



**PATIENT**

Tiki Taylor

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

M/N

**AGE**

14 years

**WEIGHT**

25.3 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Potenzzone

**INVOICE**

16282

**DATE**

2/23/23

**PRESENTING CLINICAL SIGNS**

Chronic pancreatitis (not clinical). R/O abd mass vs pancreatic mass vs other. Current meds: Dogosterone therapy, Denamarin, Ursodiol, Gabapentin. Prev. AUS report from 9/9/22 attached.

Abnormal PE/Chem/CBC/UA Results: AIP 700, Amylase 1,662, Lipase 1,040, CPLI-1,616 (2/15); 1,070 (2/1/23)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys with a 1:3 cortex: medulla ratio. Nonuniform increased cortex echogenicity with moderate loss of corticomedullary distinction was present. Pinpoint dystrophic medullary mineral was noted. Intermittent small cortical cysts were present. The left kidney measured 5.1 cm in length. The right kidney measured 5.4 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size with no adrenal tumors. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion of overt neoplasia. The left adrenal gland measured 1.4 cm length x 0.42 cm width at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.54 cm width at the caudal pole.

**Spleen**

The spleen was normal in size with an overall normal splenic capsule contour and generalized mild parenchyma heterogeneity. Intermittent discrete nondisruptive hypoechoic splenic nodules were present with an example measuring 0.42 cm diameter. Normal splenic vascularity was present with no splenic masses.

**Liver/ Gallbladder**

The liver exhibited mild to possibly moderate enlarged size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was present with no hepatic masses or nodules. The gallbladder was mildly distended in size with moderate, congealed yet nonorganized, hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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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 pancreas base and right pancreatic limb exhibited mild to variable prominent size with minor capsule asymmetry and nonhomogeneous, hypoechoic to mixed echogenic parenchyma. No evidence of peripheral pancreatic inflammation or masses was noted.

**AGE**

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

- Static discrete splenic nodules - subjective benign, suspect discrete hyperplasia, hematopoiesis or similar
- Chronic hepatopathy with remodeled nonuniform parenchyma - subjectively benign, suggestive of chronic vacuolar hepatopathy pattern and/or hepatic cholestasis, minor potential for inflammatory hepatopathy i.e., cholangiohepatitis, given the concurrent presence of gallbladder debris
- Moderate congealed gallbladder debris (non-mucocele)
- Right limb chronic / chronic active pancreatitis pattern - no evidence of pancreatic neoplasia
- Moderate chronic renal changes exhibiting pinpoint dystrophic mineral and small cortical cysts
- Age-related adrenals

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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As-needed therapy for chronic to chronic active pancreatitis is suggested if clinical signs suggestive of pancreatitis arise.

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No evidence of intraabdominal neoplastic criteria was visualized. No suspicion of adrenal disease, given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc. Continued hepatosupportive medications including current Denamarin and Ursodiol are suggested.

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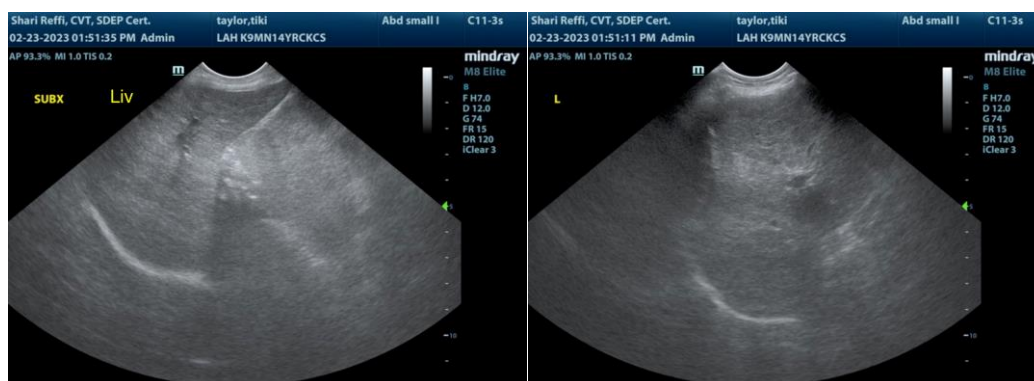
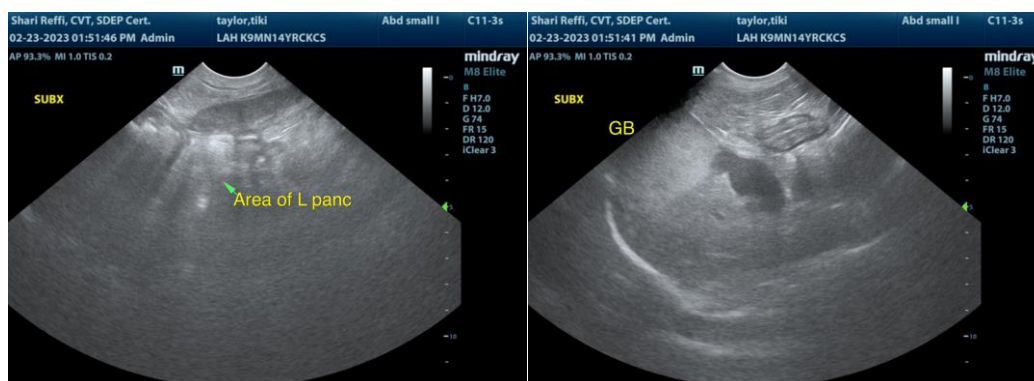
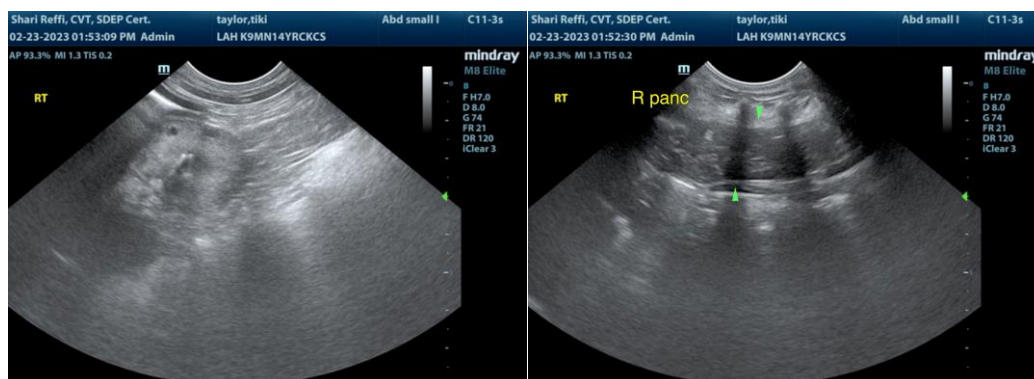
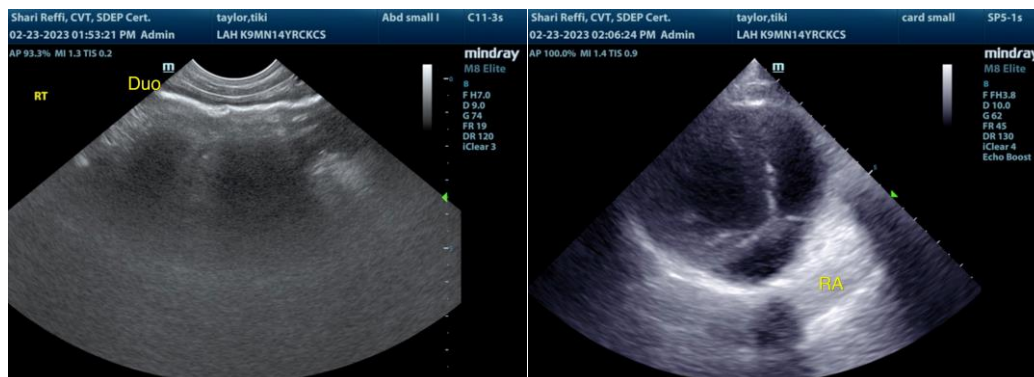
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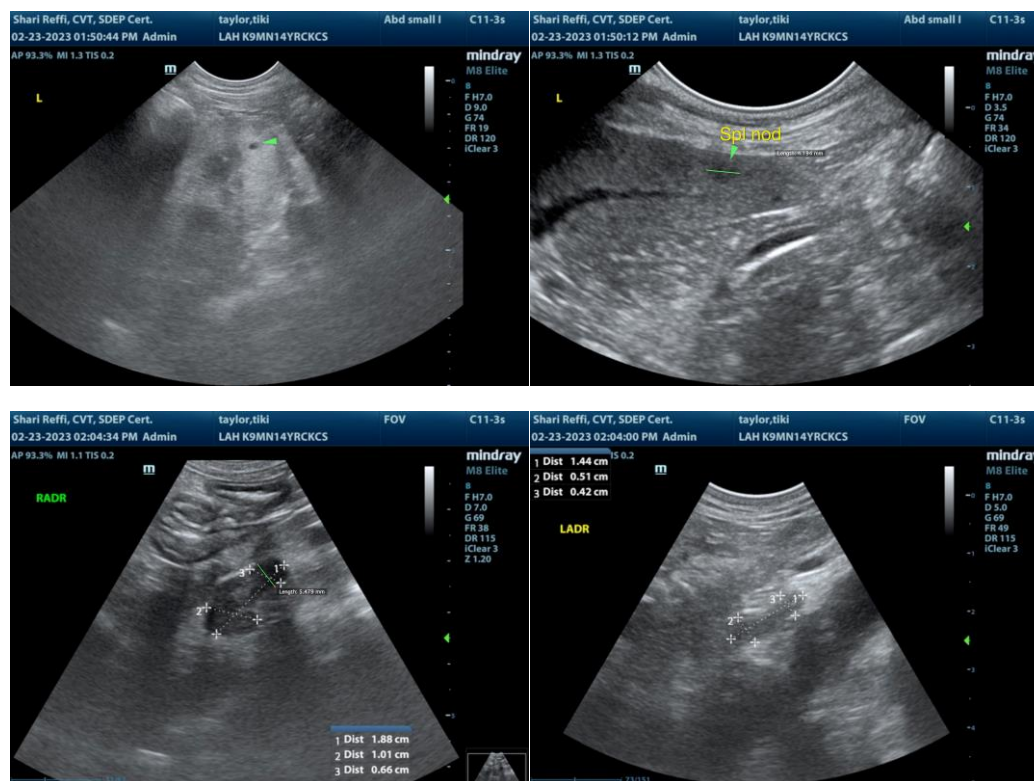
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com