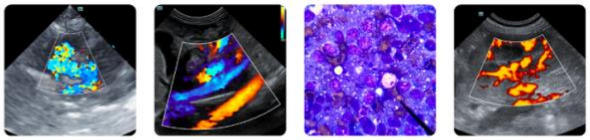


PATIENT

Cozumel Groscost

SPECIES

Canine

BREED

Jug

SEX

Neutered Male

AGE

11 Years

WEIGHT

20.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Lindsay Bohling DVM

INVOICE

13159

DATE

01/14/26

PRESENTING CLINICAL SIGNS

Cozumel has a history of allergies- that is maintained on Apoquel. He has multiple dermal masses. Previous CCL tear- managed on Carprofen and Gabapentin. Bloodwork at the end of November showed hypercalcemia. Recheck bloodwork one month later- hypercalcemia has increased to 13. No masses palpated on anal glands- lymph nodes palpate within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate was sonographically normal.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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. Pinpoint areas of medullar mineral were visualized. The left kidney measured –4.9cm in length. The right kidney measured 5.3 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 0.51 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 0.49 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 presented subjective mildly enlarged with mild nonhomogenous remodeled parenchyma. Intermittent indistinctly marginated mild nonhomogenous to hyperechoic noncapsule deforming nodules were visualized with an example measuring 2.3 cm in diameter.

The gallbladder was non distended in size with moderate gravity dependent to nondependent congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

PATIENT

Cozumel Groscost

SPECIES

Canine

BREED

Jug

SEX

Neutered Male

AGE

11 Years

WEIGHT

20.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Lindsay Bohling DVM

INVOICE

13159

DATE

01/14/26

The stomach presented normal intact wall layering. The stomach contained mild to moderate retained anechoic fluid and lumen gas. No evidence of obstruction to pyloric outflow.

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

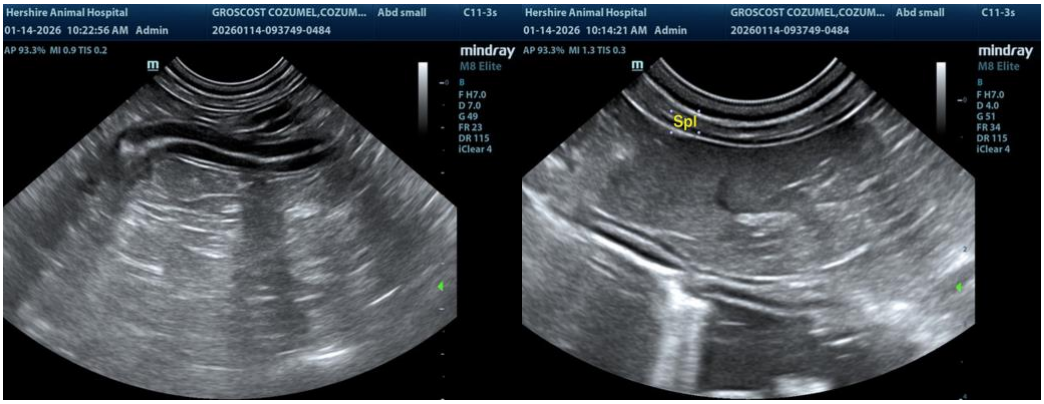
No significant or swollen lymphadenopathy, omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

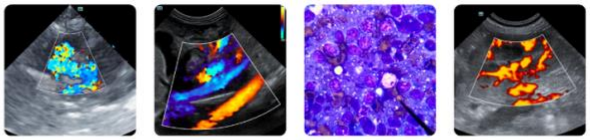
- Nonhomogenous remodeled hepatic parenchyma exhibiting intermittent intraparenchymal nodules- vacuolar changes, nodular hyperplasia, lipogranulomas, inflammation, low-grade neoplasia are all potentials.
- Congealed nonorganized gallbladder debris (non-mucocele).
- Sonographically normal spleen.
- Normal gastrointestinal tract with nonobstructive hypomotile stomach.
- Age-related kidneys with mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the nonspecific hepatic changes and nodules, no evidence of abdominal neoplastic criteria. Assuming normal clotting status, hepatic parenchyma and accessible nodule FNA cytology is warranted for further clarification. Correlation with three view chest radiographs and hypercalcemia panel, if not done, may be considered. The presence of gastric fluid is likely incidental unless clinical signs are consistent with gastric ileus.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Cozumel Groscost

SPECIES

Canine

BREED

Jug

SEX

Neutered Male

AGE

11 Years

WEIGHT

20.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

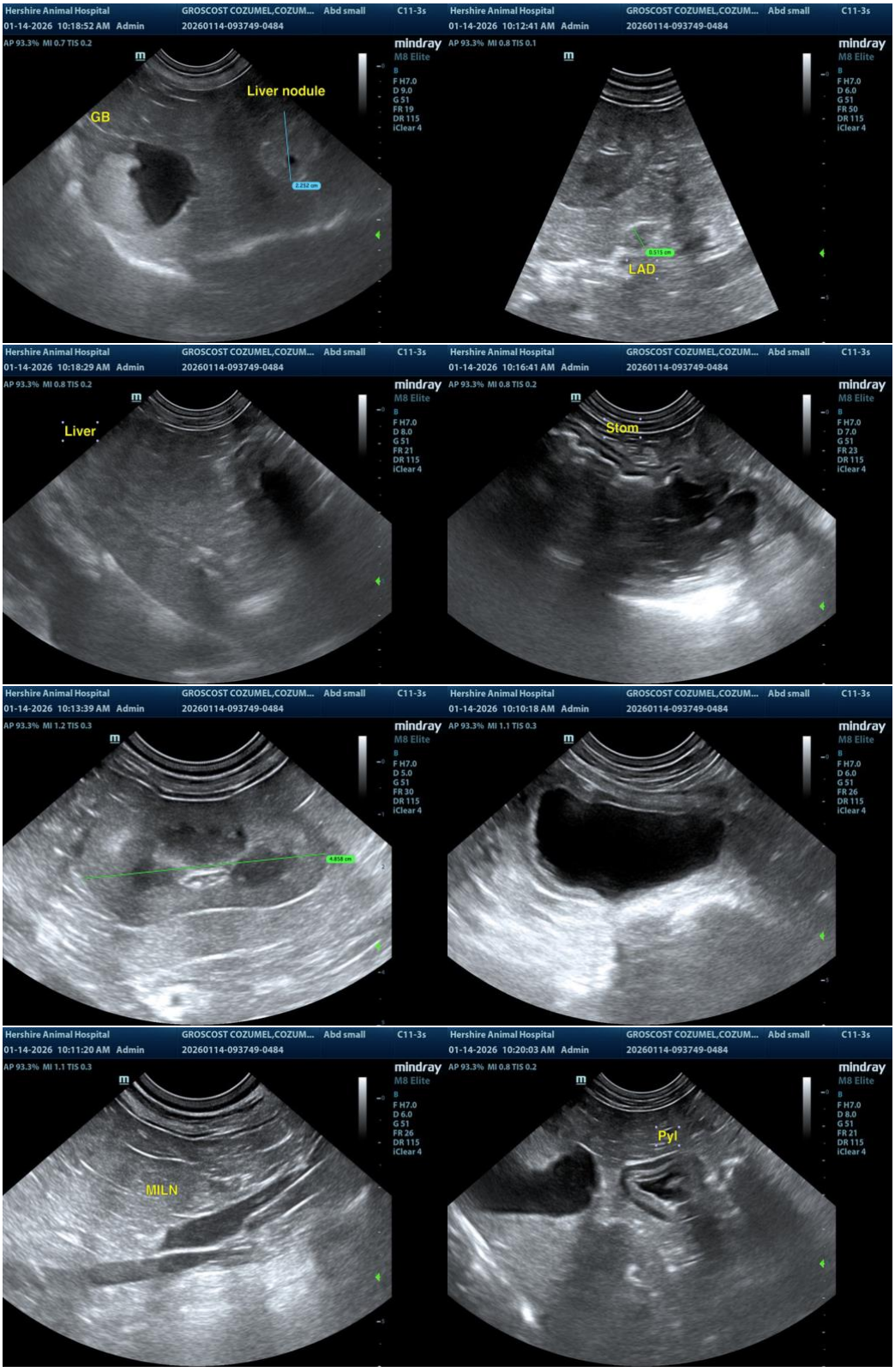
Dr. Lindsay Bohling DVM

INVOICE

13159

DATE

01/14/26



PATIENT

Cozumel Groscost

SPECIES

Canine

BREED

Jug

SEX

Neutered Male

AGE

11 Years

WEIGHT

20.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

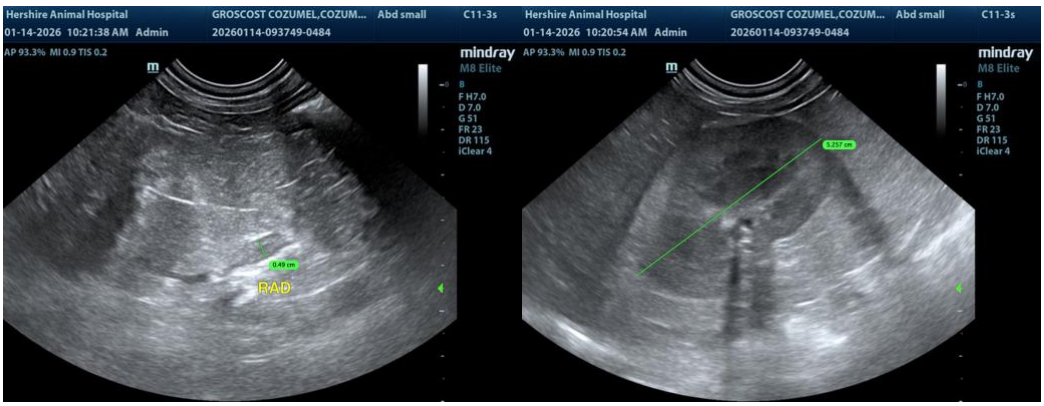
Dr. Lindsay Bohling DVM

INVOICE

13159

DATE

01/14/26



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