



## PATIENT

Cooper Del Carpio

## SPECIES

Canine

## BREED

Cocker spaniel

## SEX

Male

## AGE

9

## WEIGHT

7.49 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Harmon

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Harmon

## INVOICE

10597

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

History:

- did not U yesterday until 5pm, drank a lot of water yesterday, ate dinner last night did not want to eat this morning, normally very active but has had no interest in doing anything, O flipped pt on back to look at stomach and pt tensed up and pt started wining and shaking

Abnormal PE/Chem/CBC/UA Results: Hydration: Slightly dehydrated, tack MMs Abdomen: Tense on palpation, grunts with palpation of cranial abdomen Neurologic: Abnormal: intermittent pain/lip licking with palpation of cervical spine, resistance to ventroflexion of neck on second attempt, wnl on first attempt. No overt T/L spinal pain with palpation. Normal CPs and withdrawal reflex x4 Chem 17: ALP 570, GGT 3(wnl), Phos 3.4(wnl) Chem 10: ALP 637 cPL: 305 (H, equivocal) UA: Yellow, slight cloudy. USG > 1.050, pH 9.0, no bacteria, no crystals EPOC: Hct 43%, Lact 3.26(H), Lytes wnl, Cbc

## 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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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

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 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 4.1 cm in length. The right kidney measured 4.8 cm in length.

### Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in 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



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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 enlarged in size. 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. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The cystic and common bile ducts were normal.

### **Gastrointestinal**

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. Mild jejunal hyperechoic mucosal speckling was present.

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

### **Pancreas**

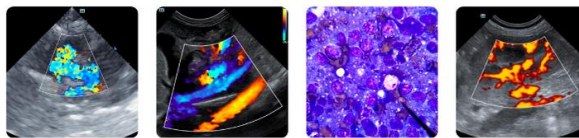
The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - most consistent with benign criteria, suggestive of vacuolar / cholestatic hepatopathy
- Immature gallbladder mucocele
- Bilateral chronic renal changes
- Bilateral mild adrenomegaly
- Nonspecific intestinal mucosal speckling - nonspecific, may be associated with nonspecific enteritis
- Sonographically normal pancreas



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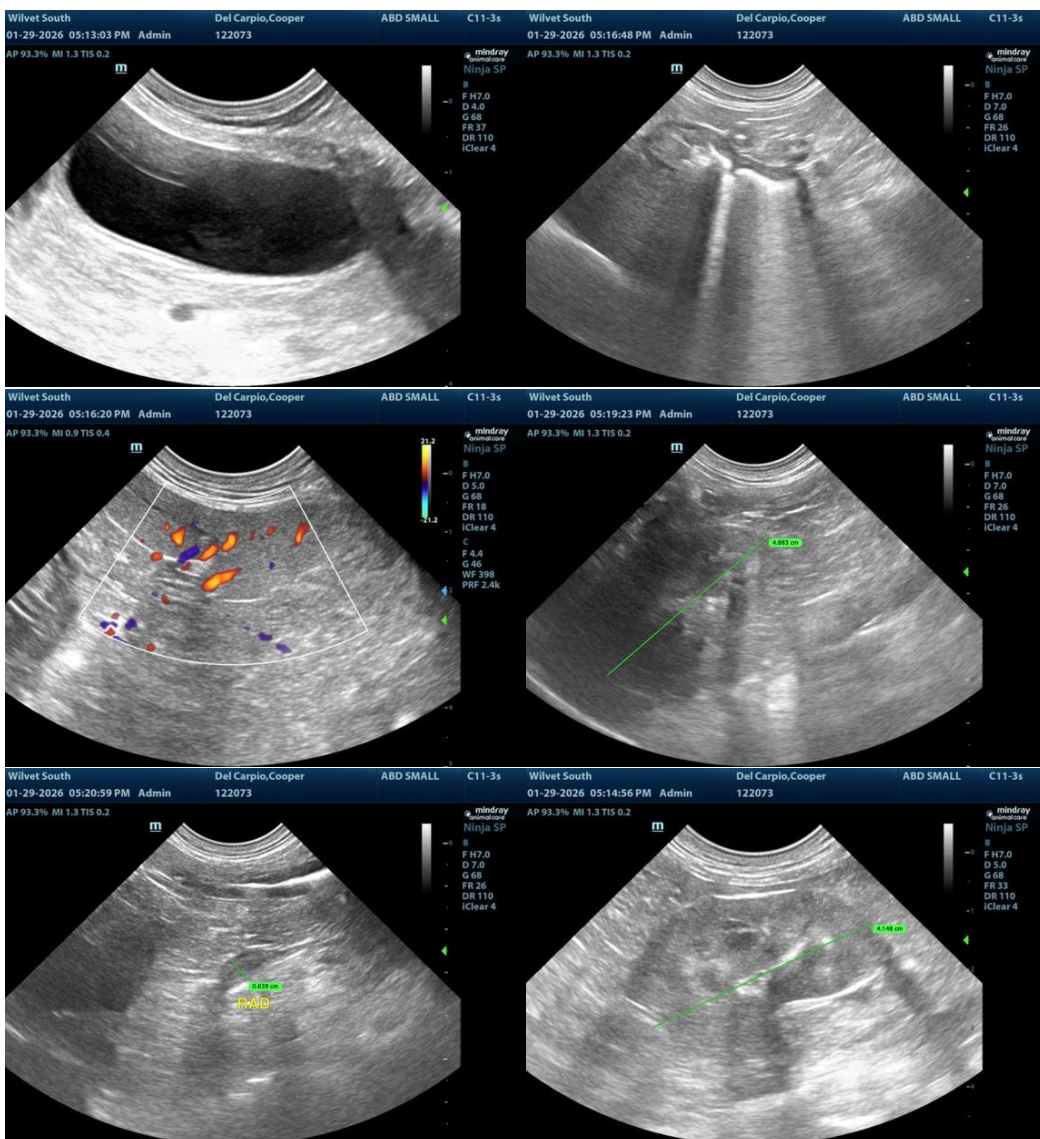
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evidence of visceral pathology as a definitive cause of the patient's clinical signs was not obvious. Mild to chronic pancreatitis at times may present as sonographically normal. Given the current clinical signs and urine specific gravity (>1050), clinical adrenal disease is considered less likely. Adrenal screening could be considered if clinical signs consistent with Cushing's Syndrome arise. Hepatosupportive medications may prove beneficial with as-needed sonographically monitoring of the gallbladder if evidence of progressive cholestasis. Gastrointestinal support is indicated if clinical signs consistent with nonspecific enteritis are noted.





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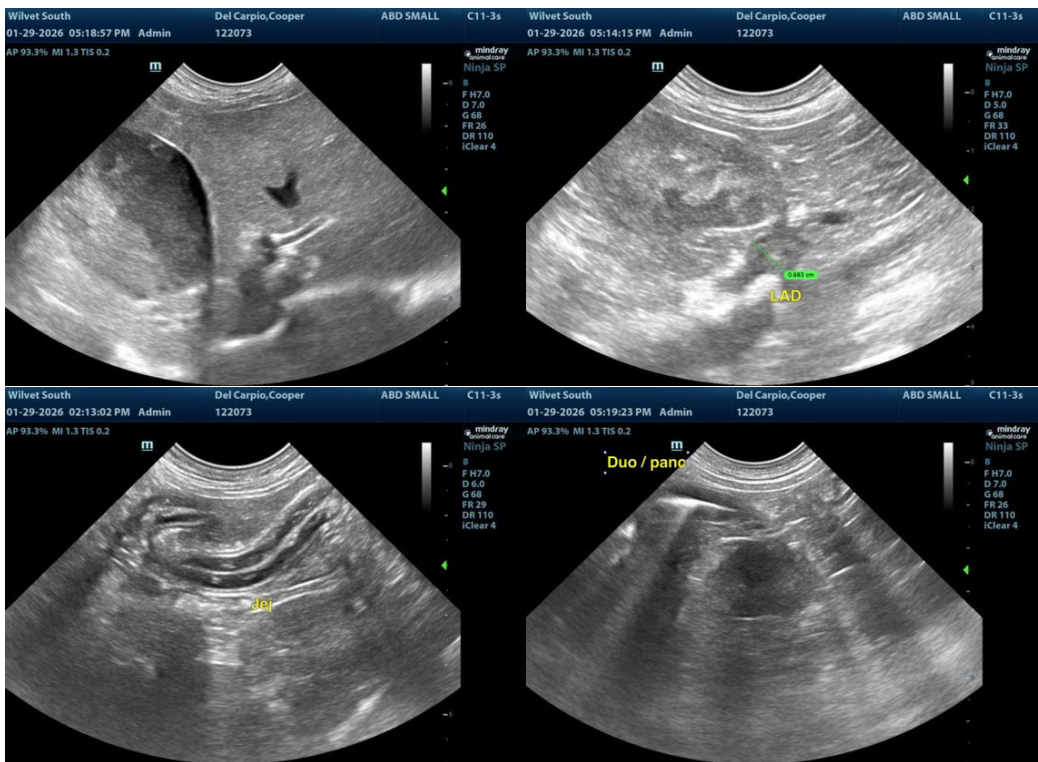
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)