



PATIENT

Sophia Chae

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

F

AGE

15

WEIGHT

15.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

13552ag

DATE

04/21/2023

PRESENTING CLINICAL SIGNS

hx elevated LES hx possible vacuolar hepatopathy dental ds NS OU hx hypertension hx left anal gland saccullectomy hx early kidney ds - pet is currentlt on k/d food

Abnormal PE/Chem/CBC/UA Results: Elevated LES on blood test

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 changes were noted.

Normal size and asymmetrical 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 moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral medullary mineral to small nephroliths were present. Mild bilateral pyelectasia was present with bilateral cortical cysts. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the uterus and bilateral ovaries appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized subjectively measuring 0.52 cm width at the caudal pole. The right adrenal gland was indistinctly visualized exhibiting normal size and symmetrical capsule contour subjectively measuring 0.36 cm width at the caudal pole and 0.48 cm width at the cranial 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

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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.

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 isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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- Moderate chronic degenerative kidneys exhibiting medullary mineral/nephrolithiasis, bilateral pyelectasia and cortical cysts.
- Benign hepatopathy.
- Sonographically unremarkable gallbladder.
- Sonographically unremarkable yet indistinctly visualized bilateral adrenal glands.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

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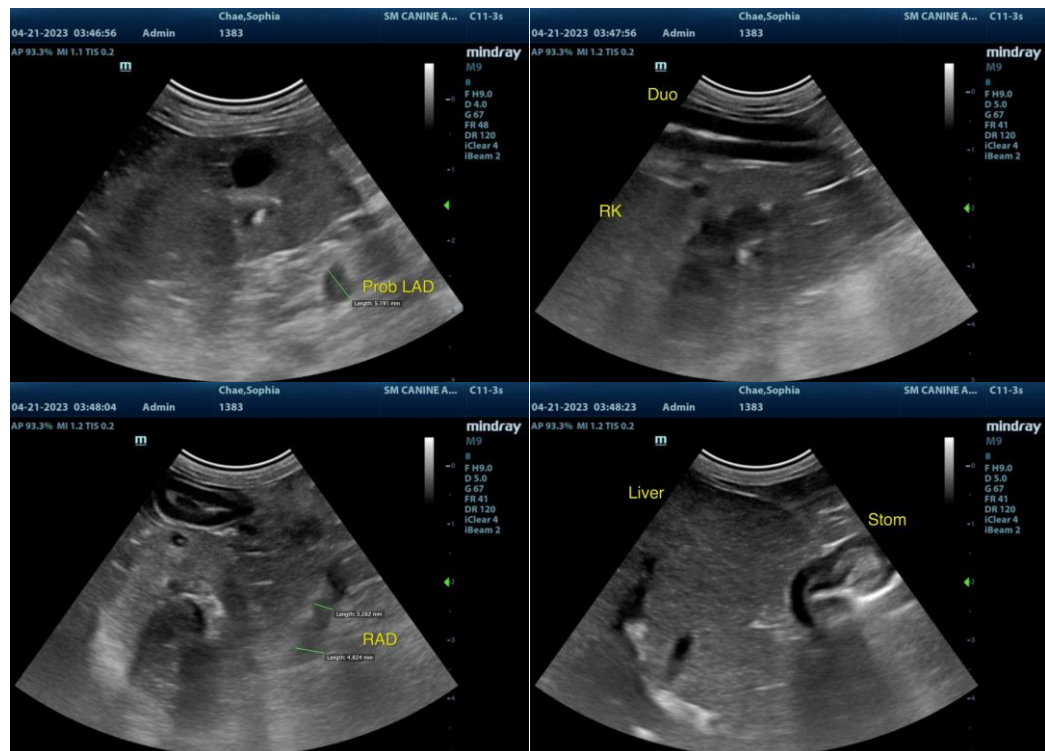
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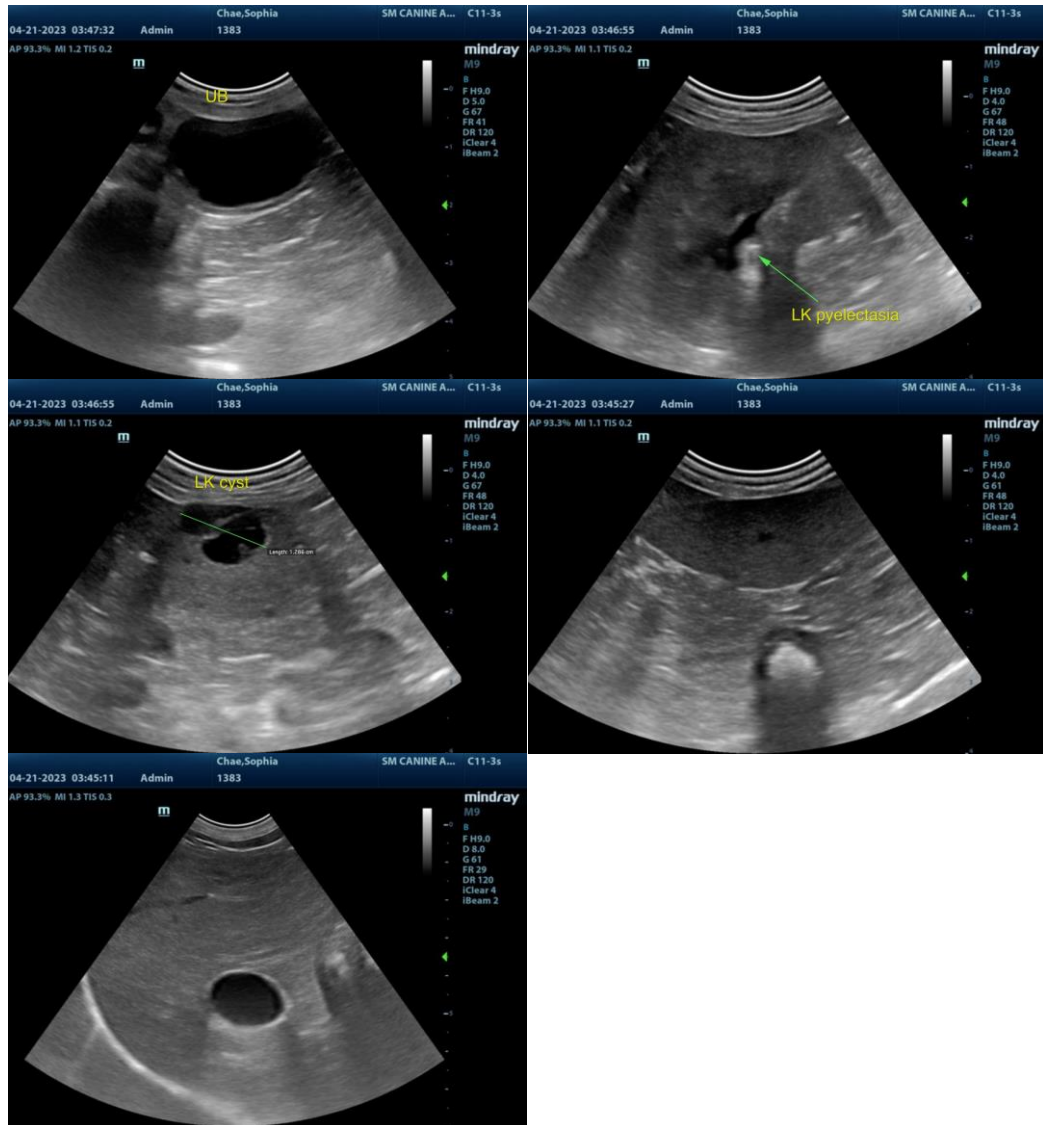
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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