. Fibrosis, cirrhosis, hepatotoxicosis, i.e. copper or other hepatopathy with hepatic neoplasia not definitively excluded. Correlation with pending cytology is recommended. No overt post hepatic obstruction or evidence of definitive adrenal pathology as a contributing factor. Adrenal screening warranted given reported polydipsia and decreased urine specific gravity.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepato-gastrointestinal support indicated. Hepatic biopsy may be required for definitive diagnosis. No overt hepatic vascular anomaly yet correlation with bile acids given potential hepatic dysfunction is recommended.



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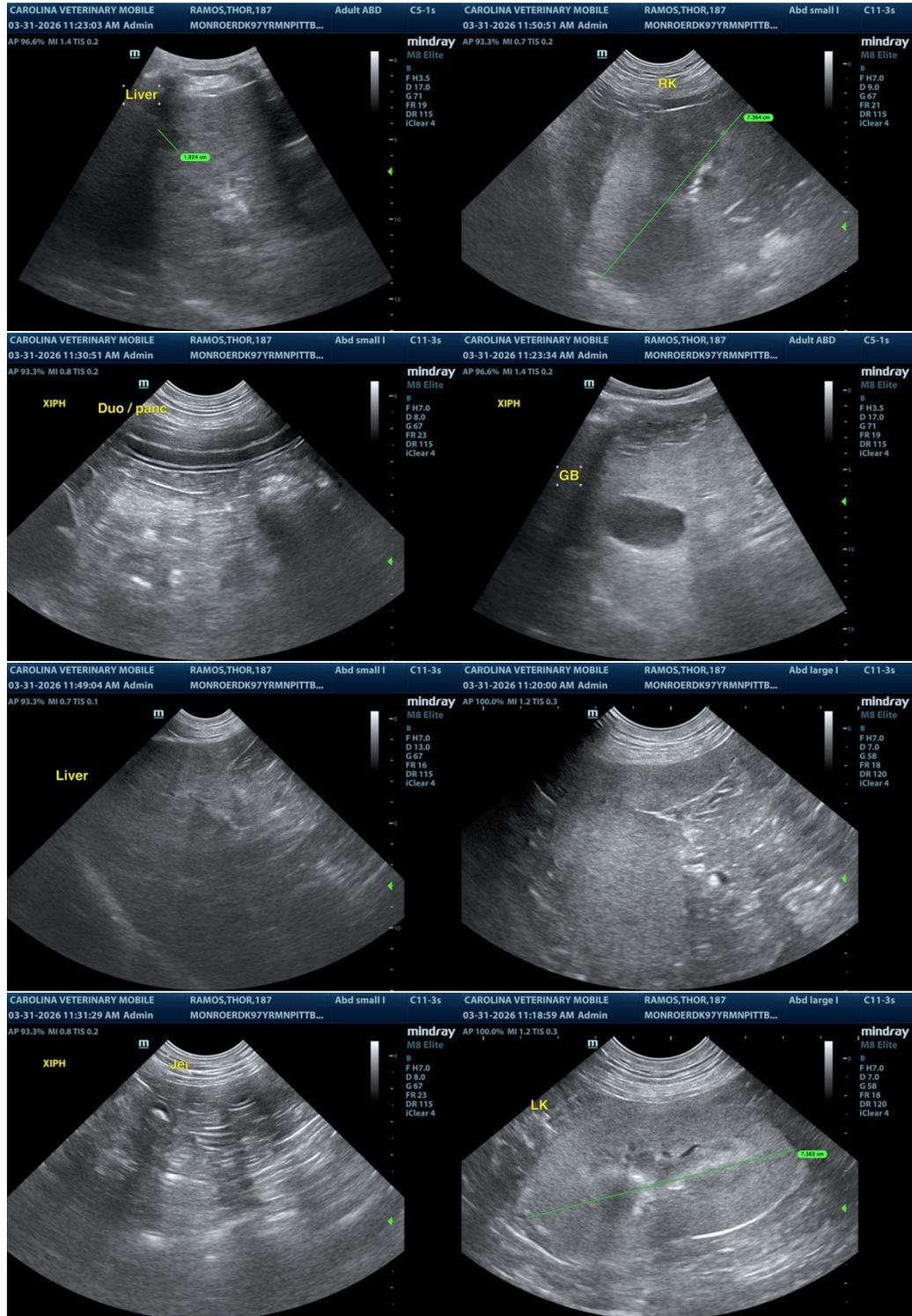
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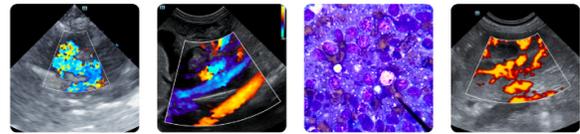
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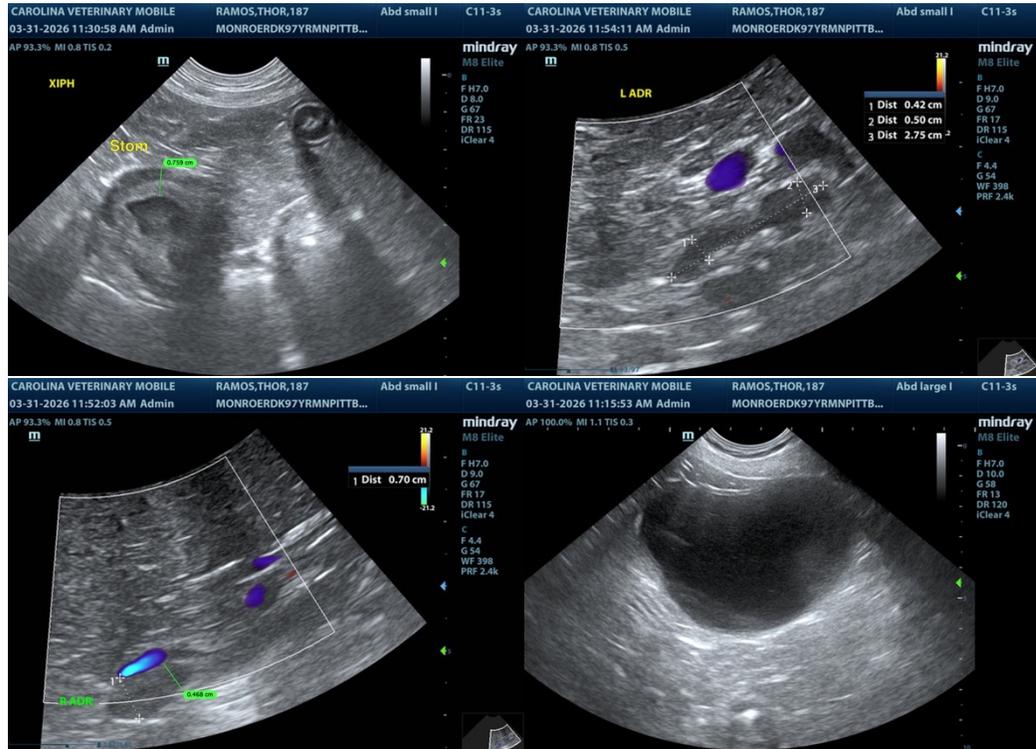
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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