



PATIENT

Winston Cortez

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

7.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

75567

DATE

5/31/26

PRESENTING CLINICAL SIGNS

PU/PD for 2 days, very lethargic still eating well otherwise normal PE: Oral Cavity: Mucous membranes pink/tacky, CRT <2s, severe tartar/gingival erythema, sublingual clear Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL. Moderate generalized muscle wasting Nervous system: No cranial nerve deficits, normal proprioception. Ataxic in hind end Labs: Ketones: 0.2 Chem: glu 643, ALT 297, ALP 1140 chol 342 CBC: (HCT 32.7), (WBC 36.08, neutrophilia 30.58, monocytosis 3.36) EPOC: pCO2 56, NA 129, phos 5.7, hypochloremia (101), glu(>700), HCT 33 L cPL: 304 UA: rods present, cocci suspect present, USG 1.025 Cortisol: <0.5

Abnormal PE/Chem/CBC/UA Results: ABD/thorax rads 1. Equivocal mild left atrial enlargement and suspicion of right heart enlargement. Consider mitral (+/- tricuspid valve) endocardiosis if the patient has a murmur. Otherwise consider possible right heart enlargement secondary to pulmonary hypertension as there is also suspicion of enlargement of the right caudal pulmonary artery compared to the vein. 2. Diffuse bronchial pulmonary pattern is nonspecific. 3. Dynamic tracheal collapse/chondromalacia. 4. Small mass extending from the caudal ventral liver. Consider a hepatopathy with nodular regeneration or hepatoma versus early neoplasia such as hepatocellular carcinoma. 5. Suspicion of constipation. 6. Mod enlarged urinary bladder may be due to contrast retention versus secondary to constipation or pain.

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 mild urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 pyelectasia noted in the left kidney. Areas of mild medullary mineral noted in both kidneys. Left kidney measured 4.0 cm. Right kidney measured 4.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.44 cm. Right measured 0.50 cm.

Spleen

The spleen was not definitively visualized.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild gallbladder 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 contained non-shadowing ingesta with concurrent strongly shadowing non-obstructive ingesta to luminal echoes. Example of gastric lumen echo measured approximately 2.8 cm in diameter.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild similar appear ingesta/chyme present.

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

Pancreas

The pancreas is normal in size with mild symmetrical contour and mild non-homogeneous, variably hyperechoic pancreatic parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Hepatopathy - metabolic / diabetic, inflammatory, cholestatic, lipidosis or combination likely
- Mild gallbladder debris (non mucocele)
- Mild chronic pancreatitis / fibrosis
- Gastric ingesta with shadowing echos, empty small intestine - variably dense gastric ingesta, treat, medication, nonobstructive foreign material
- Chronic renal changes with mild medullary mineral and left kidney pyelectasia
- Mild urine sediment
- Normal adrenal glands

SECONDARY FINDINGS

- Non visualized spleen - previous splenectomy, volume contraction or displacement. Correlate with clinical history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S and Fructosamine level is recommended. ACTH stim test could be considered if confirmed diabetes and diabetic dysregulation. No overt neoplasia or masses visualized.



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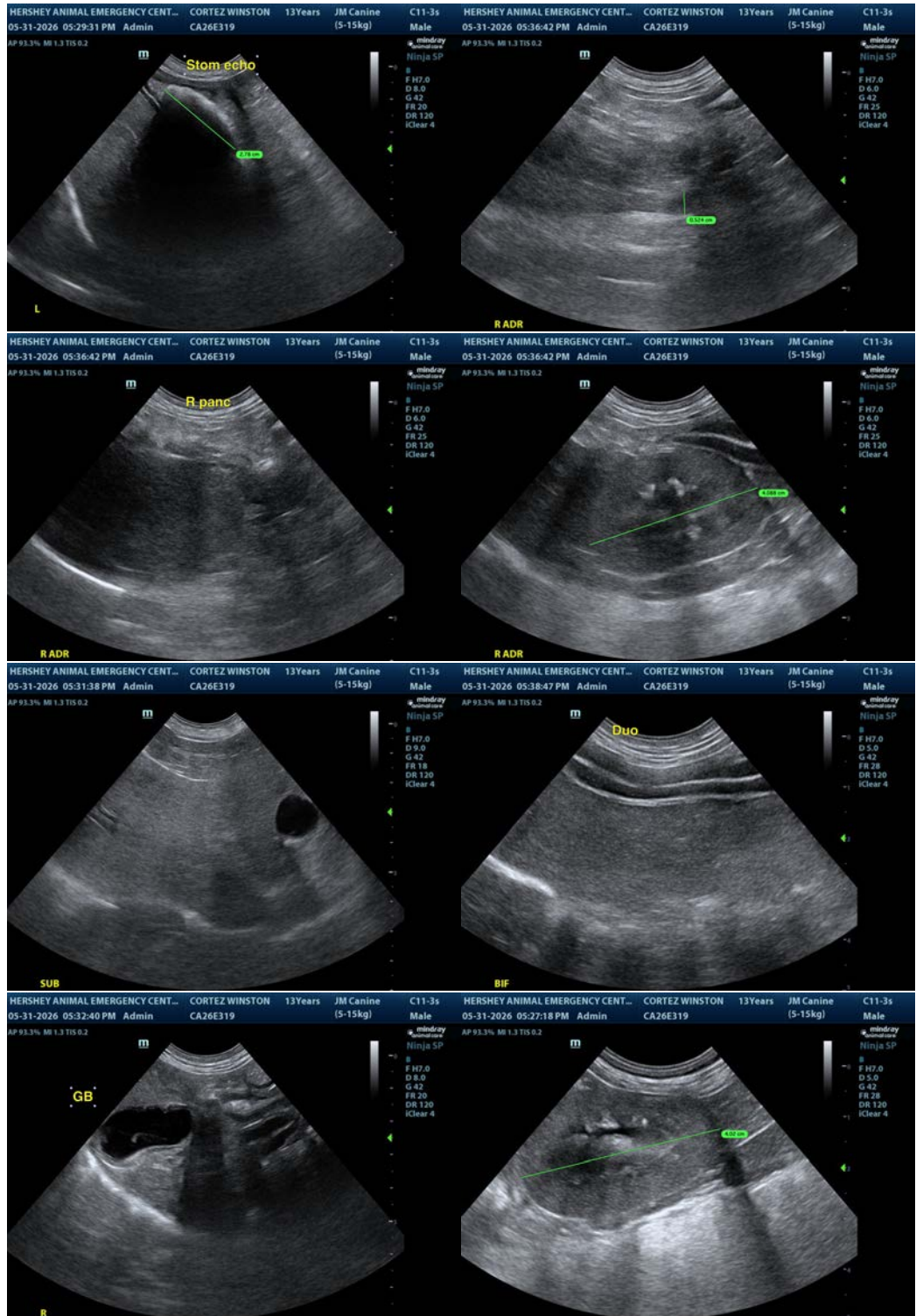
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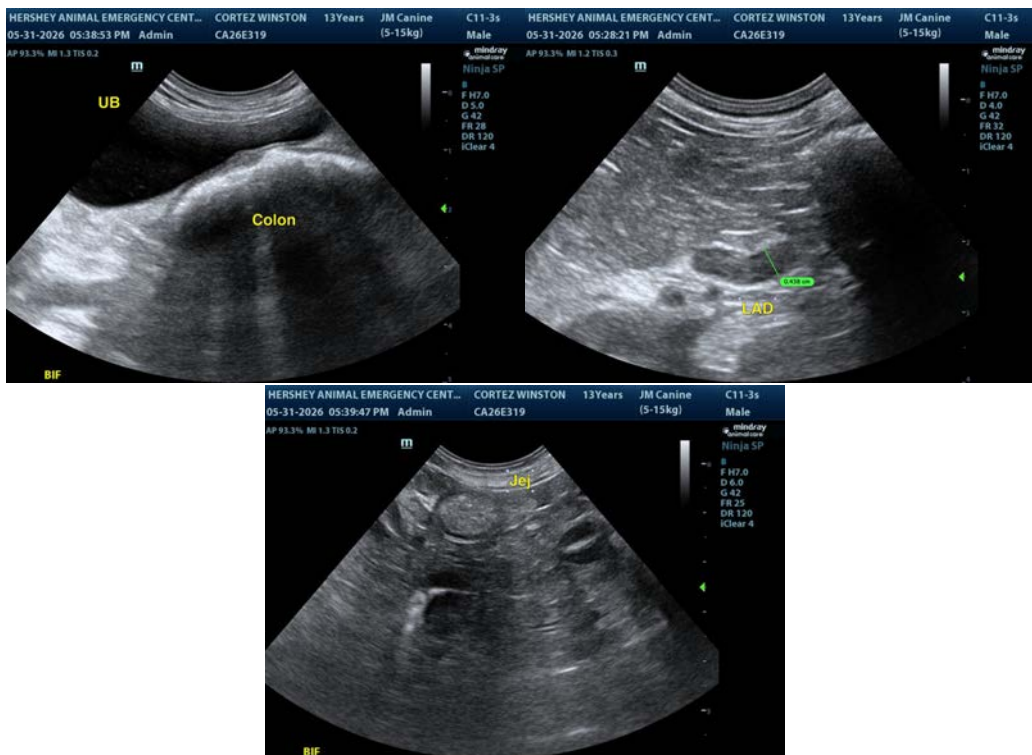
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com