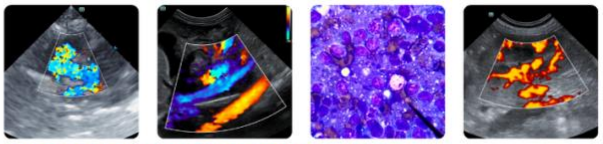


PATIENT

Coco Kim

SPECIES

Canine

BREED

Cavalier

SEX

Spayed Female

AGE

12

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

Dr. Paul Kim

INVOICE

16606

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Abdominal Ultrasound, Heart murmur. O noticed "stomach sounds" and some discomfort. Decreased appetite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Submitted study contained 14 videos and 35 still images for review.

Urinary System

The urinary bladder presented mildly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized the cranial / apical urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. Anechoic urine was present in the lumen with no mild nondependent particulate to hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. A solitary small homogenous nonmineralized dorsal to dorsal apical wall lesion was present measuring 0.6 cm in diameter.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.6 cm width in the caudal pole. The right adrenal gland measured 0.52 cm width in the caudal pole.

Spleen

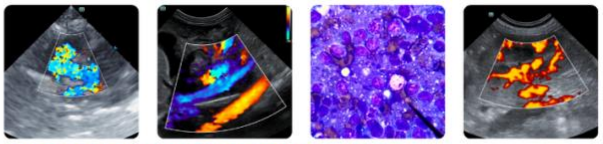
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, moderate 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. The duodenum wall measured 0.41 cm wall width. The jejunum wall measured 0.33 cm wall width.

Normal visible colon wall layers were present with semi formed to possible soft fecal matter.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern with urine sediment, focal unspecified urinary bladder wall lesion- granuloma, inflammation, emerging tumor possible.
- Bilateral age-related renal/adrenal changes.
- Hepatomegaly- noncongested, subjective benign.
- Mild nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract/colon with gastric ingesta and semi formed to possible soft fecal matter- ingesta consistent with food echogenicity.
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending lab work and urinalysis with urine culture and sensitivity is suggested if evidence of inflammatory sediment. Sonographic monitoring of the small urinary bladder wall lesion for evidence of progression +/- screening BRAF assay is recommended.

Hepatosupportive medications may be considered if elevated liver enzymes or evidence of cholestasis. A GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease or mild pancreatitis is recommended.

Correlation with most recent meal ingestion given gastric ingesta is suggested. If documented NPO and without evidence of mechanical obstruction, some degree of metabolic gastric ileus or non-obstructive delayed gastric emptying is possible.

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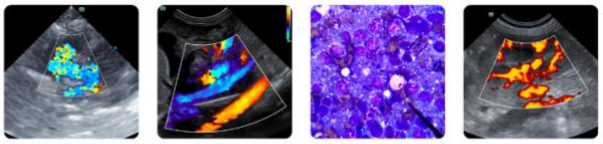

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Educational Teleconsultation Services™

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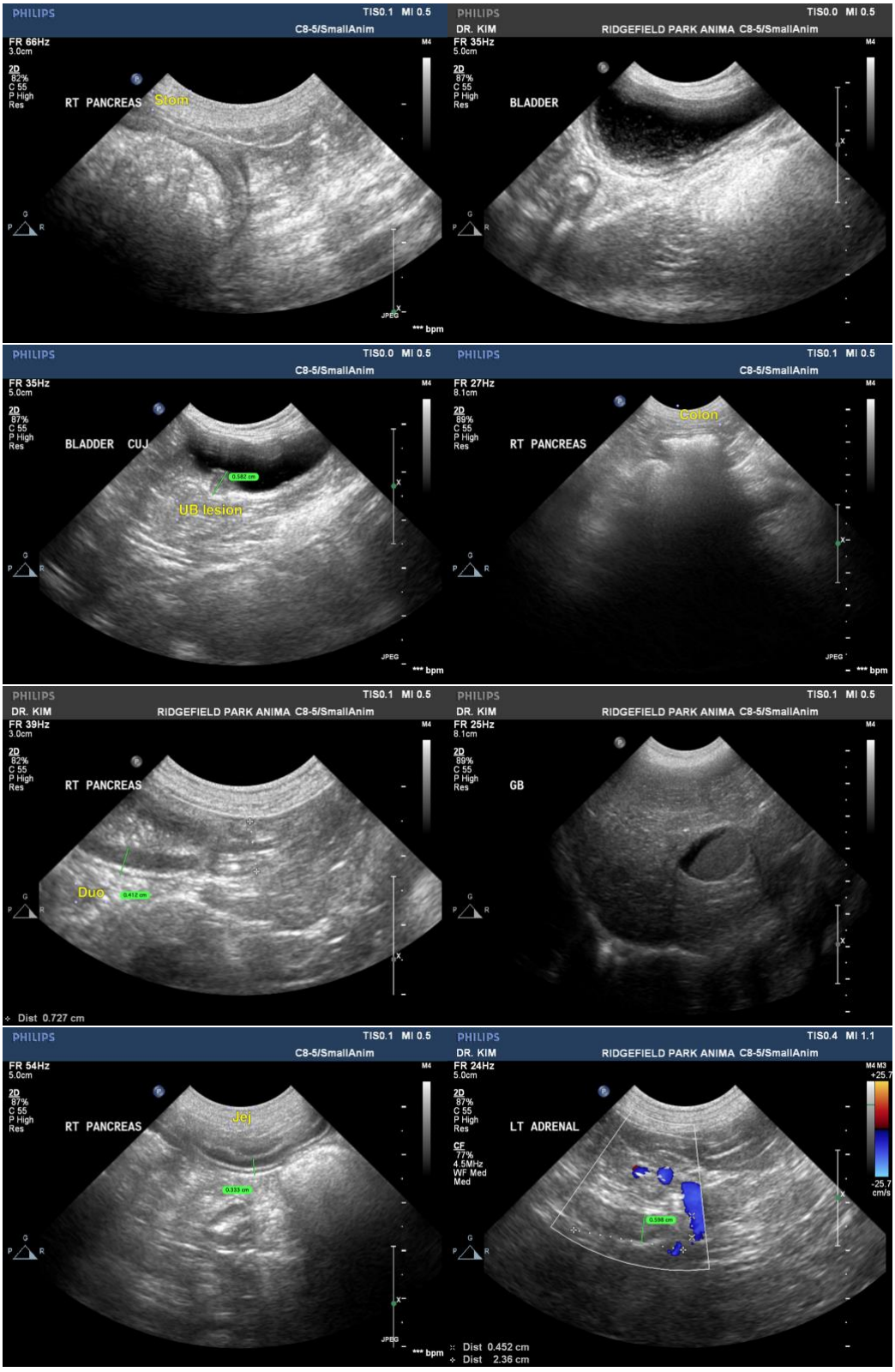

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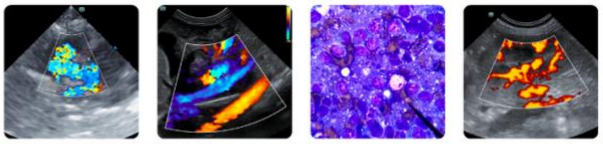

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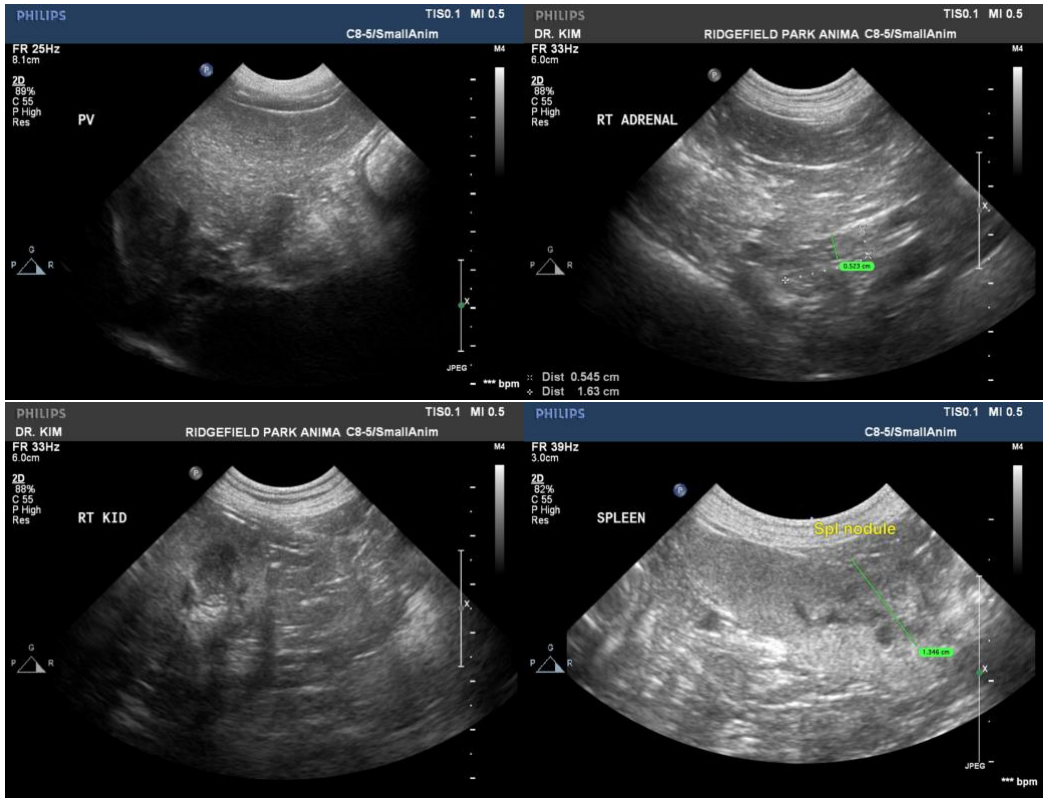

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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