



PATIENT

Oliver Huang

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10Y

WEIGHT

15lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Ashley McCaughan,
DVM

INVOICE

74895

DATE

5-6-26

PRESENTING CLINICAL SIGNS

Intermittent cough. No other concerns.

Abnormal PE/Chem/CBC/UA Results: Amylase 1200, PSL 547 on 3/2026 labwork - no clinical signs concerning for pancreatitis. Heart murmur grade 3/6

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 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter. Focal to possible intermittent, small, thinly walled cysts containing anechoic fluid were present.

No evidence of pathology in the area of the aortic trifurcation.

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. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape with an indistinctly visualized left adrenal gland. The right adrenal gland measured 0.66 cm width at the caudal pole. The left subjectively measured 0.51 cm width 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild nonorganized nondependent gallbladder 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 without evidence of retained ingesta, fluid, 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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable mild heterogeneous pancreas.
- Mild chronic renal changes.
- Mild nonorganized gallbladder debris (nonmucocele).
- Benign prostatic hyperplasia pattern with small prostatic cysts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of active pancreatitis in conjunction with no reported clinical signs, mild pancreatic remodeling owing to age or previous pancreatitis is suspected. Chronic pancreatitis if clinical signs consistent with pancreatitis or if evidence of cranial abdomen or subxiphoid discomfort on palpation possible.

The prostate presentation is of unclear clinical significance meeting benign prostatic hyperplasia criteria without evidence of neoplasia or obvious prostatic inflammation. Correlation with clinical history and reported neuter status. If patient definitively neutered, additional diagnostics indicated which may include prostatic sampling for cytology +/- culture and sensitivity.

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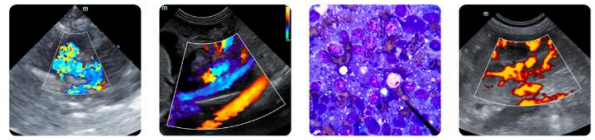
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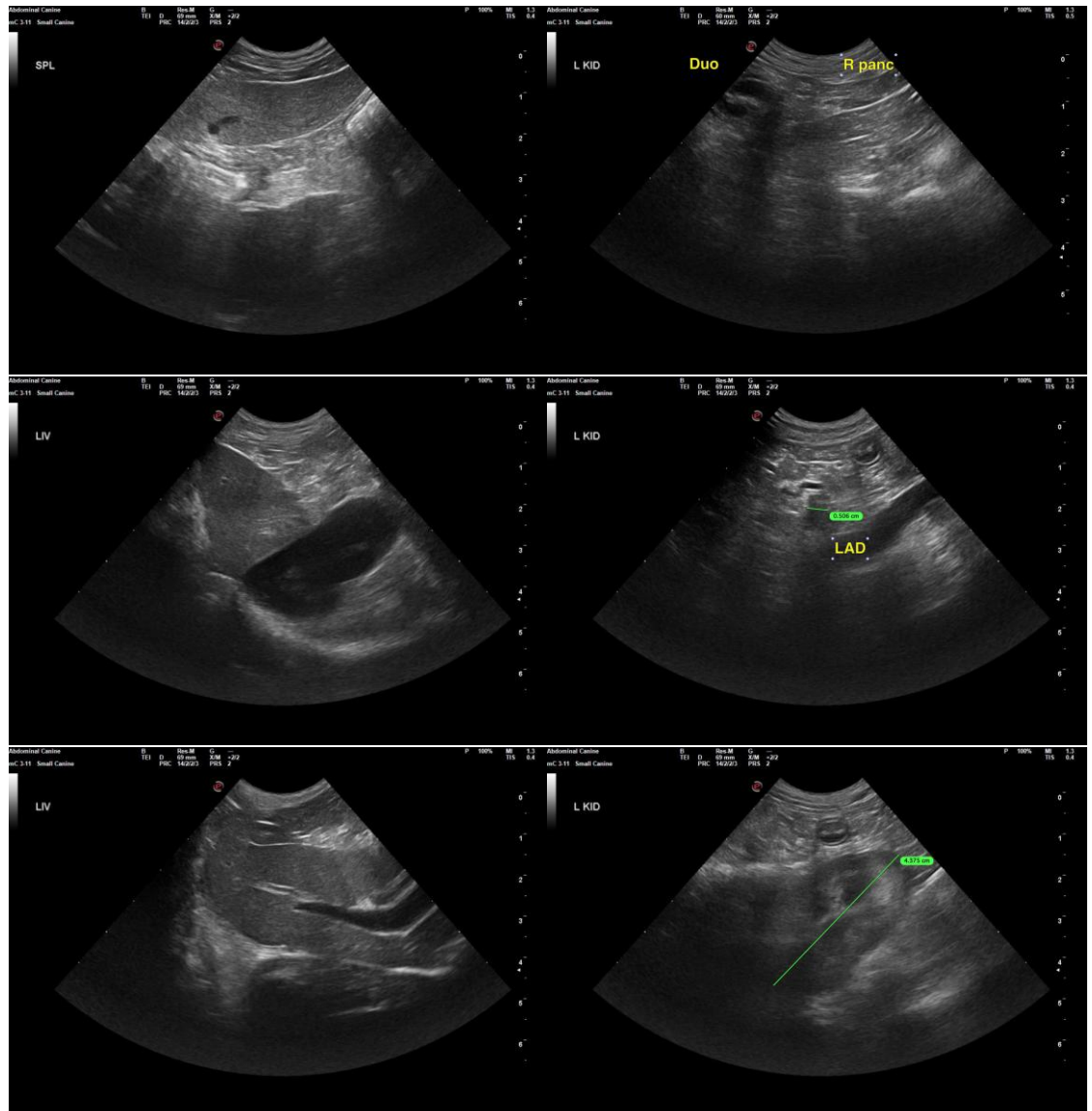
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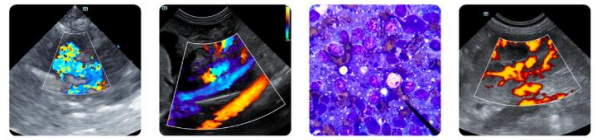
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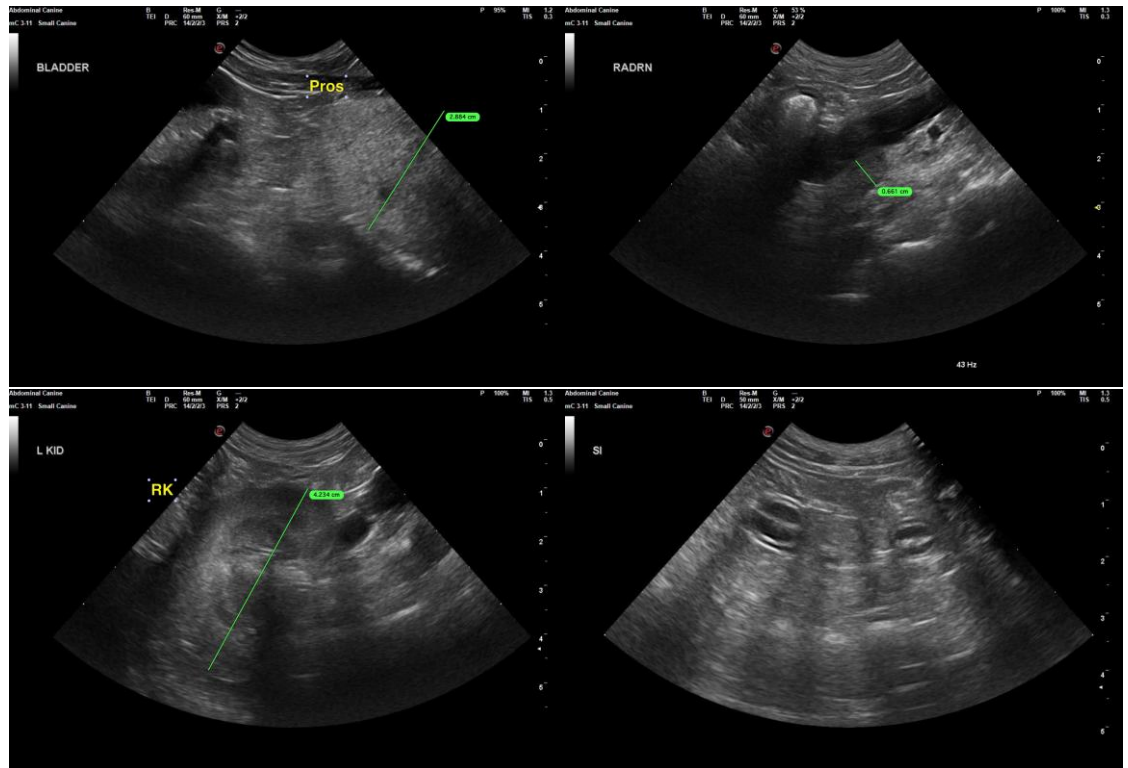
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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