



PATIENT

Ginger Lee

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

15 Years 6 Months

WEIGHT

17.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

73186

DATE

2/21/26

PRESENTING CLINICAL SIGNS

Presented for annual visit .Owner stated getting senile ,episode of vomiting , constipation , decrease appetite and urinary incontinence.

Abnormal PE/Chem/CBC/UA Results: PE: cataract ou / pigmentary keratopathy OU, HM grade 2/6advanced periodontal ds , stiff gait . Recently diagnosed with hypertension. UA / UCS / Ft4 test - pending

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 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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present.

Adrenal Glands

The right adrenal gland was asymmetrically enlarged in size, exhibiting non-homogeneous hyperechoic nodular parenchyma measuring 2.3 cm x 2.0 cm.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate non-dependent, mobile, non-organized debris. 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. Mild to moderate retained primarily anechoic to mildly echogenic fluid noted in the stomach. No overt visualized obstruction to pyloric outflow.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with semi-formed to soft fecal matter in the 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

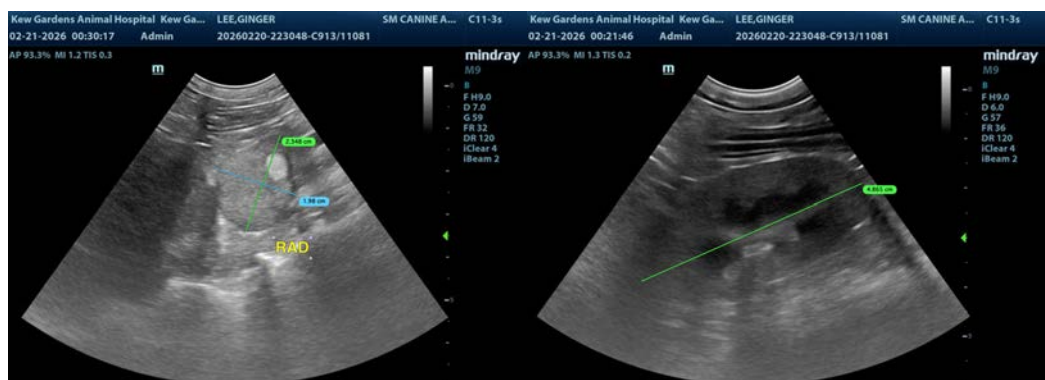
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastric and segmental intestinal ileus – subjectively non-obstructive.
- Semiformed to soft fecal matter in the colon.
- Enlarged, nodular right adrenal gland – Highly suggestive of neoplastic criteria i.e., pheochromocytoma given reported hypertension, nodular hyperplasia, functional adenoma possible.
- Mild to moderate chronic renal changes.
- Non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urinary workup is recommended. Urine metanephrine level, given high potential for right pheochromocytoma, is recommended. CKD therapy with gastrointestinal support and clinical monitoring recommended pending additional diagnostics.





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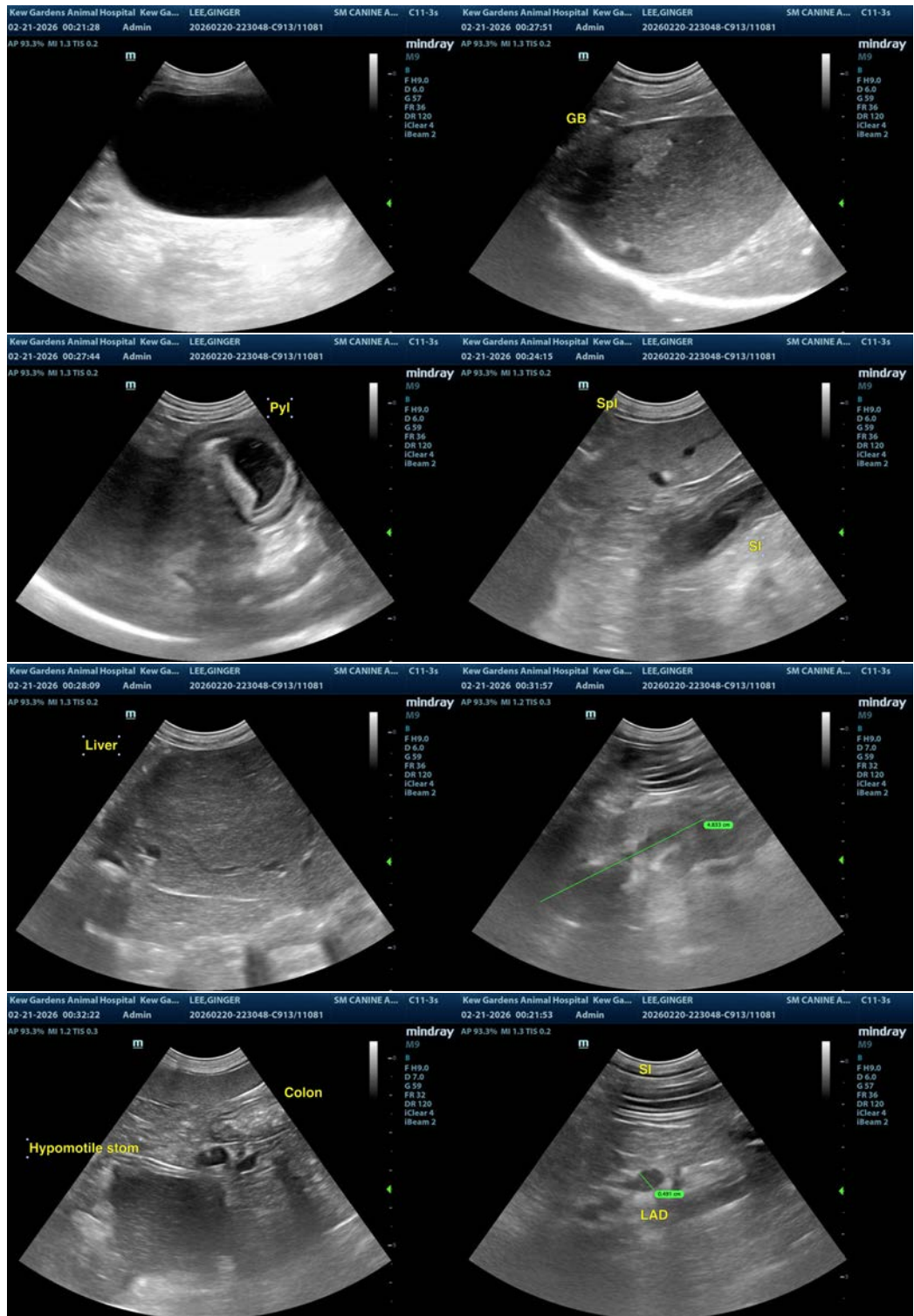
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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