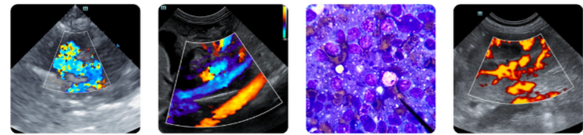


PATIENT

Cleo Daniels

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

13 years

WEIGHT

23.9 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Wolverton

INVOICE

11031

DATE

1/6/2026

PRESENTING CLINICAL SIGNS

P presented for decreased appetite, lethargy since Friday, panting alot, having episodes where she will put her face in the corner and seems disoriented.

Abnormal PE/Chem/CBC/UA Results: HCT 26.9, Retic 515, WBC 17.8, Neu 13.5, Mono 1.1, Eos 0.04 Tbili 1.9, Amy 1807, Lipase 3864.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are mildly hyperechoic with a slight decrease in corticomedullary distinction. Cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The capsules are mildly irregular bilaterally. Left kidney measures 6.08 cm, and the right kidney measures 5.92 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left adrenal measures 0.83 cm x 2.58 cm. The right adrenal measures 0.54 cm x 2.80 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and appropriate echogenicity in relation to the liver and kidney. The capsule has a slight irregularity at the cranial aspect that measures approximately 1.54 cm in length and slightly deviates the otherwise smooth splenic capsule. There is no parenchymal irregularity at the sight of this defect. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. The spleen measures 1.73 cm at the hilus.

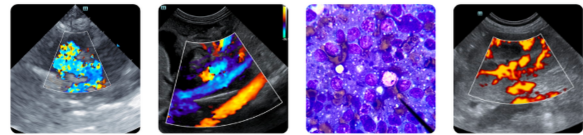
Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion.

The cranial aspect of the gallbladder contains suspended echogenic mobile debris that appears to be partially organized. The gallbladder neck and cystic duct appear patent and there is no overt intra- or extra-hepatic biliary dilation. The common bile duct is not discretely visualized but there is no overt evidence of suspicion of a mechanical extrahepatic biliary obstruction.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no



PATIENT
Cleo Daniels

SPECIES
Canine

BREED
Collie

SEX
Spayed Female

AGE
13 years

WEIGHT
23.9 kg

INTERPRETED BY
Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY
Kathleen Byrnes

HOSPITAL NAME
Animal Emergency Clinic of the High Country

REFERRING VET
Dr. Wolverton

INVOICE
11031

DATE
1/6/2026

evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Heart

The abbreviated cardiac scan reveals no evidence of right auricular or heart base mass effects, and no concern for pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

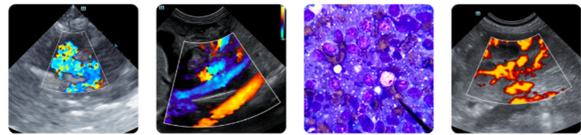
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The isoechoic splenic irregularity likely represents a benign change such as lymphoid hyperplasia or extramedullary hematopoiesis. However, infiltrative diseas such as round cell neoplasia or hemangiosarcoma cannot be definitively excluded however, this is not highly suspected at this time.
- The gallbladder is over distended with largely suspended, organized debris. This is most consistent with an emerging mucocele. There was no evidence of inflammation noted at this time. This is not likely causing overt clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported clinical signs, consider a neurologic consultation to further evaluate the head pressing and disorientation.

Given the concern for possible early gallbladder mucocele, serial imaging of the bilirubin is recommended. A progressive increase in bilirubin would increase suspicion for potential extrahepatic biliary obstruction despite overt evidence of such noted on this study.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.



PATIENT

Cleo Daniels

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

13 years

WEIGHT

23.9 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

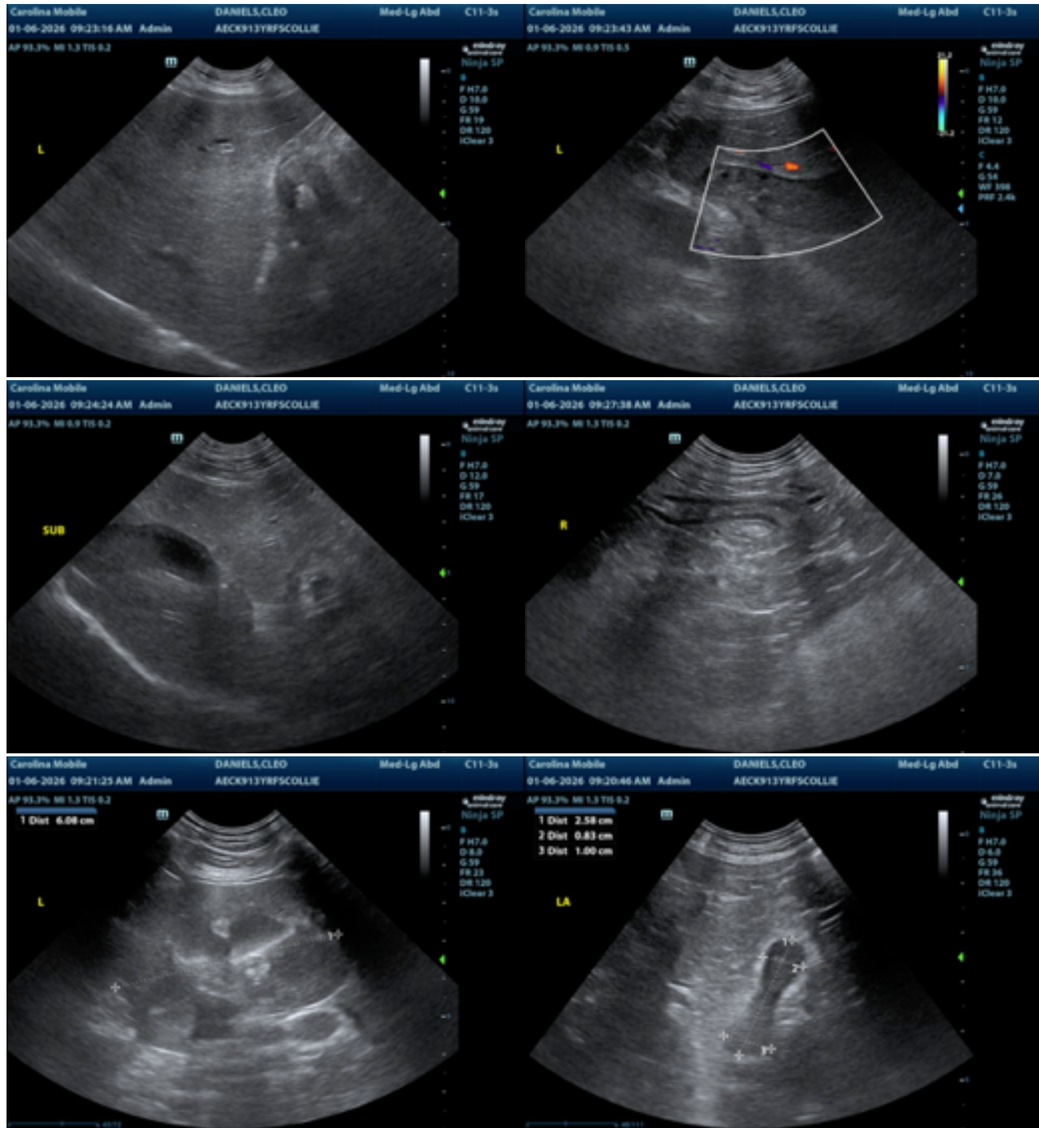
Dr. Wolverton

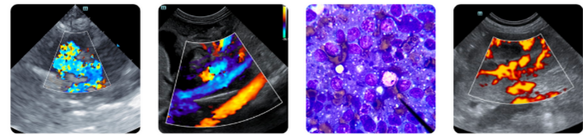
INVOICE

11031

DATE

1/6/2026





PATIENT

Cleo Daniels

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

13 years

WEIGHT

23.9 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

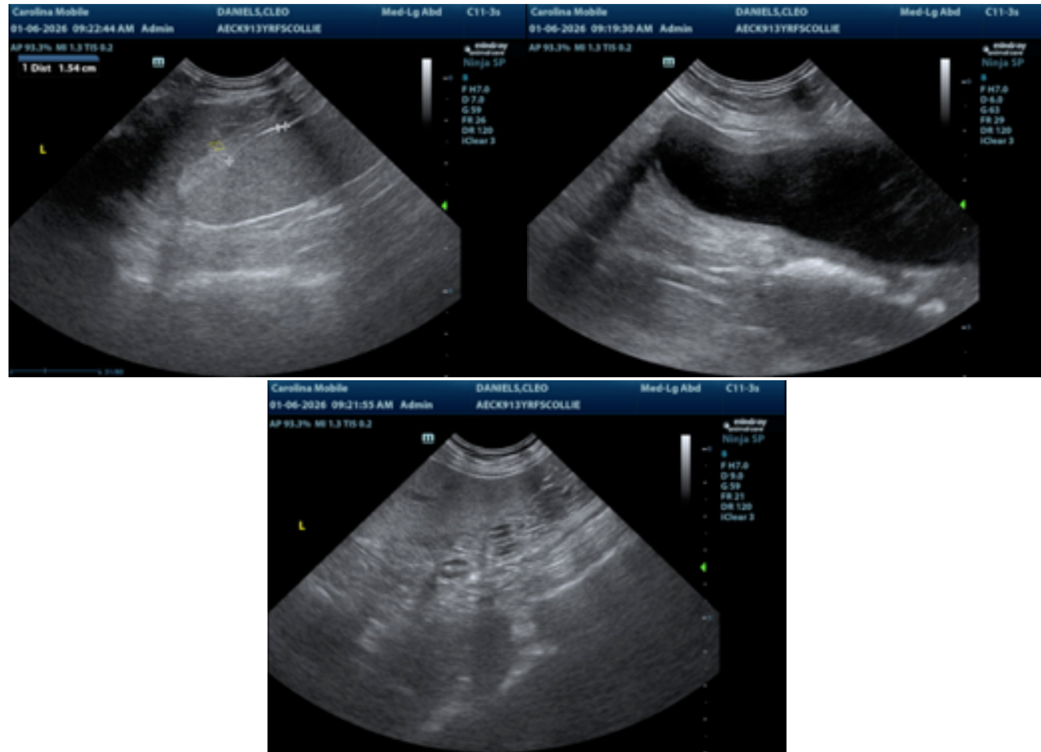
Dr. Wolverton

INVOICE

11031

DATE

1/6/2026



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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com