



**PATIENT**

Ollie Palamaris

**SPECIES**

Canine

**BREED**

Pug

**SEX**

MN

**AGE**

12 y

**WEIGHT**

26 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Albany AH

**REFERRING VET**

Dr. Fletcher

**INVOICE**

14782

**DATE**

8/31/22

**PRESENTING CLINICAL SIGNS**

paralyzed, uti, Portal Shunt restrictor sx Medication- 9 am gabapentin (100 mg), hydrocodone/homatropine 5/1.5mg, Paxon, Provable - DC, 150 mg amoxicillian

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was moderate to markedly distended in size with normal urinary bladder walls without evidence of inflammatory or neoplastic criteria. Anechoic urine was present with severe nondependent particulate to pinpoint hyperechoic sediment, along with moderate dependent sand/mineral. The visualized urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.

No obvious pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineralization were present. No evidence of pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.6 cm in length.

**Adrenal Glands**

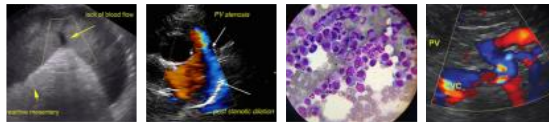
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole and 0.59 cm width at the cranial 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 exhibited subjective mild enlargement. 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. Normal hepatic vascular volume was noted. The visualized portal vein appeared to be overtly normal. The probable restrictor band was visualized at the level of the caudal vena cava.



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The gallbladder was non-distended in size containing mild, nondependent, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

**SPECIES**

**Gastrointestinal**

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta / chyme exhibiting mild progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.

**BREED**

Pug

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing ingesta / chyme was present.

**SEX**

MN

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

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**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 were evident.

**WEIGHT**

26 lbs.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Distended urinary bladder containing severe nondependent sediment and moderate dependent sand / mineral
- Bilateral chronic renal changes with pinpoint medullary mineral
- Normal hepatic vascular volume, subjective mild benign hepatomegaly
- Mild gallbladder debris (non-mucocele)

**Secondary Findings**

- Gastrointestinal ingesta - probable recent meal ingestion

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Full urinary workup including urinalysis, examination of cytospin urine sample for identification of crystal or sediment type, as well as urine C/S on a sterile urine sample is recommended. Given that the patient is paralyzed, a higher probability of recurrent to chronic UTI is likely. Antibiotic therapy ideally based on C/S results, urinary diet, as well as as-needed manual expression of the urinary bladder may be indicated. Assessment of hepatic enzyme levels is suggested if not recently done. Hepatosupportive medications including Denamarin and Ursodiol may be considered if evidence of hepatic enzyme elevations or cholestasis.

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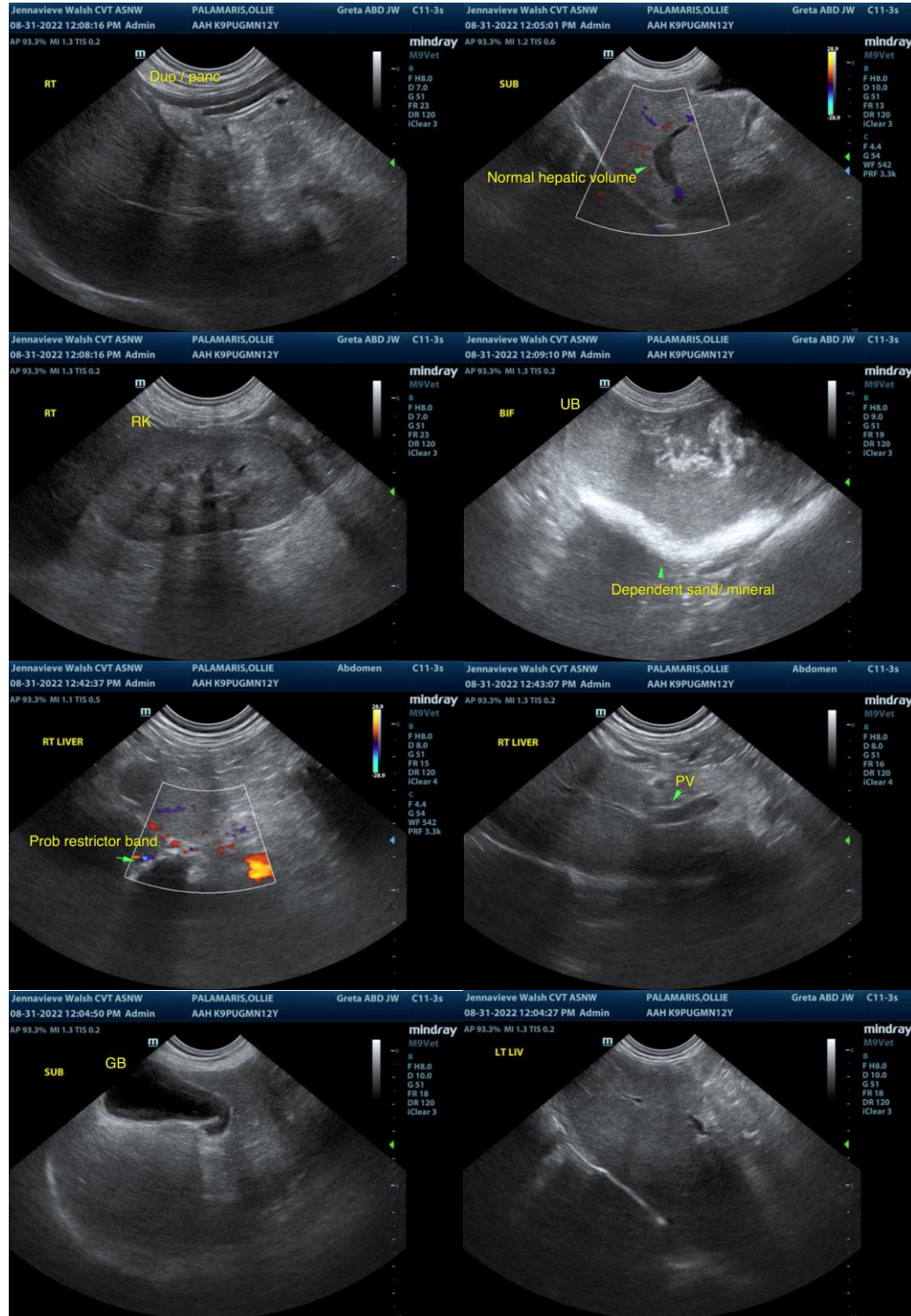
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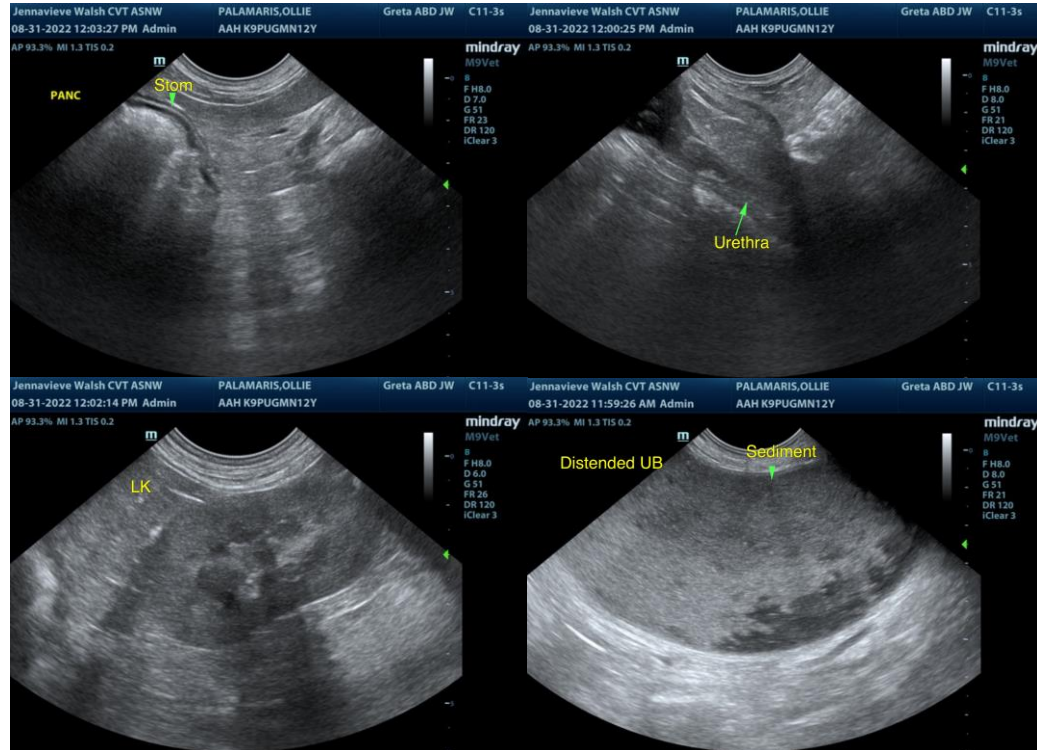
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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