



PATIENT

Coco Lee

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

12 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

12158

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Presented for annual physical exam and vaccines. Blood test revealed elevation of ALP, cholesterol. Owner stated drinking more than normal lately. hx hepatomegaly hx splenectomy 2 yrs ago (benign) recently diagnosed hypertension

Abnormal PE/Chem/CBC/UA Results: PE LS OU, dental calculus, mild distended abdomen, sq mass, some skin tags. ACTH stim test - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with nondependent urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

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 border demarcation expected for the age of the patient. Nonobstructive medullary renoliths were visualized bilaterally primarily in the lateral diverticuli. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

Both adrenal glands were enlarged in size exhibiting nonhomogenous subtle nodular nonmineralized parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland measured 0.63 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy. No evidence of pathology in the area of the spleen.

Liver

The liver presented mild to moderately 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 nonorganized 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.



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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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern with minor urine sediment.
- Chronic renal changes exhibiting nonobstructive renolithiasis.
- Bilateral subtle nodular adrenomegaly- hyperplasia, functional versus nonfunctional adenomas, emerging adrenal tumors (given evidence of hypertension) not definitively excluded.
- Nonvisualized spleen- previous splenectomy.
- Benign hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending adrenal work up is recommended. Serial monitoring of systemic BP for evidence of hypertension +/- urine metanephrine level if persistent hypertension to assess for pheochromocytoma is recommended. Hepatosupportive medications may prove beneficial. Serial sonographic monitoring of the adrenal glands for evidence of progressive enlargement or nodular changes is recommended.





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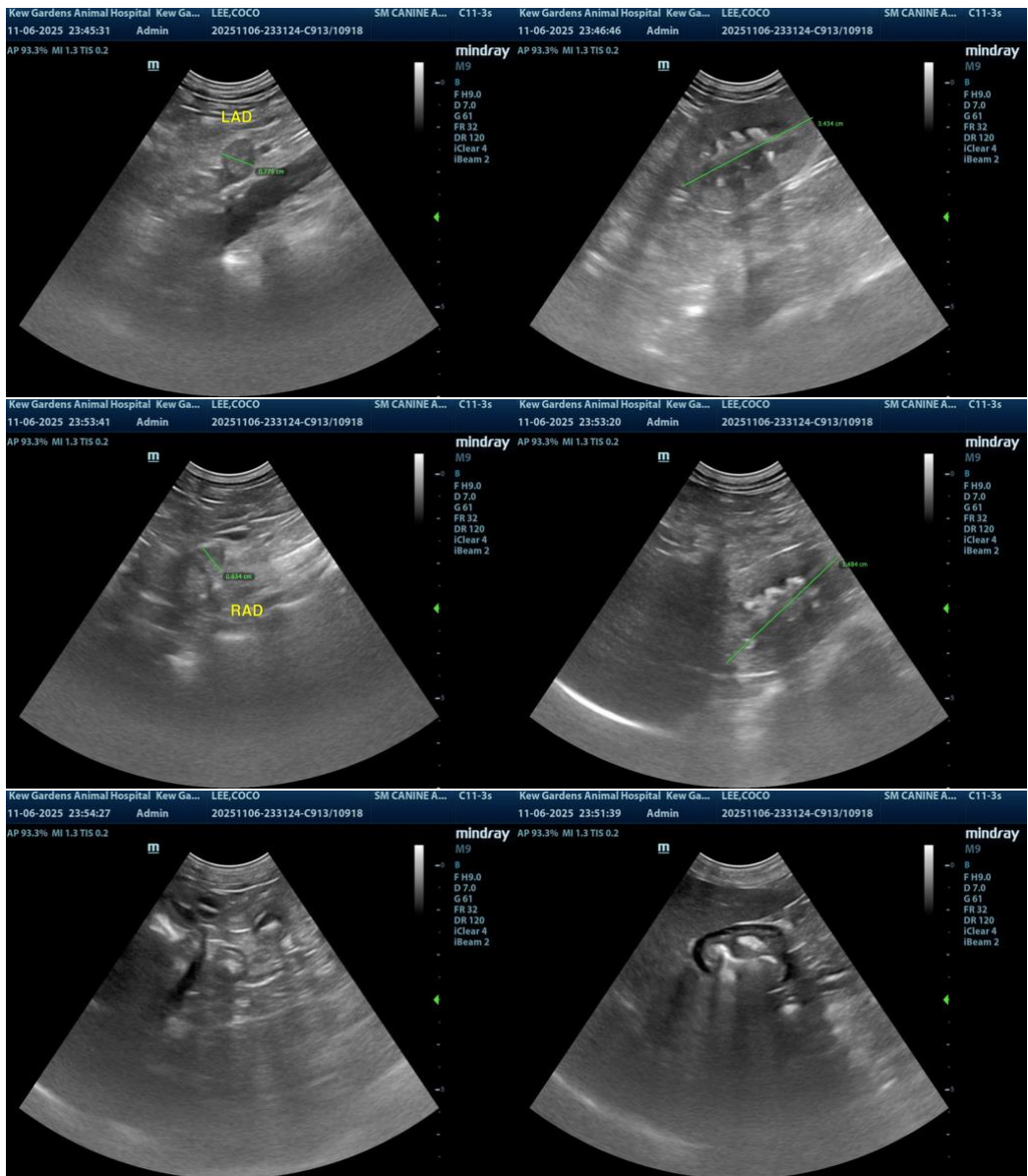
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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