



PATIENT

Willie Testagrossa

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

13yr

WEIGHT

20.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Sarah Green

INVOICE

24932

DATE

05/22/2026

PRESENTING CLINICAL SIGNS

Presented due to pu/pd, inappropriate urination, uncharacteristic hyporexia.

Abnormal PE/Chem/CBC/UA Results: Afebrile, moderate periodontal disease, scheduled for COHAT next week Pre-anesthesia CBC, chem showed mild elevation of BUN (45 mg/dL) and creatinine (1.5 mg/dL), ALT (254) U/L, AST=(60 U/L), all WNL one month prior. Lepto Ab negative, Lepto PCR pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate appeared normal and 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 mild to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral and cortical cysts were present. The left kidney measured 4.9 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.70 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in 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/Gallbladder

The liver presented mild to moderately 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 mild non-organized primarily peripheral lumen debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Non-organized gallbladder debris
- Mild left adrenomegaly
- Chronic renal changes exhibiting medullary mineral and cortical cysts
- Sonographically normal gastrointestinal tract / area of pancreas
- Sonographically normal urinary bladder and residual prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending leptospirosis PCR recommended. Further assessment of the liver may include assuming normal clotting status FNA cytology primarily to assess for inflammation. No evidence of intrahepatic or extrahepatic macroscopic shunt.

Adrenal screening or workup if clinical suspicion of Cushing syndrome and concurrent decreased USG recommended. A urinary workup including screening C/S and UPC level if clinically indicated is recommended.

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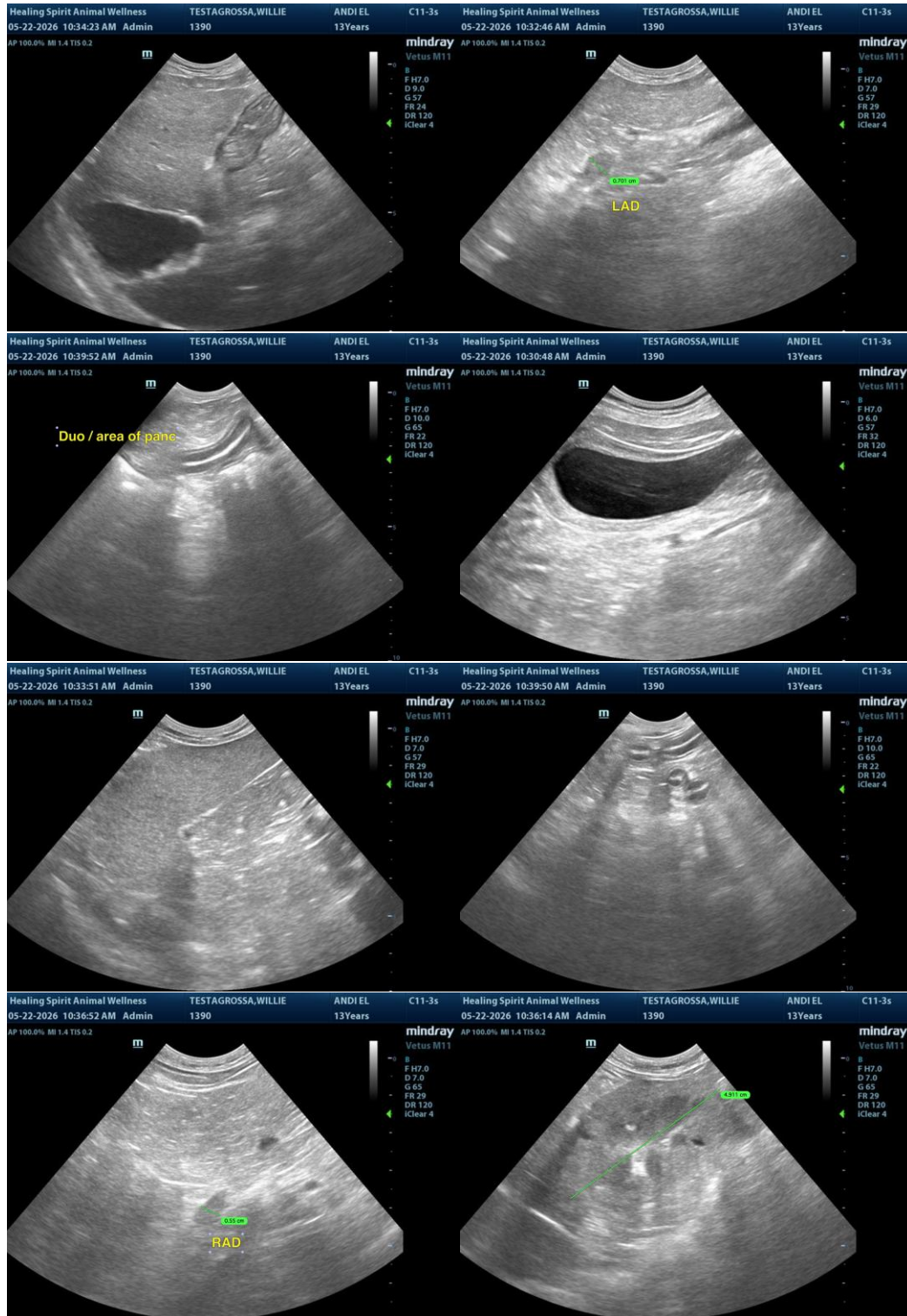
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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