

PATIENT

Coco Hein

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female Spayed

AGE

17

WEIGHT

13.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Sabadilla AC

REFERRING VET

Dr. Nathaniel
Asemadahun

INVOICE

13115

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History: PUPD, panting more than usual as per owner. Markedly Elevated ALP. Elevated UCCR, concerned about Cushing's disease.

Abnormal PE/Chem/CBC/UA Results: attached

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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland presented mildly enlarged in size with uniformly hypoechoic parenchyma present. The left adrenal gland measured 0.68 cm width at the caudal pole. The right adrenal gland measured 0.65 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

The liver exhibited mild generalized hepatomegaly with normal vascular volume. The liver parenchyma was non-homogeneous and mildly nonuniform and hypoechoic to the spleen with a variable coarse echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized mass or nodules present. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. 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 was empty with no signs of ileus, obstruction 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.



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

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Pancreas

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

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Cocker Spaniel

ULTRASONOGRAPHIC FINDINGS

SEX

- Large non-homogeneous liver with parenchymal remodeling
- Mild, non-organized gallbladder debris (non-mucocele)
- Bilateral chronic renal changes
- Mild bilateral adrenomegaly
- Remodeled pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Adrenal workup with LDDST warranted given sonographic findings and patient clinical signs. The liver is most suggestive of chronic benign hepatopathy criteria, i.e. chronic vacuolar changes, remodeling, fibrosis, non-obstructive cholestasis, potential inflammation with hepatic neoplasia considered less likely. Concurrent hepato-supportive medications may prove beneficial. A spec cPL could be considered to assess for chronic pancreatitis if clinically indicated.

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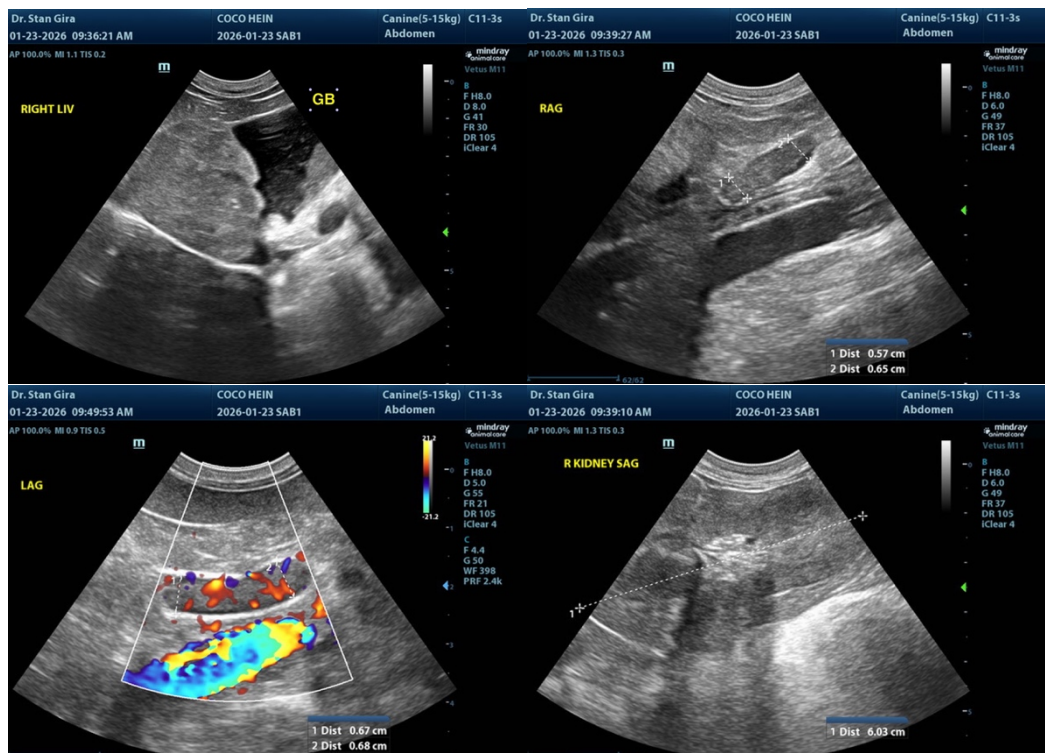
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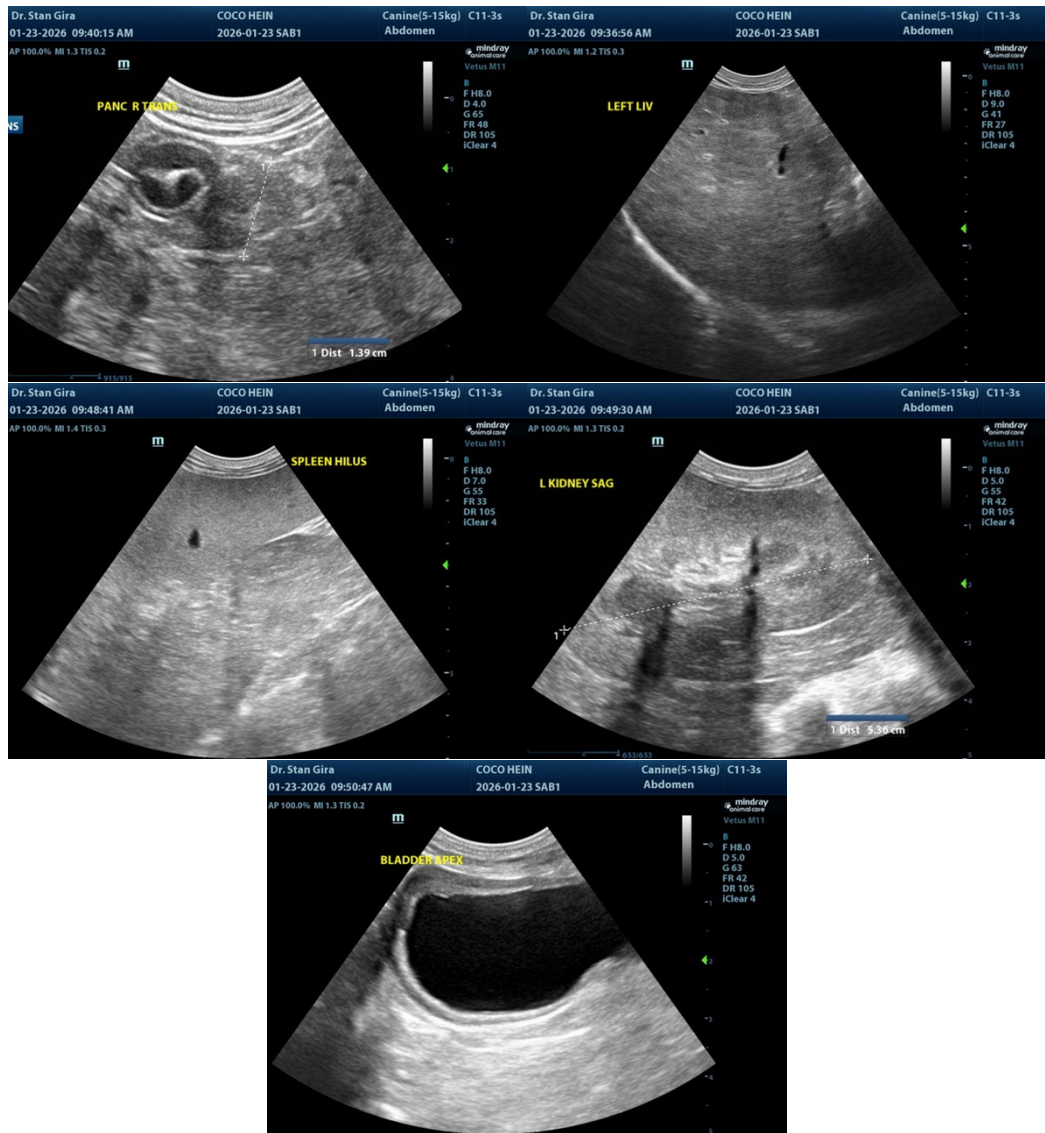
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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