

PATIENT

Cooper Del Carpio

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

MN

AGE

9.5yr

WEIGHT

16.22lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr Sullivan

INVOICE

24365

DATE

03/31/2026

PRESENTING CLINICAL SIGNS

- P is QAR in clinic today.
- No heart murmur or arrhythmia and normal BVS in all lung fields
- Slightly overweight
- No vomiting or diarrhea in past week
- Increased water consumption
- History of IBD and anxiety History of pancreatitis and P had to be hospitalized Feb 3, 2026. History of anxiety and on fluoxetine for this. It helps some, but when O leaves town most of his GI issues flare up: vomiting, diarrhea, trembling, lethargy, but still eats
- Today P is hydrated Trembling started Friday 3/27/26 Recent ER trip found an emerging gall bladder mucocele, concerns for control of this since O stopped Ursodiol for over a month. Recently has become very itchy (on current flea prevention, Trio)
- ABNORMAL Labwork Values See attached BW
- Current Medications Fluoxetine 5mg, Gabapentin 200mg, Butorphanol 10mg/ml (today for sedation), Ursodiol, Denamarin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

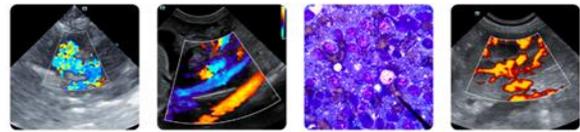
Adrenal Glands

Bilateral mild symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland measured 0.65 cm width at the caudal pole.

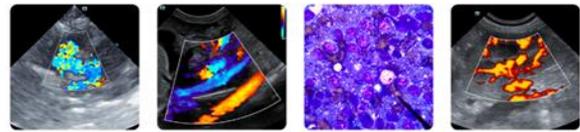
Spleen

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/Gallbladder



PATIENT	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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SPECIES	
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BREED	
Lhasa Apso Mix	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.
SEX	
MN	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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.35 cm width.
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WEIGHT	
16.22lb	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.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Sara Hansen	Primary
HOSPITAL NAME	<ul style="list-style-type: none"> • Static appearing hepatopathy, most consistent with benign criteria • Static immature gallbladder mucocele- no evidence of progression or inflammation • Static mild chronic renal changes • Static mild adrenomegaly • Sonographically unremarkable gastrointestinal tract / colon • Sonographically normal pancreas
VCA Westmoreland	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET	Adrenal screening or workup is recommended if clinical signs consistent with Cushing syndrome. Overall, the liver continues to suggest benign criteria with considerations including vacuolar or cholestatic hepatopathy, inflammatory disease, hyperplasia, or other benign etiology. No evidence of hepatobiliary or abdominal neoplastic criteria.
Dr Sullivan	
INVOICE	Underlying gastrointestinal disease and mild pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted if persistent gastrointestinal signs.
24365	
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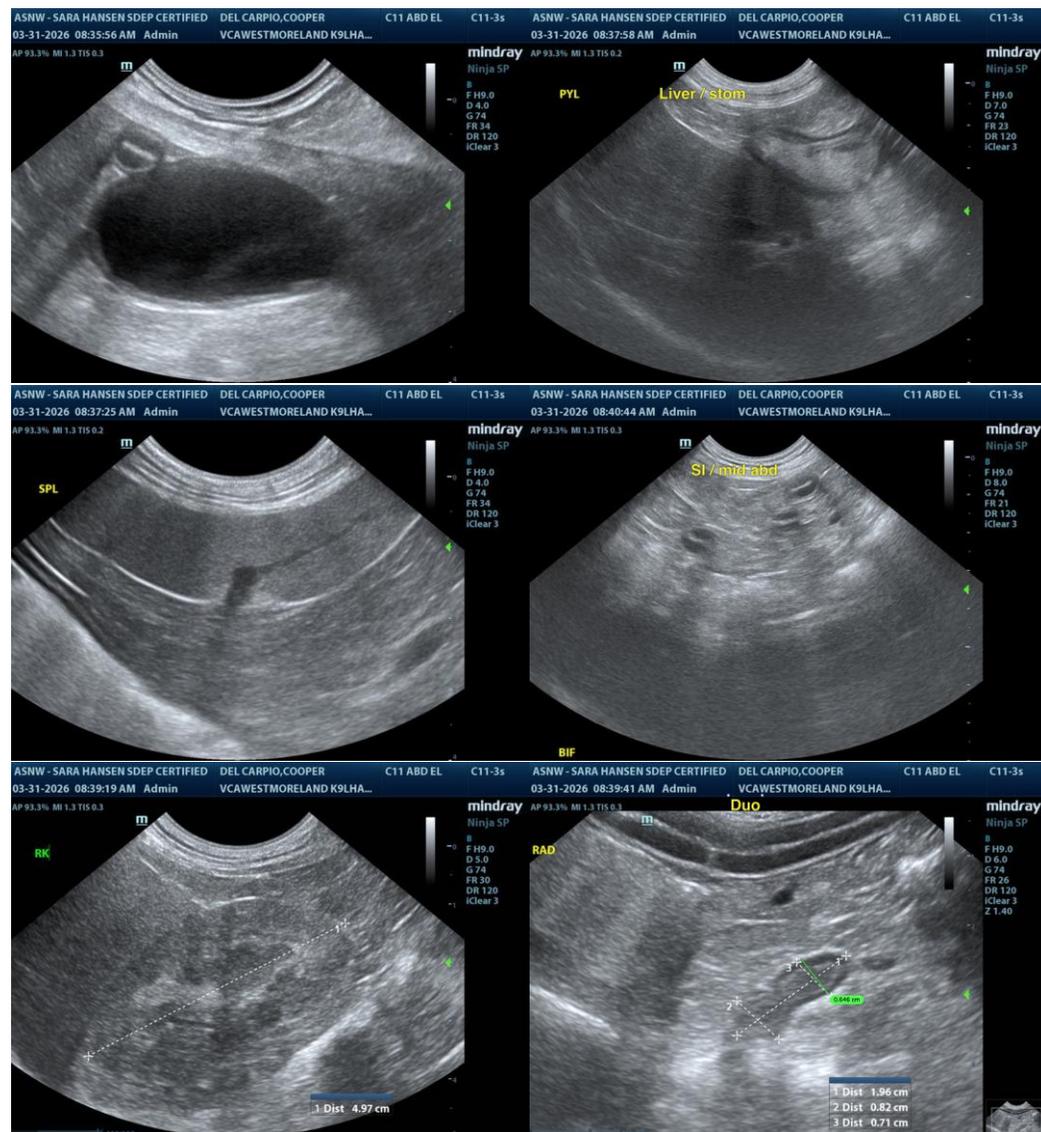
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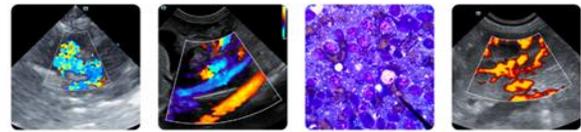
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evidence of progressive hepatopathy or cholestasis is recommended. If recurrent gastrointestinal signs, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.





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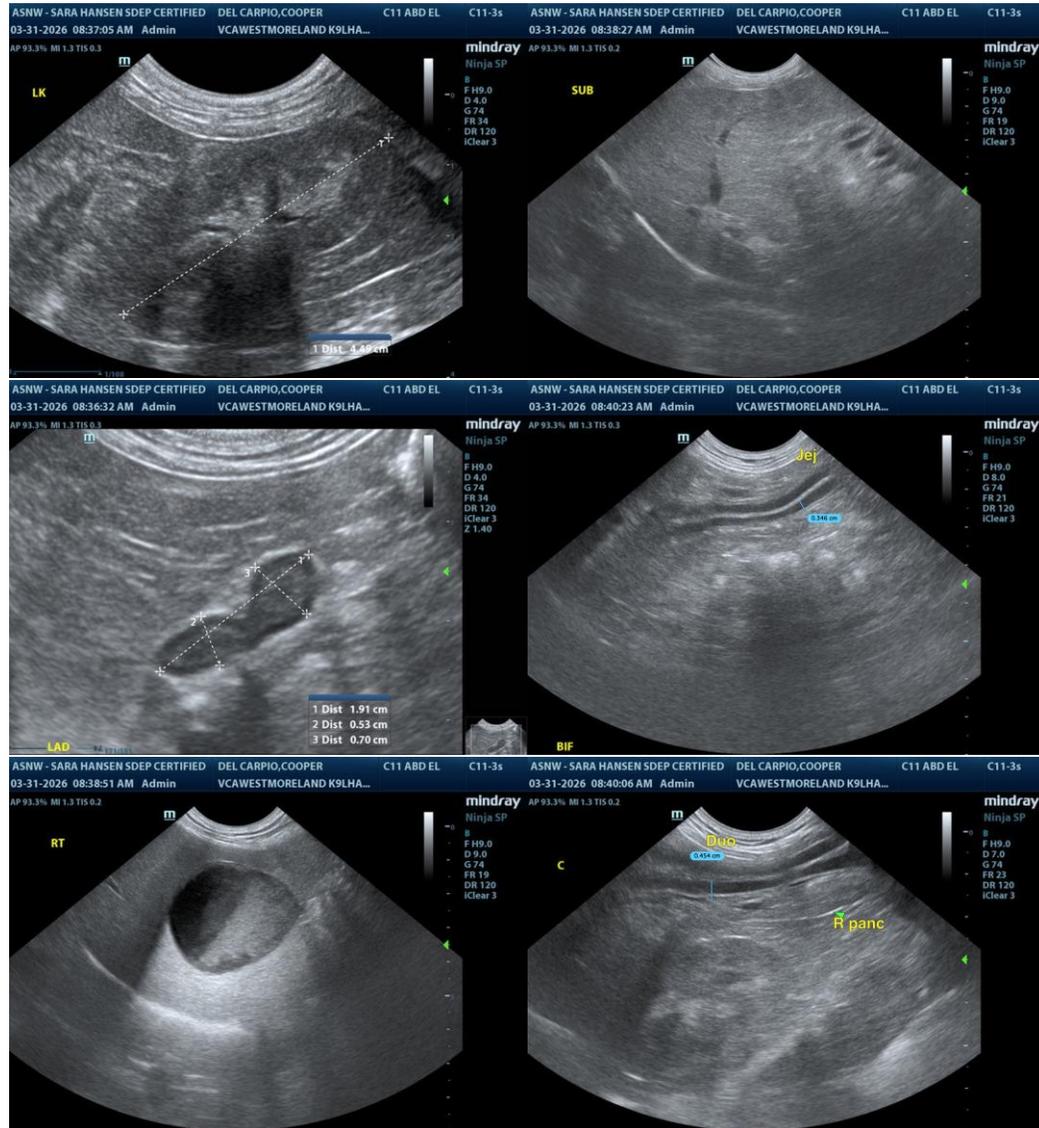
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Practise)
info@sonopath.com