PATIENT

Maggie Cavicchio

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

15yr

WEIGHT

25.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer (IVUSS)

HOSPITAL NAME

Pine Banks Animal Hospital

REFERRING VET

Hasan Syed, DVM

INVOICE
24860

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

Elevated liver enzymes - on Denamarin historically. ALT 434, ALP 1,055. Also on Sloxine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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 5.1 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.41 cm width in the caudal pole.

The right adrenal gland was asymmetrically enlarged exhibiting non-homogenous indistinctly nodular to cystic parenchyma measuring 2.9 cm x 1.9 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

Subjective mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.7 cm x 0.56 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

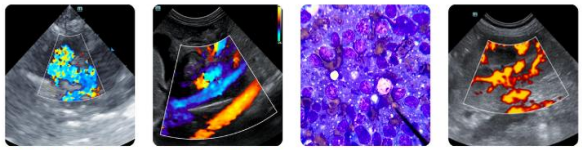
- Chronic hepatopathy
- Immature gallbladder mucocele
- Bilateral chronic renal changes
- Non-homogeneous cystic possibly focally mineralized right adrenal mass
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is most concerning for neoplastic criteria given potential mineralization, i.e. carcinoma, pheochromocytoma or other. Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning if surgery is a potential in this patient. No obvious evidence of vascular invasion.

Hepatosupportive medications including Denamarin and ursodiol may prove beneficial. Sonographic monitoring of the right adrenal gland and gallbladder for evidence of right adrenal progression or if progressive cholestasis would be more conservative.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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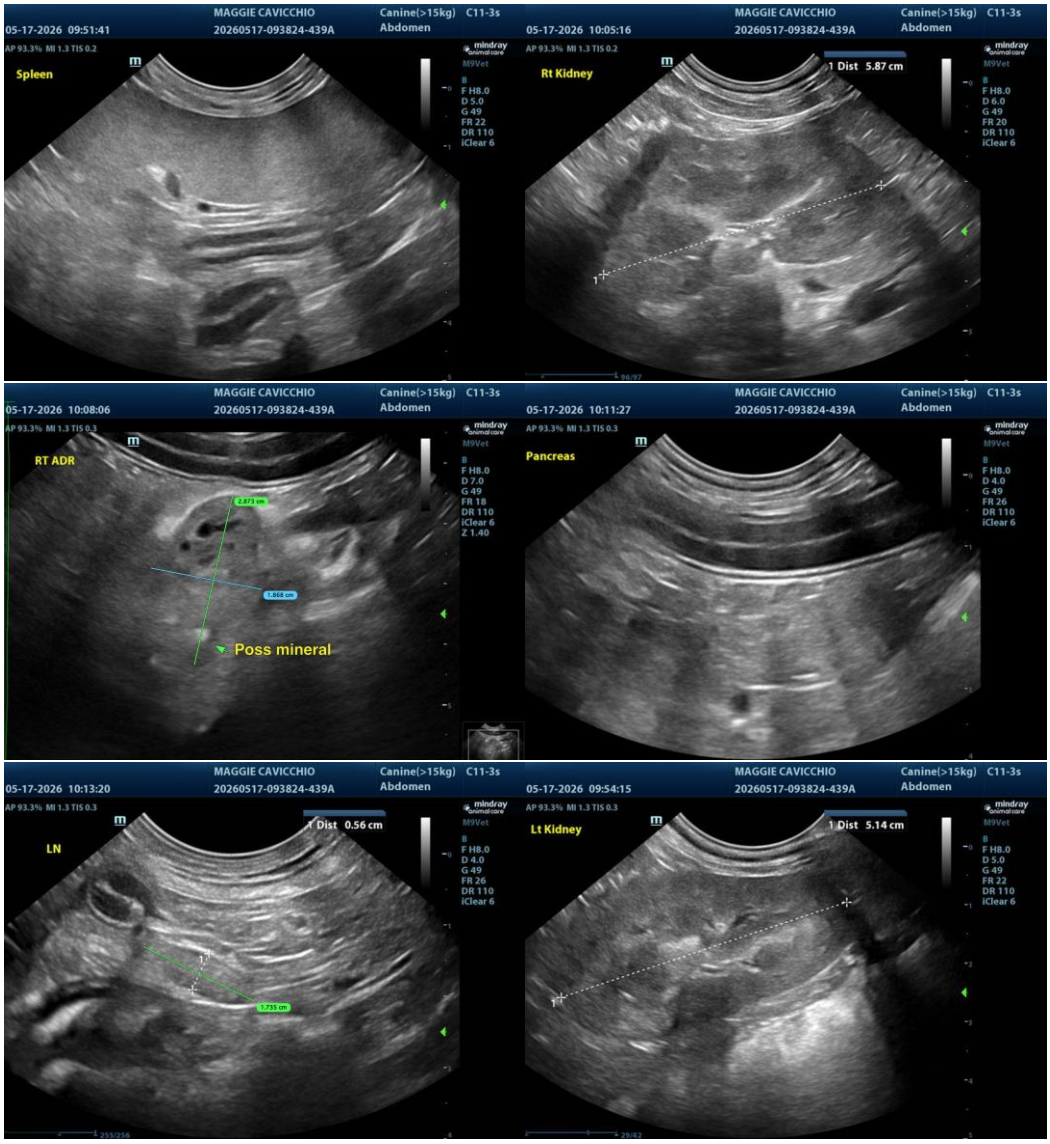

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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