



PATIENT

Rosie Cacuci

SPECIES

Canine

BREED

Maltipoo

SEX

FS

AGE

12yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suci

HOSPITAL NAME

Animal Clinic Queens

REFERRING VET

Dr Mucera

INVOICE

24970

DATE

05/27/2026

PRESENTING CLINICAL SIGNS

History of PU/PD, panting.

Abnormal PE/Chem/CBC/UA Results: High ALP (626). High cholesterol (565), high triglycerides (403). High globulin (3.7). Mild proteinuria (1+), USG 1.032

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral medullary renoliths and cortical cysts were present. The left kidney measured 5.0 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland was asymmetrically enlarged with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with mild heterogeneous parenchyma exhibiting pinpoint discrete hyperechoic parenchymal foci which may indicate pinpoint areas of splenic microinfarction, fibrosis, or mineralization.

Liver/Gallbladder

The liver was subjectively mild to moderately enlarged. Non-homogenous variably echogenic parenchyma was present exhibiting variable parenchymal remodeling, indistinct portal vascular borders, and discrete intraparenchymal nodules. The gallbladder was non-distended in size with thin walls and moderate congealed variably echogenic yet non-organized gallbladder debris occupying the majority of the gallbladder lumen. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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.



PATIENT

Rosie Cacuci

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.

SPECIES

Canine

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.

BREED

Maltipoo

Free Abdomen

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

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous subtle nodular liver
- Immature gallbladder mucocele
- Chronic renal changes exhibiting renolithiasis and cortical cysts
- Bilateral asymmetrical adrenomegaly
- Splenic hyperechoic parenchymal foci -benign

AGE

12yr

WEIGHT

24lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the liver suggests vacuolar hepatopathy criteria with potential for cholestasis, subtle areas of nodular hyperplasia, hematopoiesis, concurrent hepatic inflammation with occult hepatic neoplasia thought less likely.

INTERPRETED BY

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

Adrenal workup with LDDST warranted given patient clinical signs despite lack of USG > 1.020. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If Cushing syndrome is ruled out, screening hepatic FNA cytology for further clarification could be considered. Hepatosupportive medications including Denamarin and ursodiol may prove beneficial.

IMAGING PERFORMED BY

Dr Suciu

HOSPITAL NAME

Animal Clinic Queens

REFERRING VET

Dr Mucera

INVOICE

24970

DATE

05/27/2026



PATIENT

Rosie Cacuci

SPECIES

Canine

BREED

Maltipoo

SEX

FS

AGE

12yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suci

HOSPITAL NAME

Animal Clinic Queens

REFERRING VET

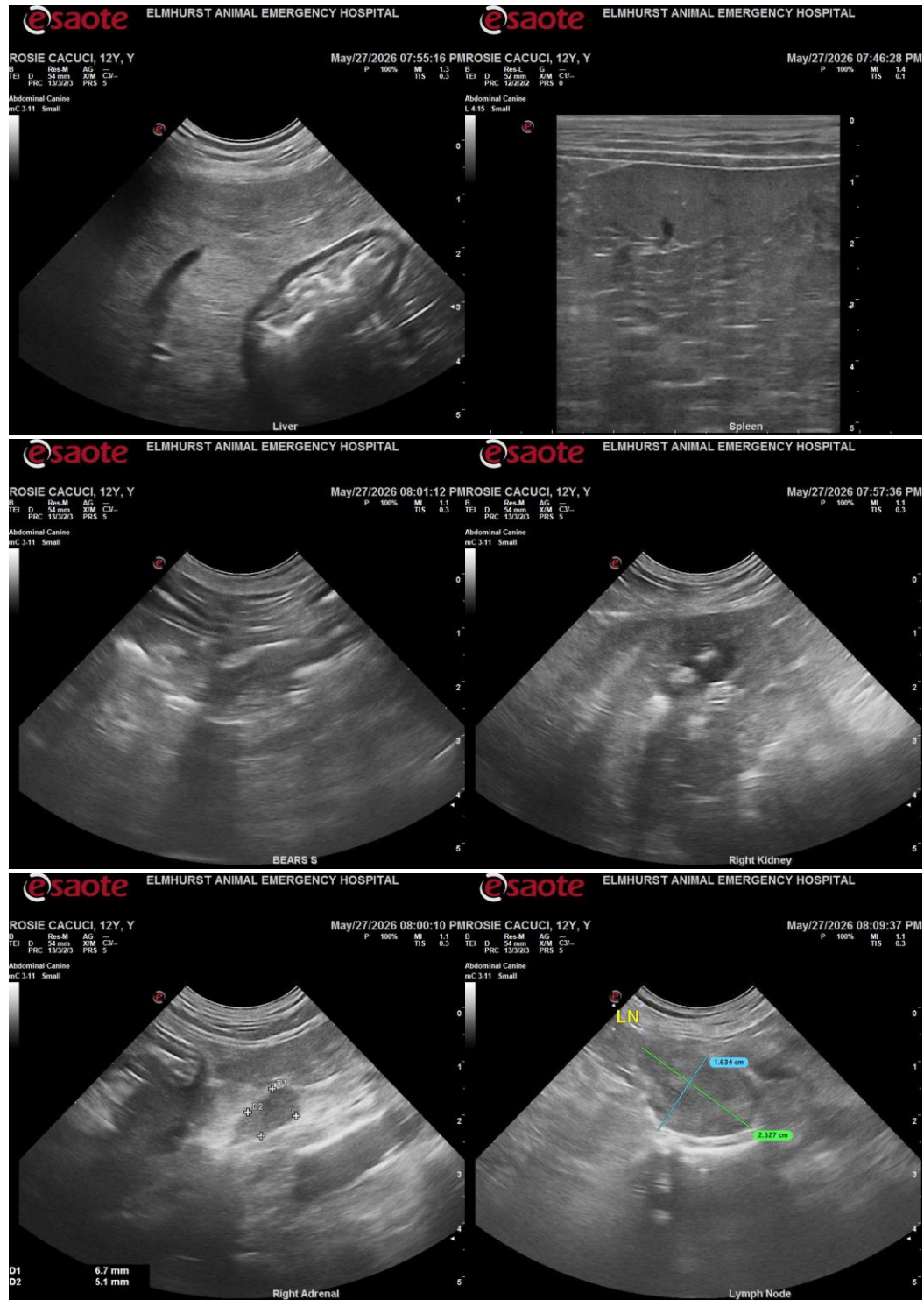
Dr Mucera

INVOICE

24970

DATE

05/27/2026





PATIENT

Rosie Cacuci

SPECIES

Canine

BREED

Maltipoo

SEX

FS

AGE

12yr

WEIGHT

24lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suci

HOSPITAL NAME

Animal Clinic Queens

REFERRING VET

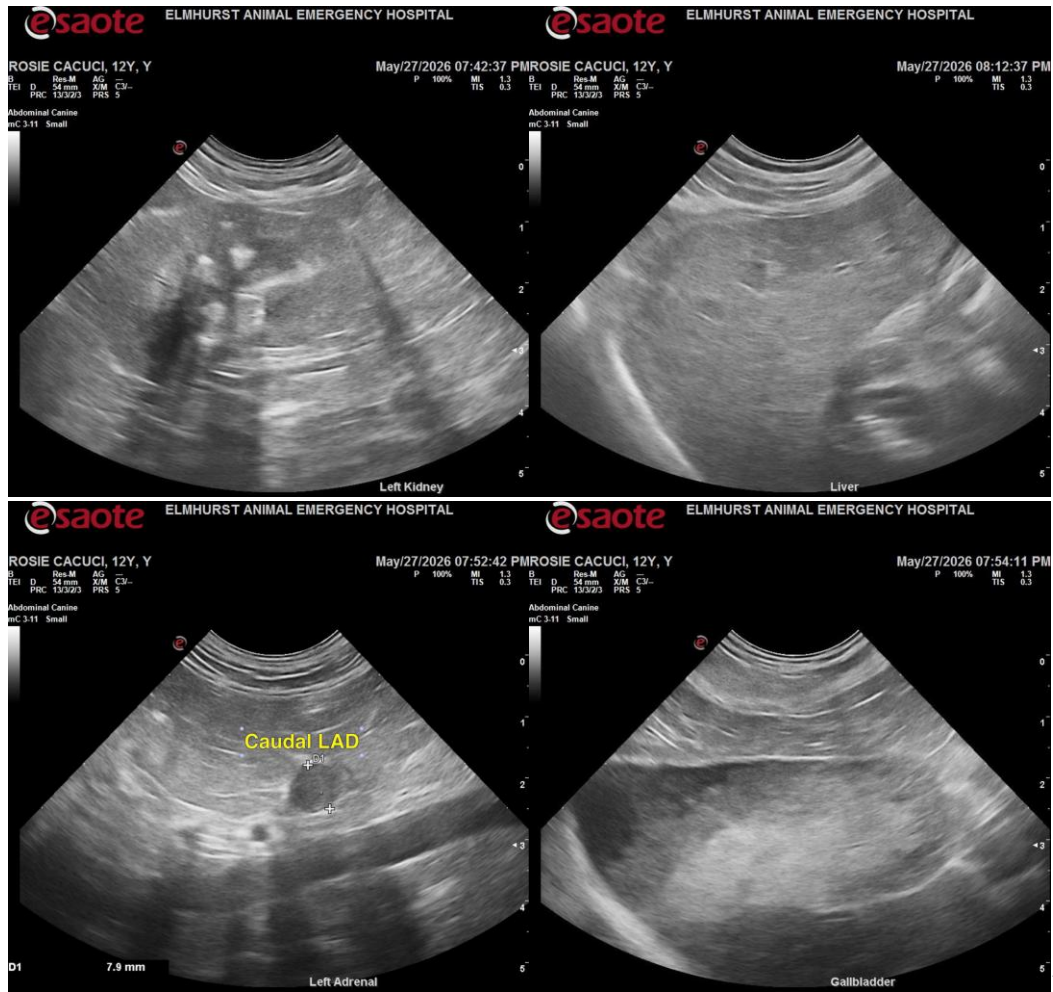
Dr Mucera

INVOICE

24970

DATE

05/27/2026



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