



PATIENT

Cooper Collazos

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

12

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

14469

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- shaking, vomiting

Abnormal PE/Chem/CBC/UA Results: Creat 0.4 BUN 30 Na > 180 K 7.3 TP 9.5 ALB 4.1 Glob 5.4 ALT 457 ALP 1507 T bili 1.9 Chol 384 Lipase 1415

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate appeared normal and 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral were visualized. The left kidney measured 4.5 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The adrenal glands were asymmetrically enlarged with homogenous nonmineralized parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole. The right adrenal gland was asymmetrically enlarged in the cranial pole and measured 0.63 cm width at the caudal pole and 1.2 cm width at the cranial 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.

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 nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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. The colon was empty with lumen gas.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Subjective mild gastroenteritis.
- Heterogeneous pancreas.
- Chronic renal changes.
- Bilateral asymmetrical adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the liver is suggestive of benign criteria with considerations including inflammatory, vacuolar, cholestatic, reactive, or less likely occult hepatic, neoplastic disease. Adrenal workup is warranted if clinical signs consistent with Cushing's syndrome are not reported or arise, although current clinical presentation is of unclear clinical significance. No evidence of gastrointestinal obstructive pattern.

Mild pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation in conjunction with elevated lipase. Hepatogastrointestinal support with empirical therapy for pancreatitis with clinical monitoring would be reasonable. Screening blood pressure to assess for hypertension given adrenal presentation is suggested.

Sonographic reassessment is indicated if progressive hepatopathy, non-responsive gastrointestinal signs as well as sonographic monitoring of the adrenal glands for evidence of progressive enlargement.



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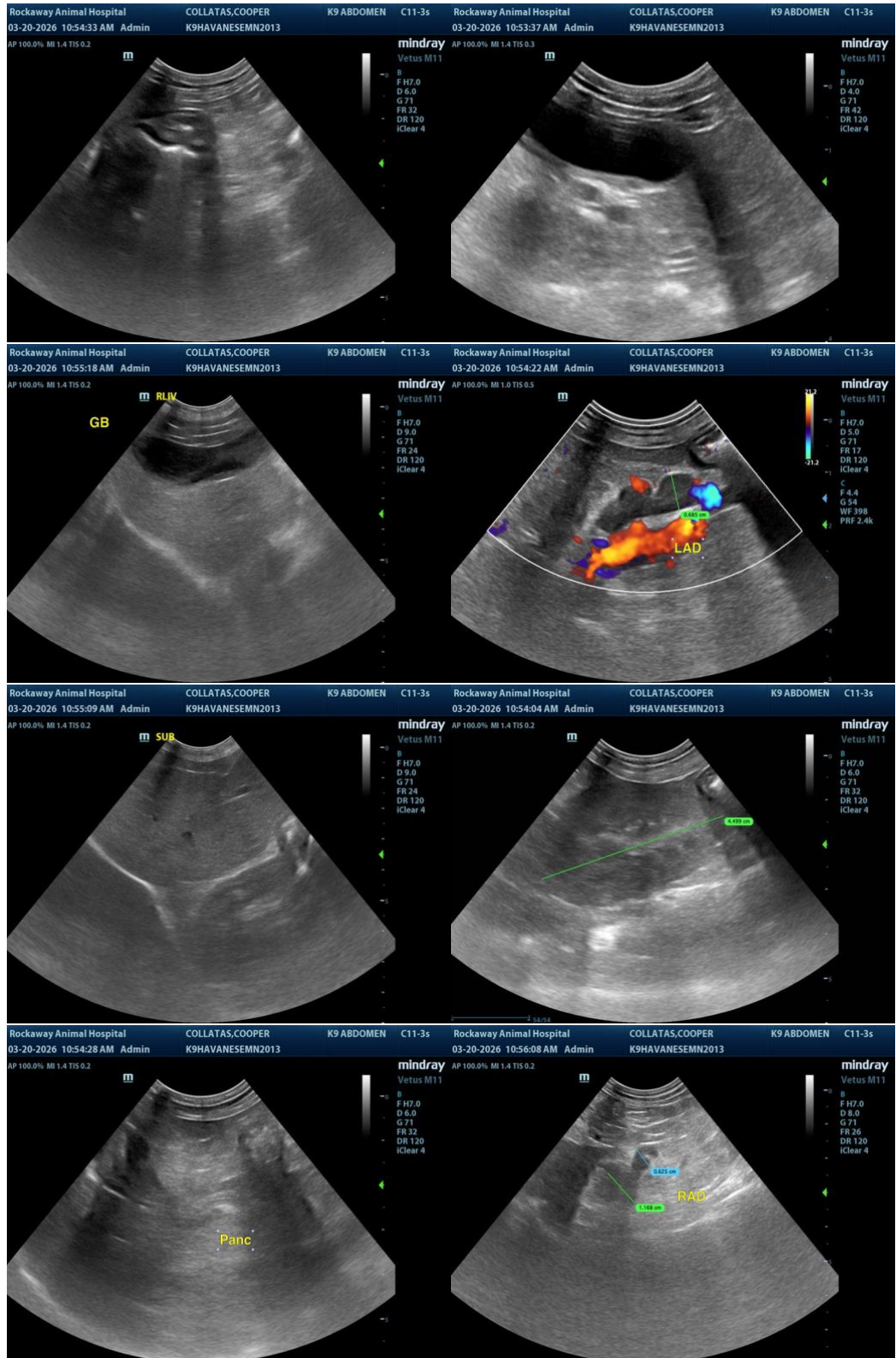
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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