



PATIENT

Cooper Young

SPECIES

Canine

BREED

Pembroke Corgi

SEX

Neutered Male

AGE

11 Years

WEIGHT

48.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Milad Gendi

HOSPITAL NAME

Severn River Animal
Hospital

REFERRING VET

Dr. Milad Gendi

INVOICE

15129

DATE

04/15/26

PRESENTING CLINICAL SIGNS

Presented for sedated AB U/S. O's last meal was last night before 10 PM. ATO, e/d/u/d normally; no v/d/c/s. Activity level is normal. Food: Purina Weight Management dry and BB wet. Current Medications: Vetoryl 30 mg - 1 C SID Miconahex Triz wipes - SID HWP/FTP: NXG+ Patient has hx of Cushing's Disease. hx hepatomegaly. Chronic elevated liver enzymes both ALP/ALT

Abnormal PE/Chem/CBC/UA Results: From 4/11 BUN 43.9 9.0 - 29.0 mg/dl HIGH ALT (GPT) 169 0 - 120 U/I HIGH ALP 225 0 - 140 U/I HIGH Glucose 137 75 - 125 mg/dl HIGH Cholesterol 336 120 - 310 mg/dl HIGH Total Bilirubin 0.6 0.0 - 0.5 mg/dl HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral, calculi or tumors. 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. Pinpoint to focal areas of medullary mineral were present with small left kidney cortical cysts. No evidence of pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was borderline enlarged with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to overlying gastrointestinal artifact.

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

The liver presented moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity exhibiting mild nonhomogenous to variable parenchyma 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. No mass or nodules were evident.



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The gallbladder was non distended in size with moderate nonorganized 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 contained echogenic, mild nonshadowing ingesta without signs of 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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy pattern- subjective benign.
- Nonorganized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting mild medullary mineral and small left kidney cortical cysts.
- Borderline enlarged left adrenal gland.
- Sonographically unremarkable urinary bladder and residual prostate.
- Mild retained nonshadowing gastric ingesta, sonographically normal small intestine- ingesta consistent with mild retained food echogenicity. No evidence of mechanical/metabolic ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with benign criteria with chronic vacuolar or cholestatic hepatopathy favored. Potential for concurrent inflammatory disease, hyperplasia, mild fibrosis or other hepatopathy without sonographic evidence of hepatic or abdominal neoplastic criteria.

Assuming normal clotting status, screening hepatic FNA cytology could be considered primarily to assess for evidence of non-obvious inflammation. Hepatosupportive medications including Denamarin or similar and ursodiol may prove beneficial.



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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