



PATIENT

Coppagh McGee

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

13 YO

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Thomas

INVOICE

15258

DATE

10/25/22

PRESENTING CLINICAL SIGNS

Hx of mastectomy 5 years ago BX multiples adenomas, on routine BW pre dental, ALK P was elevated. Abnormal PE/Chem/CBC/UA Results: BAR BCS 7/9 DDZ gr 2-3 Systolic HM 1/6 A distended abdomen and subjective enlarged liver were palpated. BW 10/18/22 CHEM: ALK Phosphatase: 938 H 5-131 Phosphorus: 6.6 H 2.5-6.0 Potassium: 5.9 H 3.6-5.5 CBC: MCV: 56 L 58-79 Platelet: 687 H 170-400 T4: WNL UA: pending

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 changes was noted.

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. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width in the cranial pole and 0.79 cm width in the caudal pole. The right adrenal gland measured 0.77 cm width in the cranial pole and 0.68 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic criteria were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 mild, hyperechoic, mildly congealed yet nonorganized debris primarily



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in the caudal lumen and gallbladder neck. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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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.

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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

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

30 lbs.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

Primary Findings

- Benign hepatopathy - sonographically suggestive of benign vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Borderline prominent bilateral adrenal glands - nonspecific

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Secondary Findings

- Benign splenic nodules - consistent with myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Full adrenal workup with LDDST may be considered if clinical signs consistent with Cushing's Disease are present and in light of thrombocytosis. However, the subjective borderline mild prominent adrenal glands are of unclear clinical significance without evidence of adrenal neoplastic criteria. Screening FNA cytology could be considered for further assessment primarily to ensure only benign changes are present and assess for potential evidence of anagenic stimulation.

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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No overt anesthetic contraindications, assuming normal hepatic function indicated by normal albumin, glucose, BUN, and cholesterol levels.

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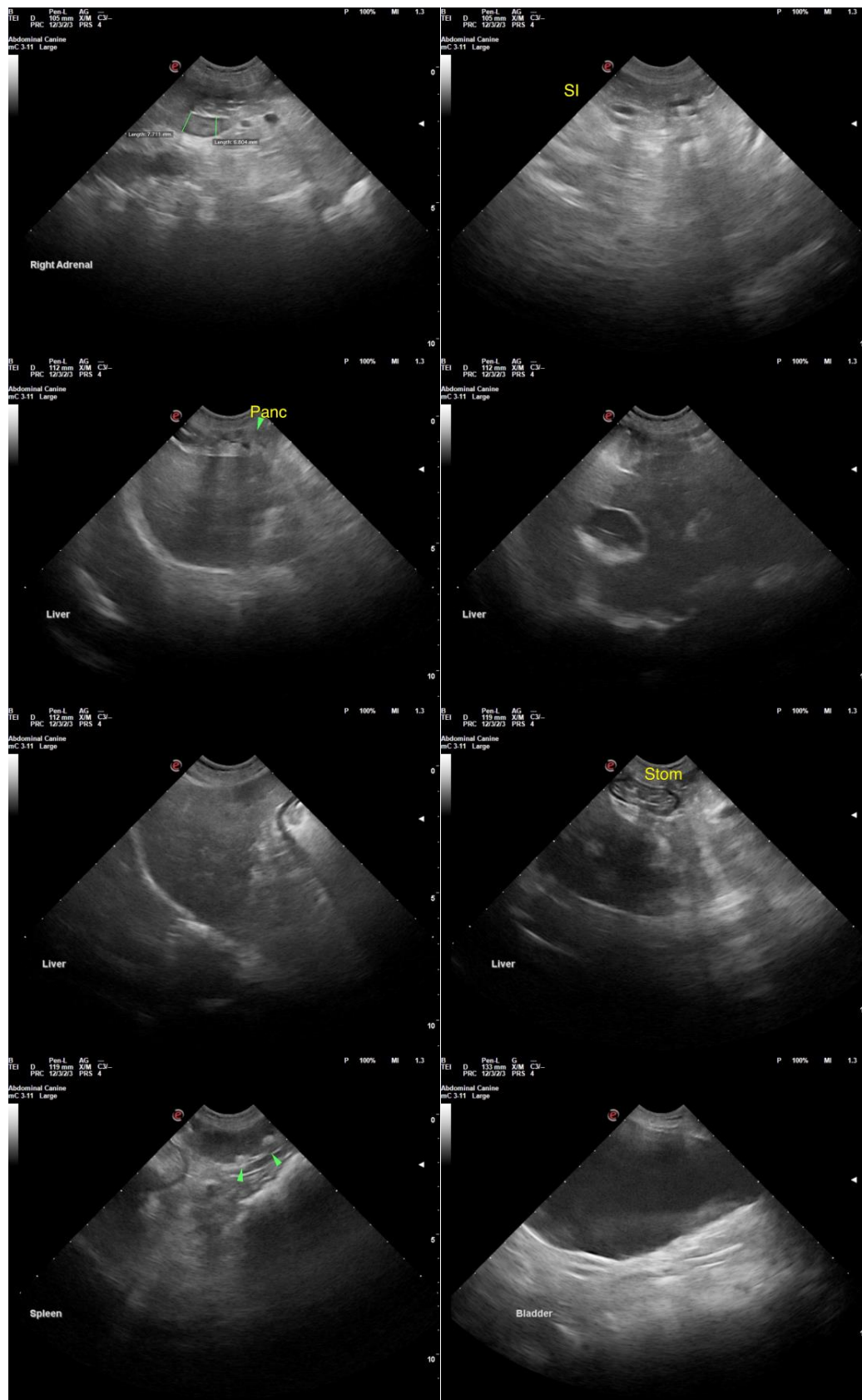
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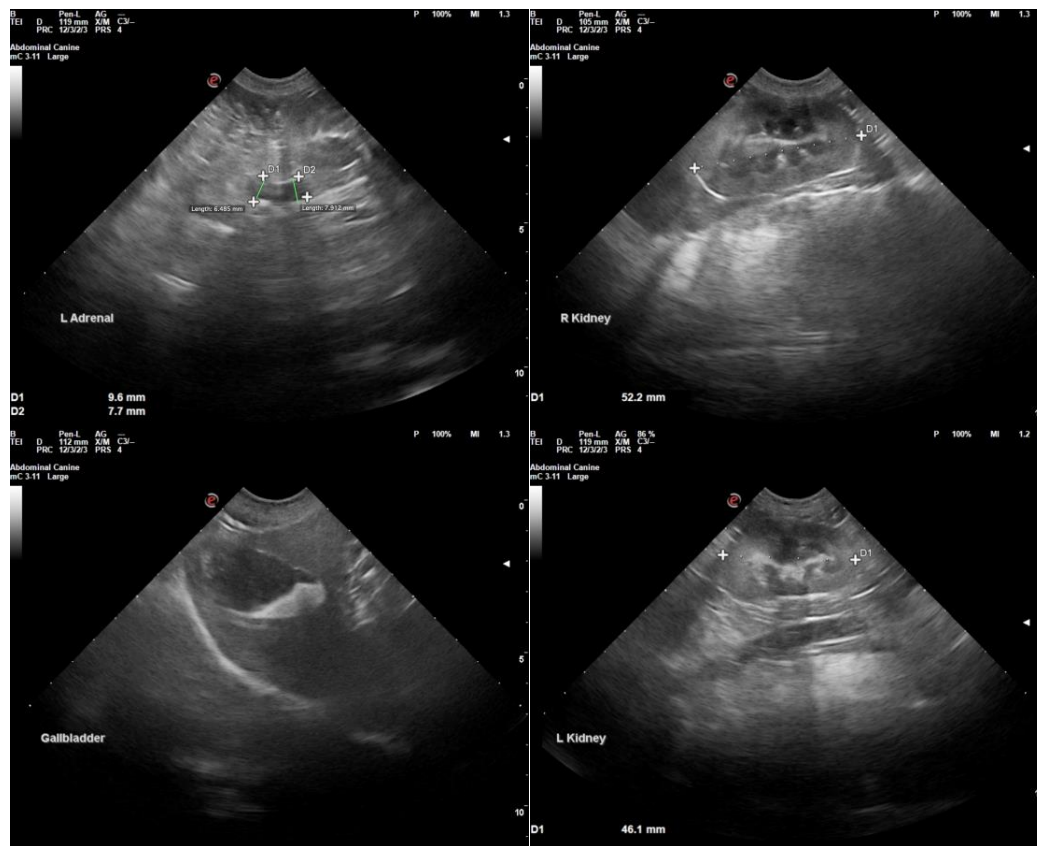
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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