



## PATIENT

Cody Huang

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

14.4 lbs

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

16187

## DATE

05/13/26

## PRESENTING CLINICAL SIGNS

Presented for follow up on cystic calculi. Pet is currently on c/d, Denamarin, ursodiol, omega 3. Hx. hepatomegaly / dx vacuolar hepatopathy / elevated ALP / splenectomy / HM / mild mitral valve ds., DJD

PE: LS OU , multiple skin tags , HM grade 3/6 . mild stiff gait UA / UCS - pending

## 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 2-3 dependent lumen small calculi with an example measuring 0.24 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No obvious pathology in the area of the residual prostate.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral to small renoliths (more prominent in the left kidney) were present. No evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 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 0.48 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 0.55 cm width at the caudal pole.

### Spleen

The spleen was not visualized owing to previous splenectomy.

### Liver & Gallbladder

The liver presented subjective 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### 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.



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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 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.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Static to possible mildly reduced nonobstructive small cystic calculi.
- Static chronic renal changes exhibiting mild medullary mineral/left kidney renoliths.
- Static mild hepatopathy- consistent with benign criteria, suggestive of vacuolar hepatopathy pattern.
- Normal gallbladder.
- Nonvisualized spleen owing to previous splenectomy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urinalysis and urine culture/sensitivity is recommended. If patient is not exhibiting lower urinary tract signs, continued dietary therapy with as needed clinical and sonographic monitoring would be reasonable. Continued hepatosupportive medications are recommended.



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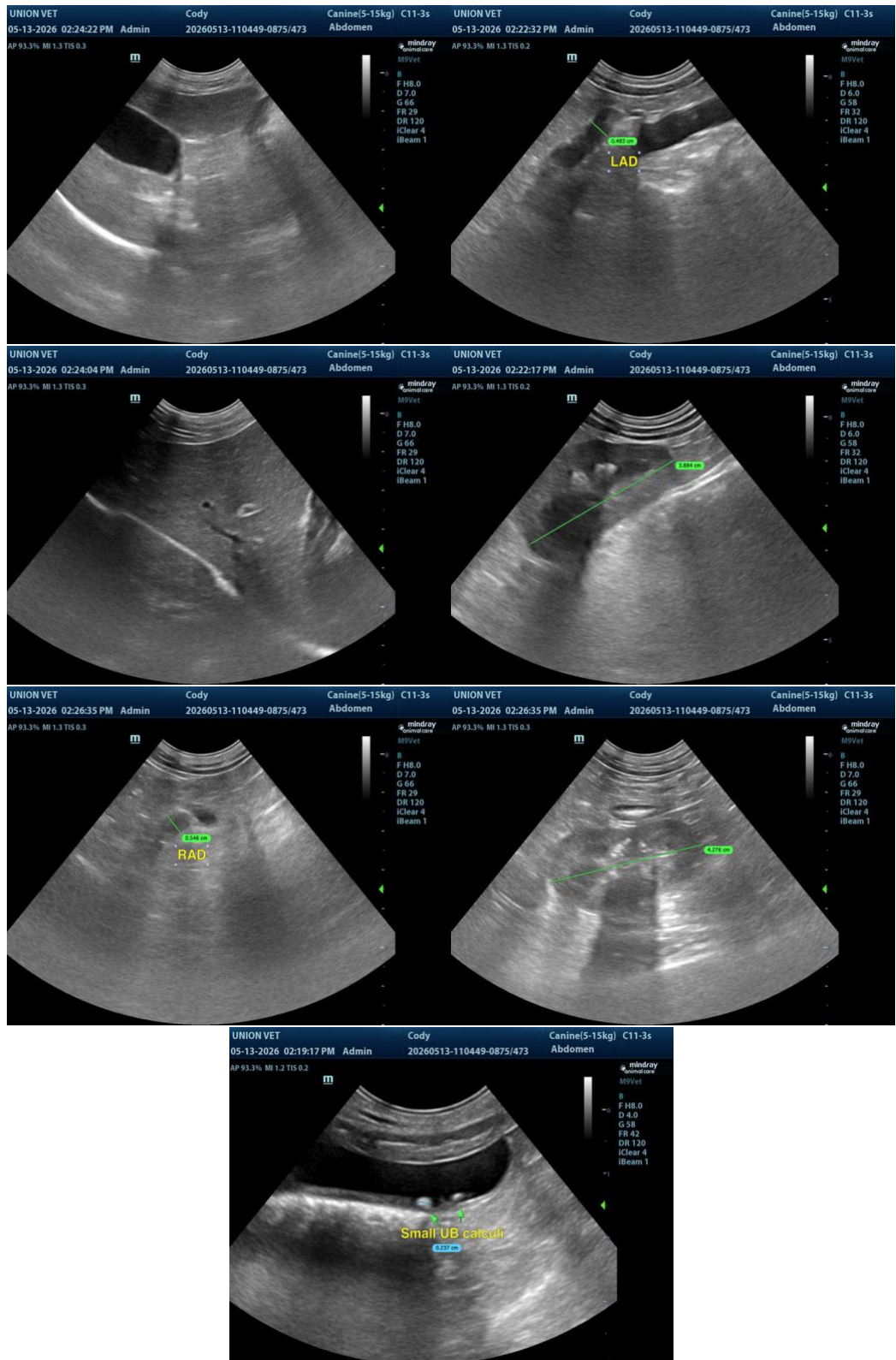
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)