



PATIENT

Lola Velez

SPECIES

Canine

BREED

Morkie

SEX

Spayed Female

AGE

12 Years

WEIGHT

18 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Suci

INVOICE

13649

DATE

02/09/26

PRESENTING CLINICAL SIGNS

- presented for having difficulties walking and being weak, noticed this morning. Neuro exam no cranial/peripheral deficits, no ataxia, but possible spinal (L-S) pain and stiff gait.
- didn't want to eat this morning, yesterday appetite was normal
- water intake is increased

Abnormal PE/Chem/CBC/UA Results: Over conditioned (BCS 8/9). Dehydration 5-7%. High ALT 409 (0-120). High ALP 630 (0-140). High GGT 21 (0-14). Normal total bilirubin (0.1). High cholesterol 401 (120-310) Mild neutrophilia 13.91 (3.62-12.30)

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 mild to 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 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland measured 0.75 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Coalescing medial parenchyma hyperechoic nodules were present with an example measuring 1.3 cm in diameter.

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.



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The gallbladder was non distended in size with mild to moderate primarily peripheral lumen 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.

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 pancreas was normal in size and contour with isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes.
- Mildly enlarged nonhomogenous adrenal glands- benign hyperplasia, functional versus nonfunctional adenomas, adrenal neoplasia or tumors thought less likely.
- Coalescing hyperechoic splenic nodules- most consistent with benign myelolipomas.
- Hepatopathy- consistent with benign criteria.
- Nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract.
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal screening or workup is recommended if clinical signs are consistent with Cushing's syndrome. Monitoring of systemic BP for evidence of hypertension, given bilateral adrenomegaly, although adrenal neoplastic criteria is considered unlikely. A definitive cause of the patient's musculoskeletal abnormalities was not obvious. Gastrointestinal and hepatic support is recommended with sonographic reassessment of the gallbladder if evidence of progressive cholestasis.



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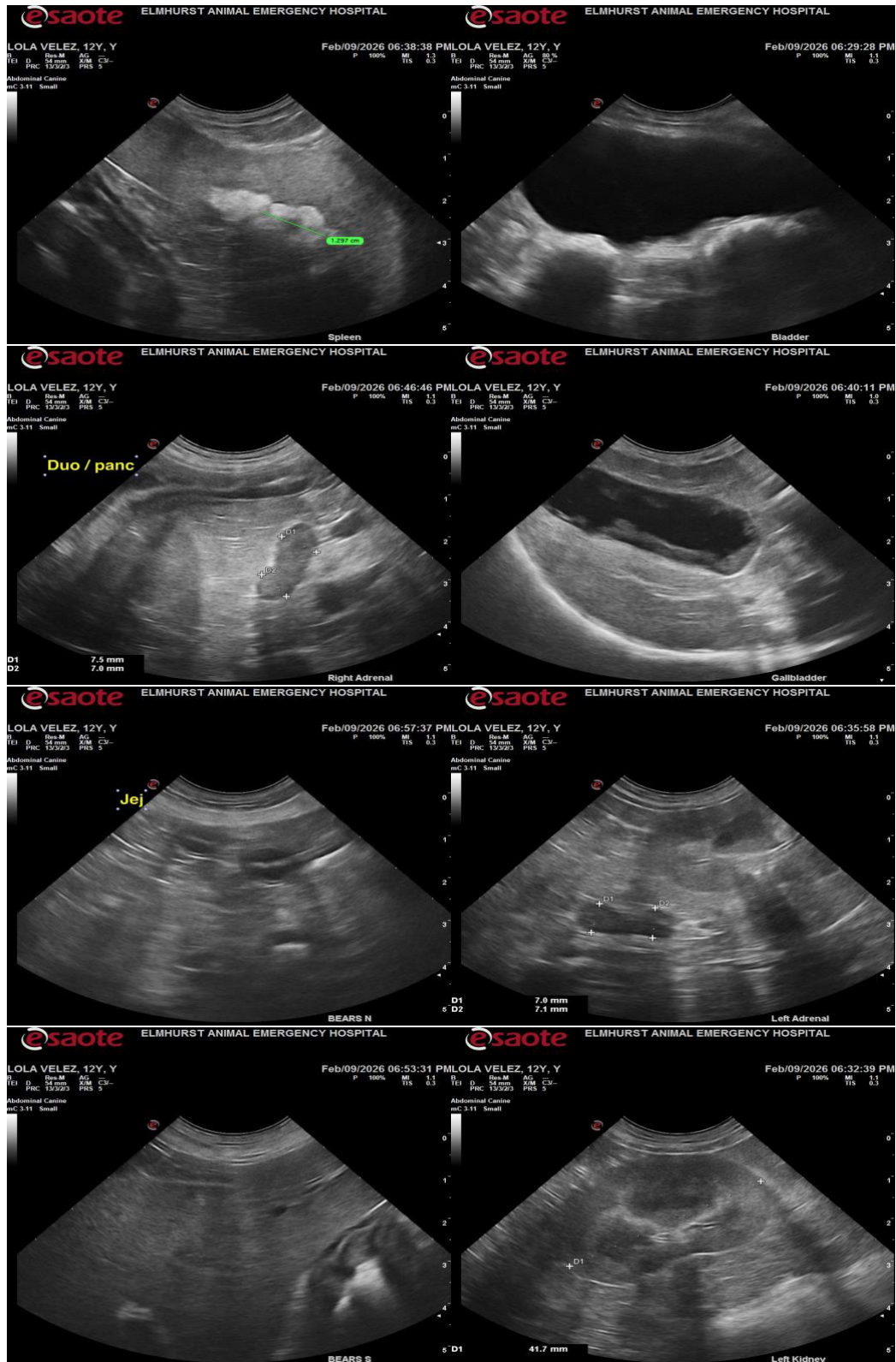
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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