



PATIENT

Bozzy Gavilanes

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

11

WEIGHT

19.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Salazar

INVOICE

74605

DATE

4/20/26

PRESENTING CLINICAL SIGNS

V/D hepatomegaly on xrays.
Abnormal PE/Chem/CBC/UA Results: ALT 293 ALP 1427 GGT 33

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. 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 5.0 cm. Right kidney measured 5.1 cm.

Adrenal Glands

The bilateral adrenal glands were enlarged in size. Intact yet asymmetrical adrenal contour with mild non-homogeneous, non-mineralized parenchyma. Right measured 0.84 cm at the caudal pole. Left measured 0.92 cm at the caudal pole.

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

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. A mid to right cranial thinly walled, mild asymmetrical intraparenchymal cyst is noted, measuring approximately 1.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate non-organized debris. 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 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.



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Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

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Pancreas

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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.

Canine

BREED

Free Abdomen

Poodle x

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Hepatopathy with small cranial intraparenchymal cyst.
- Non-organized gallbladder debris (non-mucocele).
- Bilateral adrenomegaly.
- Sonographically normal, empty gastrointestinal tract with semi-formed fecal matter in colon.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The hepatopathy and small hepatic cyst, although non-specific, are most consistent with benign criteria. Adrenal workup indicated if clinical signs consistent with Cushing's syndrome. Further assessment may include, assuming normal clotting status, hepatic FNA cytology.

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Gastrointestinal support and empirical therapy for structurally insignificant to non-specific gastroenteritis or possible mild pancreatitis, which may present sonographically normal, is recommended.

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Once gastrointestinal signs are stable, hepatosupportive medications including Ursodiol, if tolerated, with sonographic monitoring of the liver and gallbladder (if evidence of progressive hepatopathy or cholestasis) is recommended.

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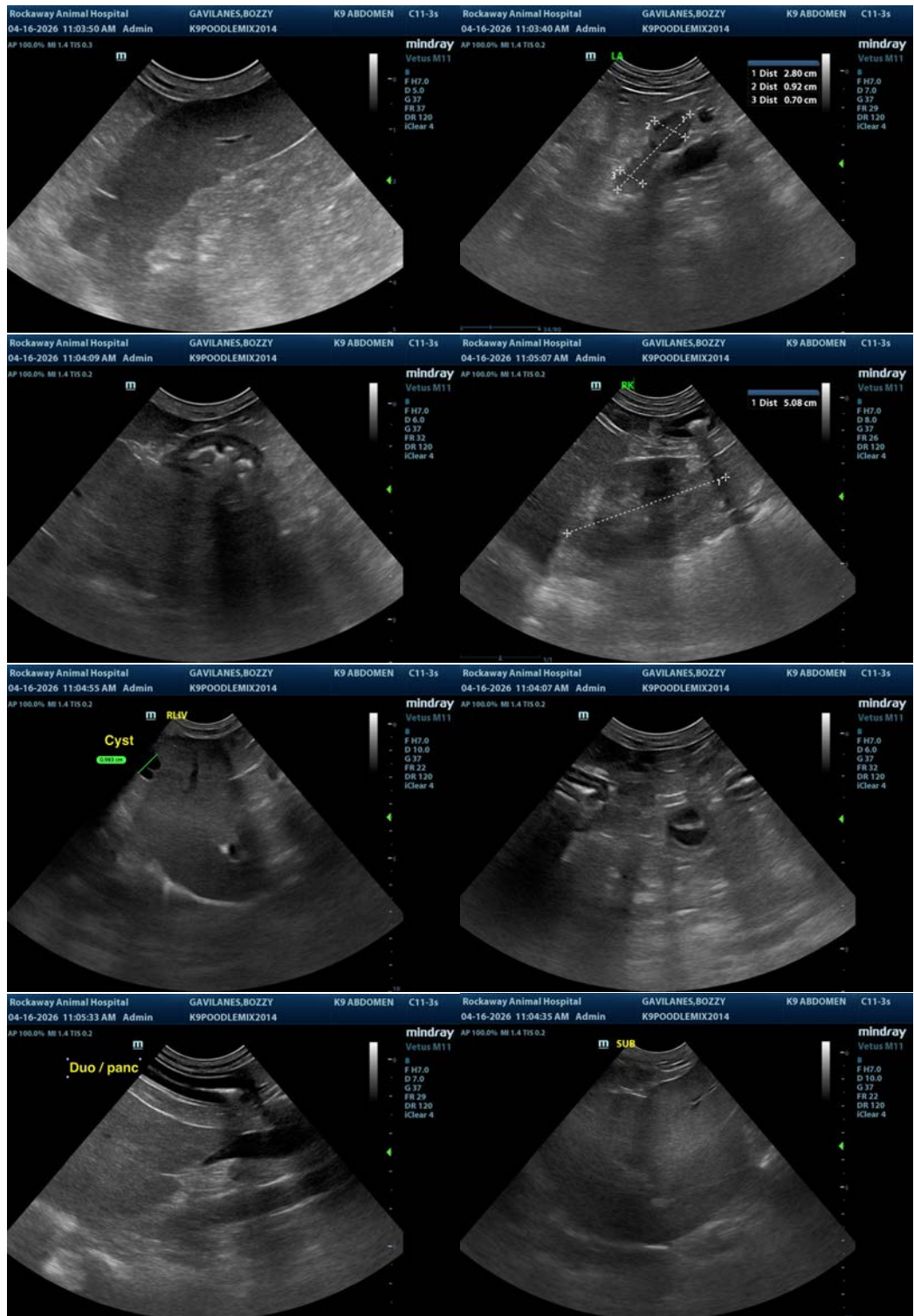
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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