



PATIENT

Coco Ocasio

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

11 Years

WEIGHT

23 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Alma Alicea

INVOICE

47218

DATE

5/6/23

PRESENTING CLINICAL SIGNS

Presented for the Emergency Clinic with hx of seizure 5/3 pm once for the first time. brought in. CBC/Chem hemoconcentration, ALKP 1310. thoracic radiographs unremarkable. no mets noted. started on cerenia /famotidine 1mg/kg iv sid each, keppra 60mg/kg iv first dose, then 20mg/kg iv tid. Yesterday changed to oral version 100mg/ml 2 cc PO TID. 5/6 - Coco has not seized again so far. eating well. Neuro wnl except blind - this is pre-existing and for this has appt. wtih dr. bras in august. problems 1. seizures - once 5/3 pm. 2. blind 3. hx elevated alpk for several months 4. hx mass removal with dr. santaella - owner doesn't remember biopsy results. have to call monday. Plan TGH 11am - 6pm. 1. Abdominal Ultrasound - radiology review pending. 2. continue keppra 100mg/ml 2 cc PO TID (si se le hace dificil liquido, se puede cambiar a 250mg po tid) 3. omeprazole 10mg po sid x 7 dyas. 4. once have US results consider referral for brain imaging if possible. 5. Recheck 7 days wtih regular vet. follow recommendations based on Abd. US report.

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. No evidence of mineral or calculi. 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 medial iliac or sublumbar lymphadenopathy or masses.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral noted. The left kidney measured 5.5 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.44 cm at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.43 cm at 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

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. A solitary discreetly hypoechoic, non-disruptive intraparenchymal nodule was noted in the mid liver measuring 1.4 cm x 0.68 cm. 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. Moderate



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variably hyperechoic inspissated yet non-organized gallbladder debris. No evidence of peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

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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. Consistent with age related pancreatic changes and considered incidental.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy with discreet intraparenchymal nodule – subjectively benign, suggestive of vacuolar hepatopathy pattern with probably discreet hyperplasia, hematopoiesis, potential for inflammatory hepatopathy (i.e., cholangiohepatitis) or infiltrative neoplasia considered less likely.
- Moderate gallbladder debris – possible early to immature mucocele.
- Mild chronic renal changes with pinpoint medullary mineral

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Dr. Gabriel Ferrer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the seizure activity was not obvious within the abdominal cavity. Hepatic functionality is likely adequate or normal if normal BUN, glucose, albumin, and cholesterol levels. Hepatosupportive medications including Denamarin and Ursodiol (if tolerated) is recommended with monitoring for evidence of increase in cholestasis +/- gallbladder sonographic reassessment and monitoring. Assuming normal clotting status, screening hepatic FNA cytology could be considered, primarily to ensure only benign changes are present. Intracranial imaging may be indicated if persistent/progressive seizure activity.

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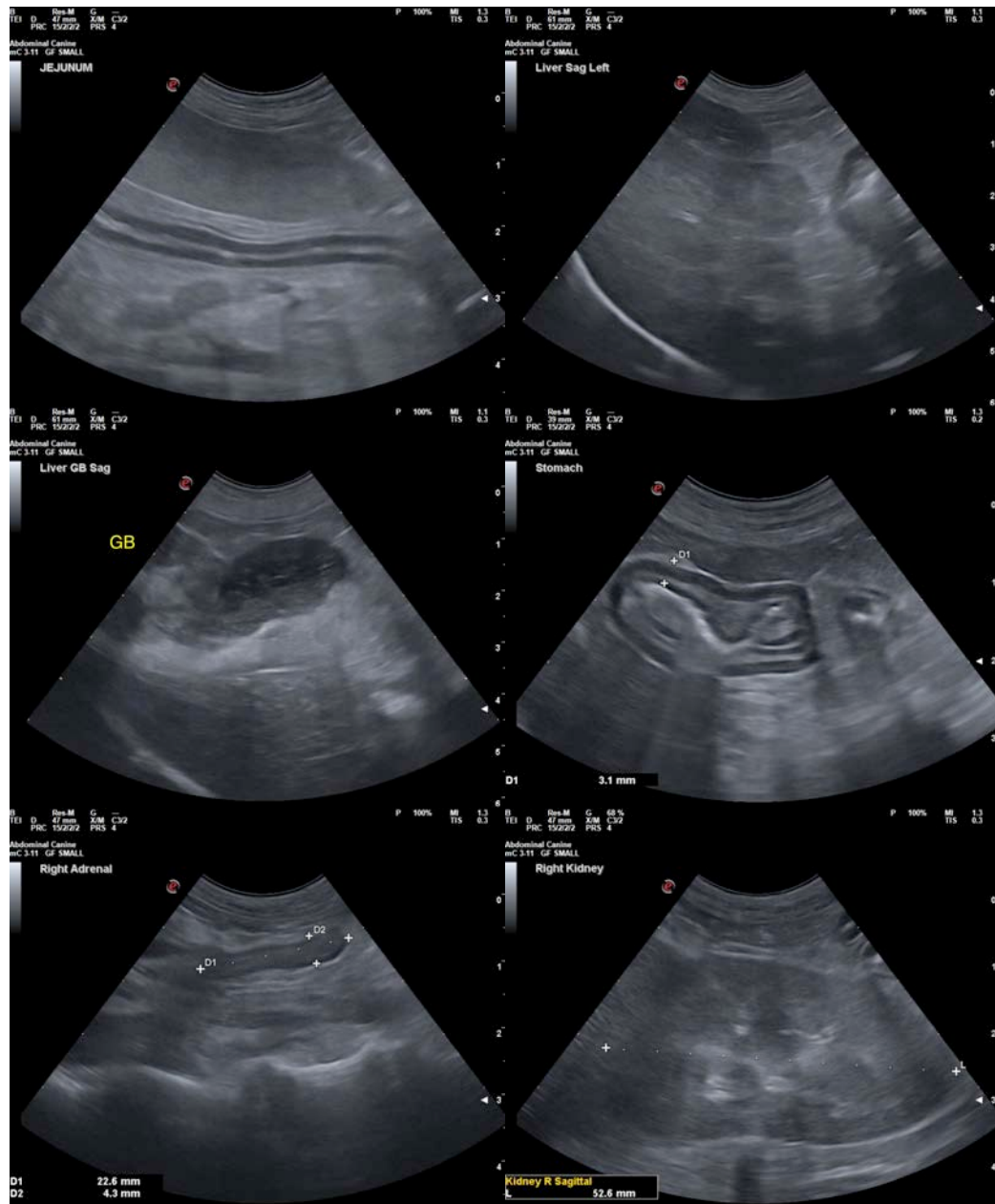
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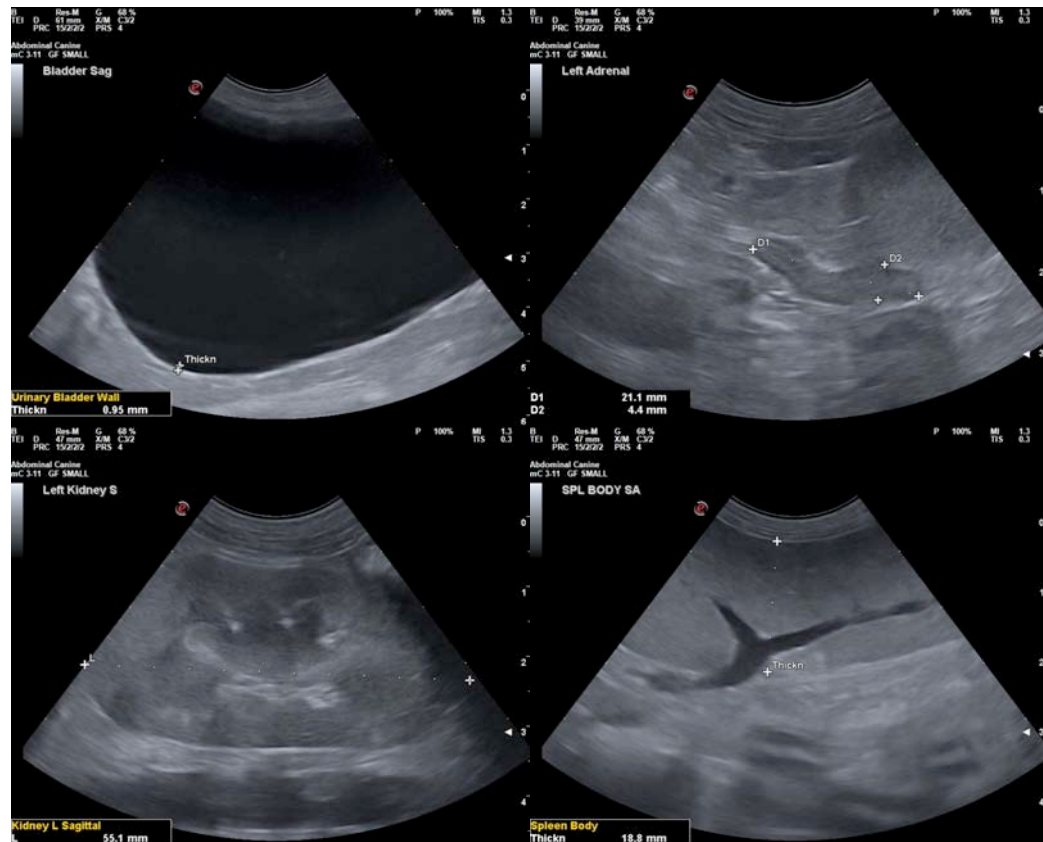
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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