

PATIENT

Coco Riggio

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

12 Years 2 Months

WEIGHT

13.6 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

13250

DATE

01/19/26

PRESENTING CLINICAL SIGNS

- BCS 4/9. Abnormal BW. Persistent dermatitis, on long term Pred. due to lack of response to other treatments for skin/allergies. Meds: Prednisone 2.5mg SID.

Abnormal PE/Chem/CBC/UA Results: Glob 3.9; TP 7.5; ALT 124; ALKP 245; GGTP 16; K+ 5.7; Na:K 26 (normal Na); Chol 394; Trig 324; Prec PSL 255; CPK 43; PLT 692; Neuts 10,854

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 change 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were asymmetrically enlarged exhibiting nonhomogenous hyperechoic nonmineralized parenchyma. The left adrenal gland measured 2.4 cm x 1.8 cm. The right adrenal gland measured 3.0 cm x 1.7 cm.

Spleen

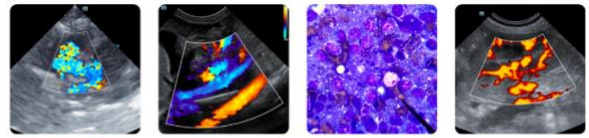
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A hyperechoic nodule was present with an example measuring 0.51 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma. Pinpoint to focal hyperechoic parenchyma foci were present.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size with symmetrical to rounded contour and nonhomogenous mild increased hepatic parenchyma echogenicity. Intermittent noncapsule deforming nonhomogenous hypoechoic intraparenchymal nodules were visualized with an example measuring 2.1 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to primarily generalized mild nonshadowing mild small intestinal ingesta to the level of the colon.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to 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

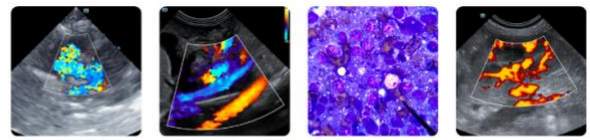
- Enlarged nonhomogenous liver with intraparenchymal nodules- chronic vacuolar hepatopathy, hyperplasia, inflammation, nonobstructive cholestasis, hepatic neoplasia are all potentials.
- Nonorganized gallbladder debris (non-mucocele).
- Mild remodeled pancreas.
- Chronic renal changes exhibiting mild medullary mineral.
- Bilateral adrenomegaly- bilateral hyperplasia, functional versus nonfunctional adenomas, neoplasia or mixed pathologies are all possible.
- Hyperechoic splenic nodule and parenchyma foci- subjective benign, myelolipomas, splenic microinfarction, fibrosis or mineralization are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the patient is currently on Prednisone, adrenal workup is warranted given the bilateral adrenomegaly, hepatopathy and thrombocytosis. Serial monitoring of systemic blood pressure for evidence of hypertension which may potentially allude to pheochromocytoma is suggested. Assuming normal clotting status and using 25-gauge needle, screening hepatic FNA cytology is warranted for further clarification. Hepatosupportive medications may prove beneficia. Chronic pancreatitis may be suspected if concurrent clinical signs or cranial abdomen/subxiphoid discomfort on palpation. Urinalysis is recommended if not recently done.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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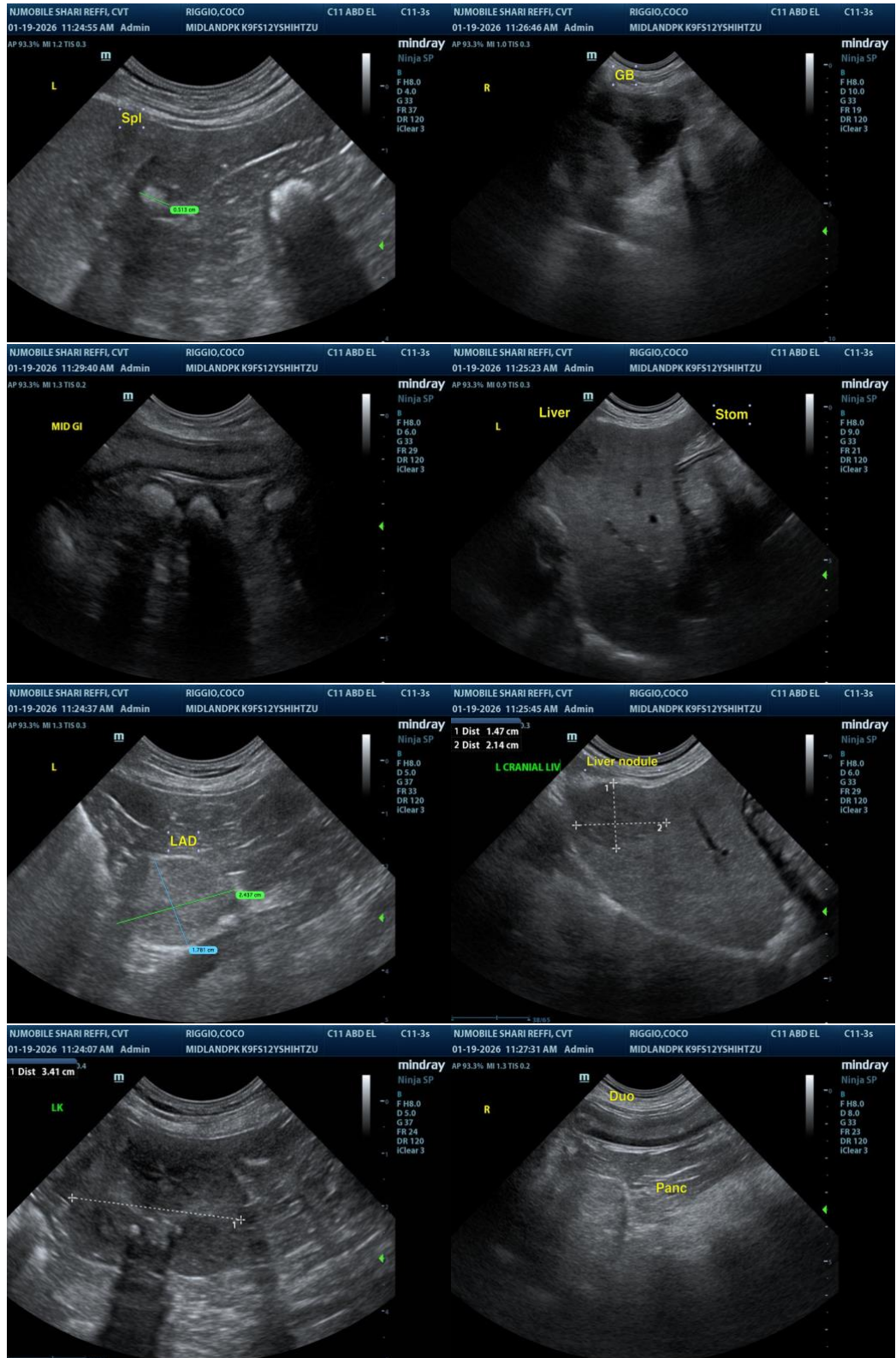
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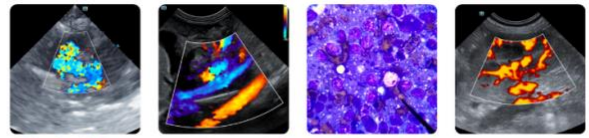
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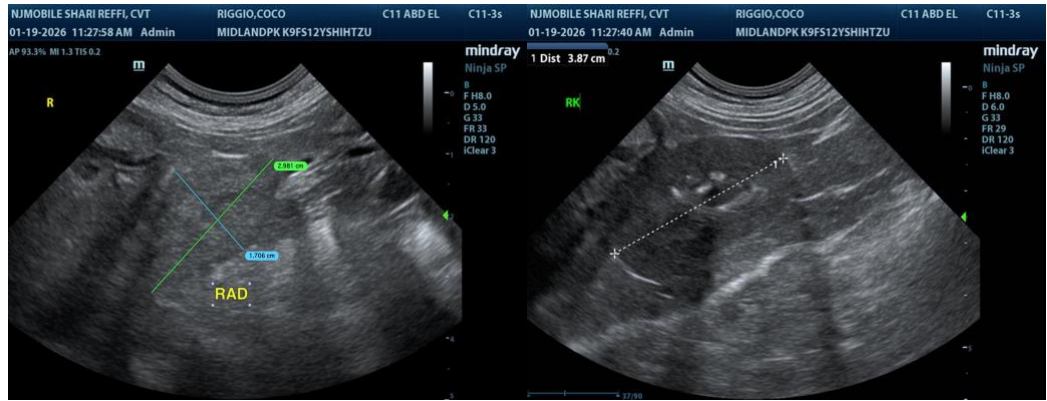
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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