



## PATIENT

Bentley Santos

## SPECIES

Canine

## BREED

Morkie

## SEX

Neutered Male

## AGE

13 years

## WEIGHT

15

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Suciu

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

10925

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

History of chronic valvular disease (stage B2). X-rays taken at a referral center showed hepatomegaly, and ALP was elevated (601). An abdominal ultrasound was recommended. Patient is asymptomatic.

## 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 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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. Loss of corticomedullary distinction was also present. Multifocal, primarily small cortical cysts and minor pyelectasia were present. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole and 0.67 cm width in the cranial pole. The right adrenal gland measured 0.79 cm width in the caudal pole and 0.70 cm width in 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 mildly distended with moderate, hyperechoic, non-mineralized, congealed, primarily gravity-dependent debris with concurrent nondependent mobile particulate to hyperechoic debris. No evidence of gallbladder wall edema or pericholecystic inflammation. The common bile duct was not definitively visualized.



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 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

- Hepatopathy
- Moderate congealed to nondependent nonmineralized gallbladder debris – early immature mucocele
- Chronic renal changes exhibiting cortical cysts and minor pyelectasia
- Bilateral mild adrenomegaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy, although nonspecific, is most consistent with benign criteria and suggestive of vacuolar / cholestatic hepatopathy, given ALP elevation and gallbladder debris. Assuming normal clotting status, FNA cytology could be considered for further clarification or assessment of nonobvious inflammation. There is no evidence of hepatic neoplastic criteria, which is thought less likely.

Adrenal workup with LDDST is warranted if clinical signs consistent with Cushing's Syndrome are present. Correlation with urinary workup including urinalysis, +/- C/S and UPC level for renal staging is recommended.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial, given that the patient is asymptomatic, with clinical monitoring and sonographic reassessment if there is evidence of progressive hepatopathy or cholestasis.



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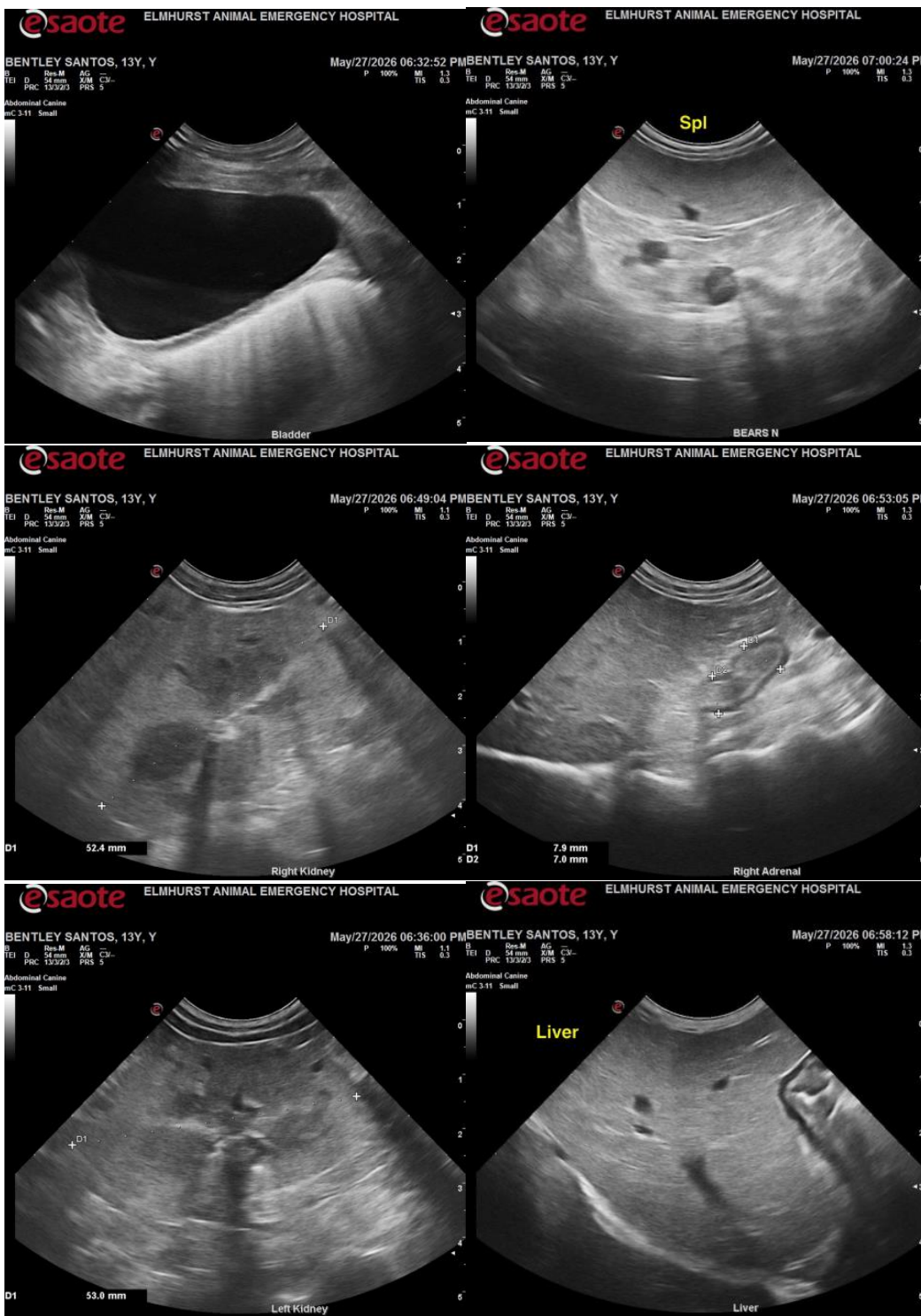
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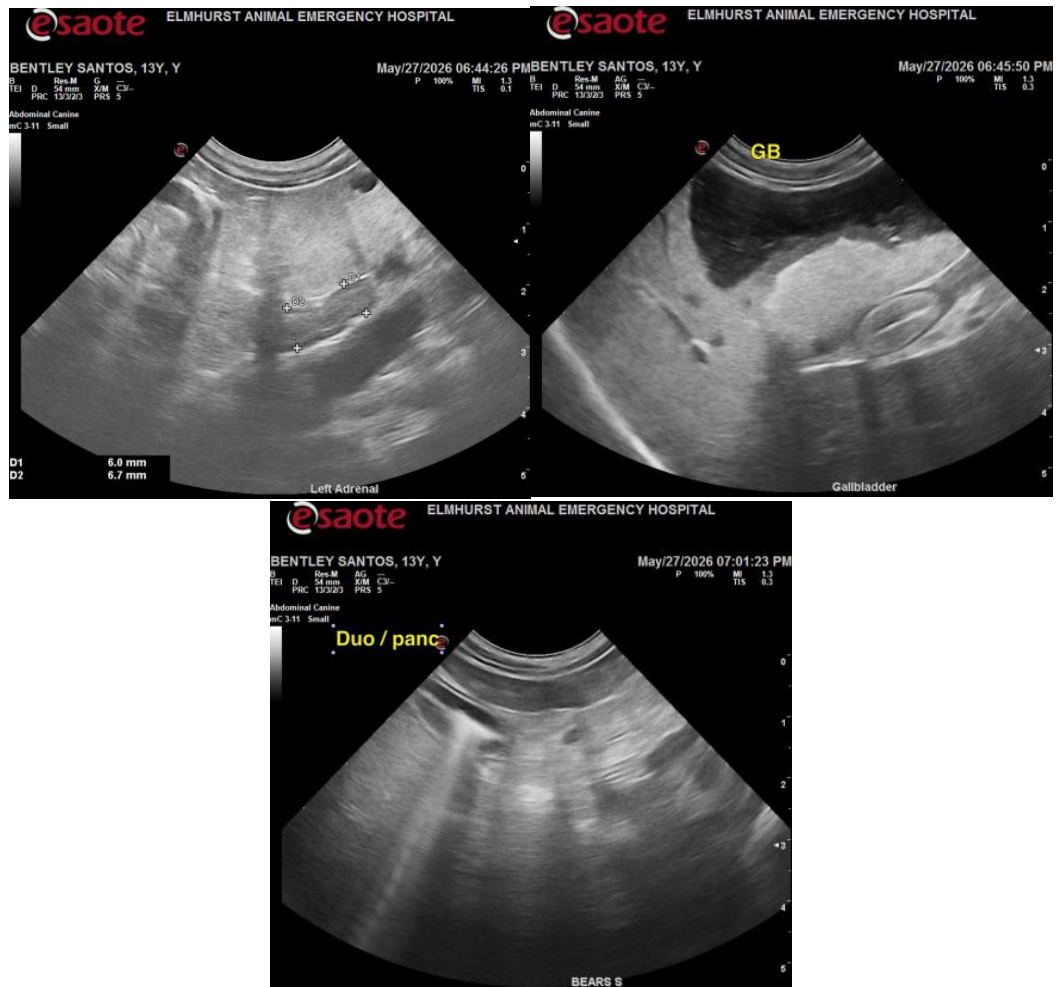
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)