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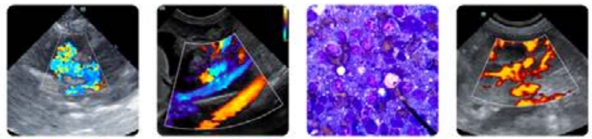


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ranger Ladolcetta

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

12

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

74613

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Recheck prev u/s 4/16 Dog doing a lot better electrolytes now normal

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.

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. Mild pyelectasia, medullary mineral, and intermittent cortical cysts present. Right kidney measured 4.3 cm. Left kidney measured 4.2 cm.

Adrenal Glands

The adrenal glands were indistinctly visualized and subjectively subnormal to flattened in appearance, consistent with patient history. Left adrenal gland measures 0.31 cm at the caudal pole. Right adrenal gland measured 0.25 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

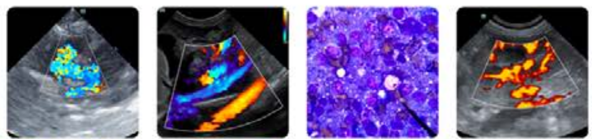
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach was empty, with subjective intact, mildly thickened wall.

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.



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Pancreas

The pancreas was normal in size and contour with mild non-homogeneous hyperechoic remodeled parenchymal compared to adjacent non-inflamed or reactive omentum. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

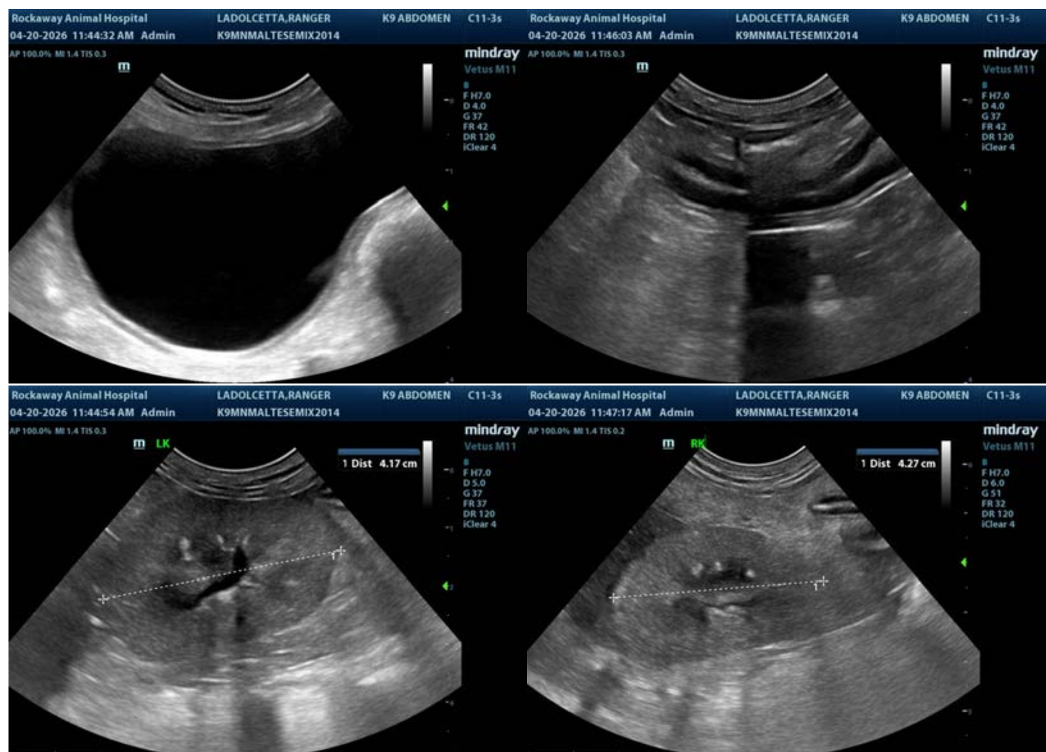
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened, empty stomach.
- Sonographically normal gastrointestinal tract.
- Mild chronic pancreatitis/fibrosis pattern.
- Static chronic renal changes exhibiting medullary mineral, mild pyelectasia, and cortical cysts.
- Indistinct, flattened adrenal glands – consistent with patient history.
- Mild hepatic parenchymal remodeling with static mild non-organized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is suggestive of gastritis criteria with early to infiltrative gastric neoplasia or other infiltrative pathology thought less likely. Continued as needed gastrointestinal support indicated. Correlation with urinalysis recommended. Recheck sonogram if recurrent clinical signs or electrolyte abnormalities.



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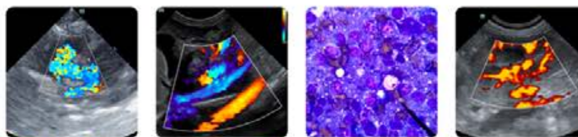

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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