



PATIENT

Lulu Brownell

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

11 Years

WEIGHT

26.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Kristen Lavin DVM

INVOICE

14113

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Lulu presented for bi-cavity ultrasound exams. AUS - for abnormal blood values: RBC 4.46, HCT 34.8, HGB 11.5, ALP 513, cPL 1240. Echo - for a grade III/VI heart murmur and need for anesthesia assessment prior to dental prophylaxis. At home she eats well and has good energy. Occasional cough. BP: 166-174 mmHg

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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present bilaterally. The left kidney measured 5.5 cm in length. The right kidney measured 4.4 cm in length. Focal medullary mineral and intermittent small cortical cysts were present bilaterally.

Adrenal Glands

The bilateral adrenal glands were borderline to mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole. The right adrenal gland measured 0.66 cm width in the caudal pole.

A noncapsule deforming mildly nonhomogeneous hyperechoic nonmineralized nodule was present in the left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.66 cm x 0.50 cm.

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. Normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture and mild remodeling. 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 gravity dependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 contained minor retained fluid 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 was normal in size and contour with heterogeneous mild variable hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild parenchymal remodeling- subjective benign, suggestive of vacuolar/cholestatic hepatopathy given elevated ALP.
- Mild nonorganized gallbladder debris (non-mucocele).
- Heterogeneous mildly hyperechoic pancreas- suggestive of chronic pancreatitis with benign remodeling.
- Borderline/mild bilateral adrenomegaly with left adrenal nodule- hyperplasia, suspect left adrenal adenoma, minor potential for emerging left adrenal tumor not excluded yet thought less likely.
- Bilateral chronic renal changes exhibiting minor pyelectasia, medullary mineral and intermittent small cortical cysts.
- Minor retained gastric fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

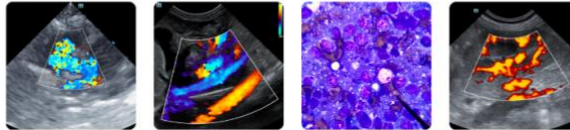
Adrenal workup is warranted if clinical signs consistent with Cushing's syndrome arise. Continued monitoring of systemic BP for evidence of hypertension which may potentially allude to emerging left pheochromocytoma is recommended if persistent urine metanephrine level. Sonographic monitoring of the left adrenal nodule for evidence of progression is indicated. Hepatosupportive medications and as needed supportive care for chronic pancreatitis if clinical signs arise is recommended.

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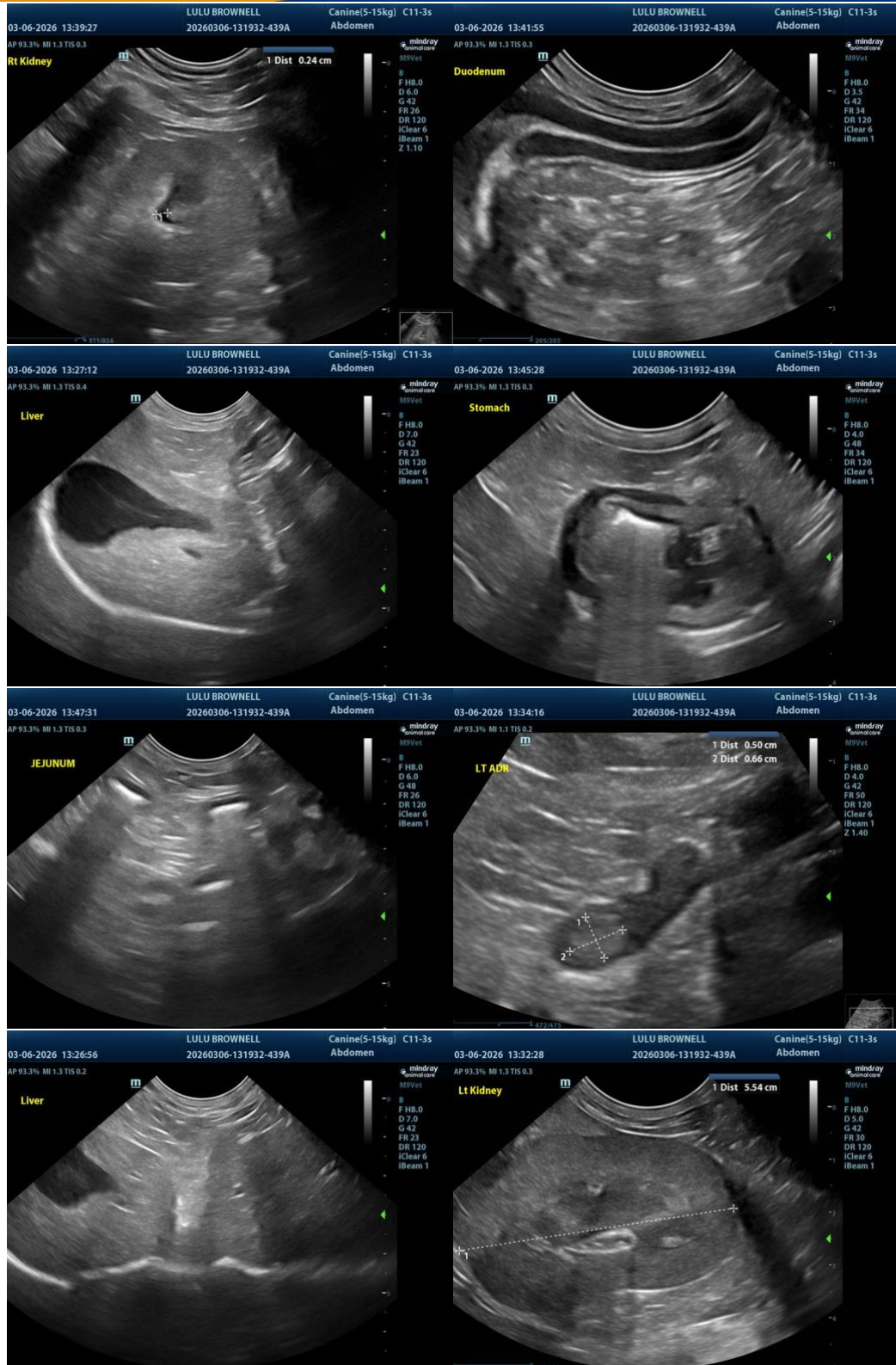
Dr. Kristen Lavin DVM

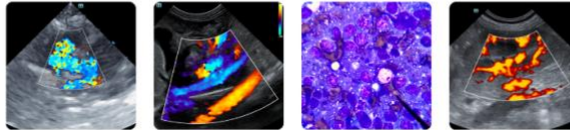
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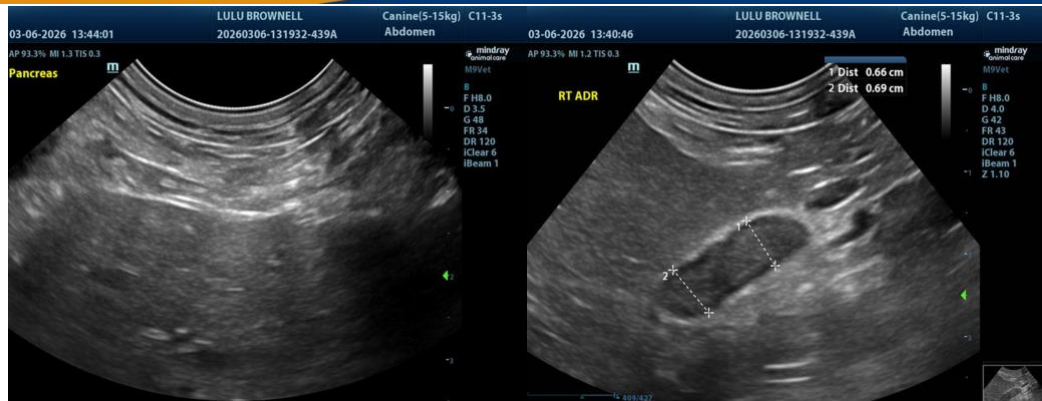
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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