



PATIENT

Lil Fraser

SPECIES

Canine

BREED

Whippet

SEX

FS

AGE

5yr

WEIGHT

31lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer (IVUSS)

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Jeremy Carignan, DVM

INVOICE

23597

DATE

01/18/2026

PRESENTING CLINICAL SIGNS

Urinary accidents. USG 1.101. No azotemia. Increased blood cortisol (5.2). Lymphocytosis 35%. On D oxytetracycline 100 mg, 1.5 t BUD x 30 days (was restarted). *Sedated with torb/dexdomitor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild prominent thickened ventroapical, apical to dorsoapical wall exhibiting homogenous mural echogenicity and maintained symmetrical luminal surface contour. Ventroapical urinary bladder wall thickness measured 0.44 cm width. Primarily anechoic urine with mild non-dependent particulate urine sediment. The trigone and cystourethral junction were free of pathology. No evidence of masses, mineral, or calculi. Visualized ureteral jet at the level of the papilla. The urethra was normal to 3 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width 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/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal to mildly congested hepatic vascular volume secondary to sedation. The gallbladder was non-distended in size with thin walls and mild non-organized primarily gravity dependent debris, The cystic and common bile ducts were normal.

Gastrointestinal



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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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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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

SEX

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

ULTRASONOGRAPHIC FINDINGS

AGE

5yr

Primary

- Mild cystitis pattern with mild urine sediment
- Sonographically unremarkable bilateral kidneys
- Normal adrenal glands
- Normal volume to mild congested liver -secondary to sedation
- Non-organized gallbladder debris (non-mucocele)

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DVM, DABVP
(Canine and Feline)

No sonographic evidence of upper or lower urinary tract structural or congenital pathology. If not done, urine C/S on a sterile urine sample or if inflammatory sediment on UA is recommended. Cystoscopy may be indicated if persistent or progressive lower urinary tract signs.

Hepatosupportive medication is recommended if evidence of cholestasis.

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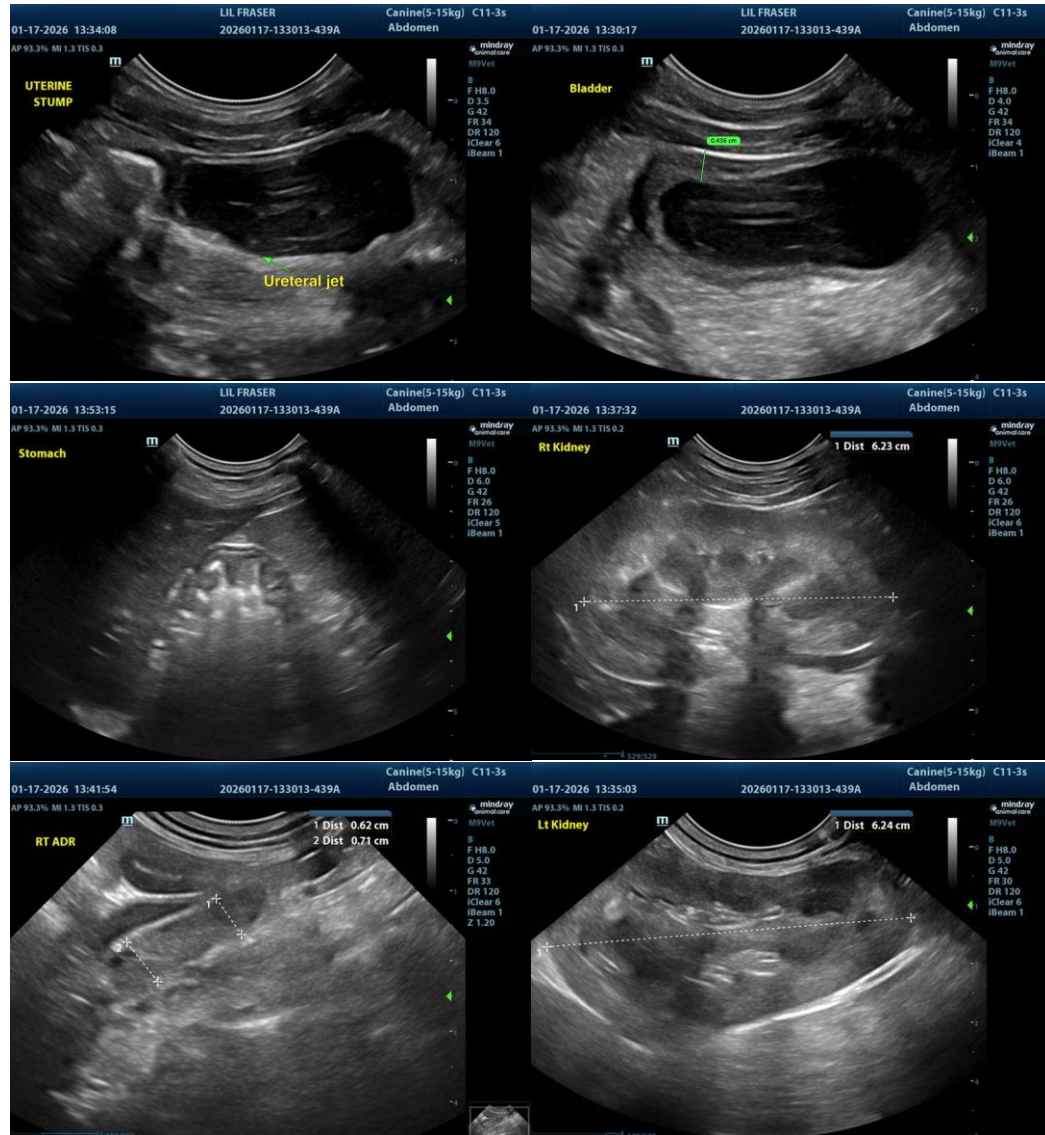
Jeremy Carignan, DVM

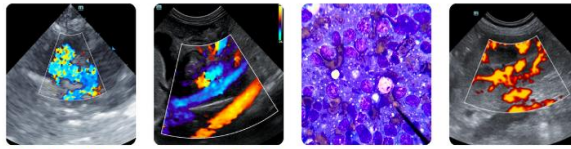
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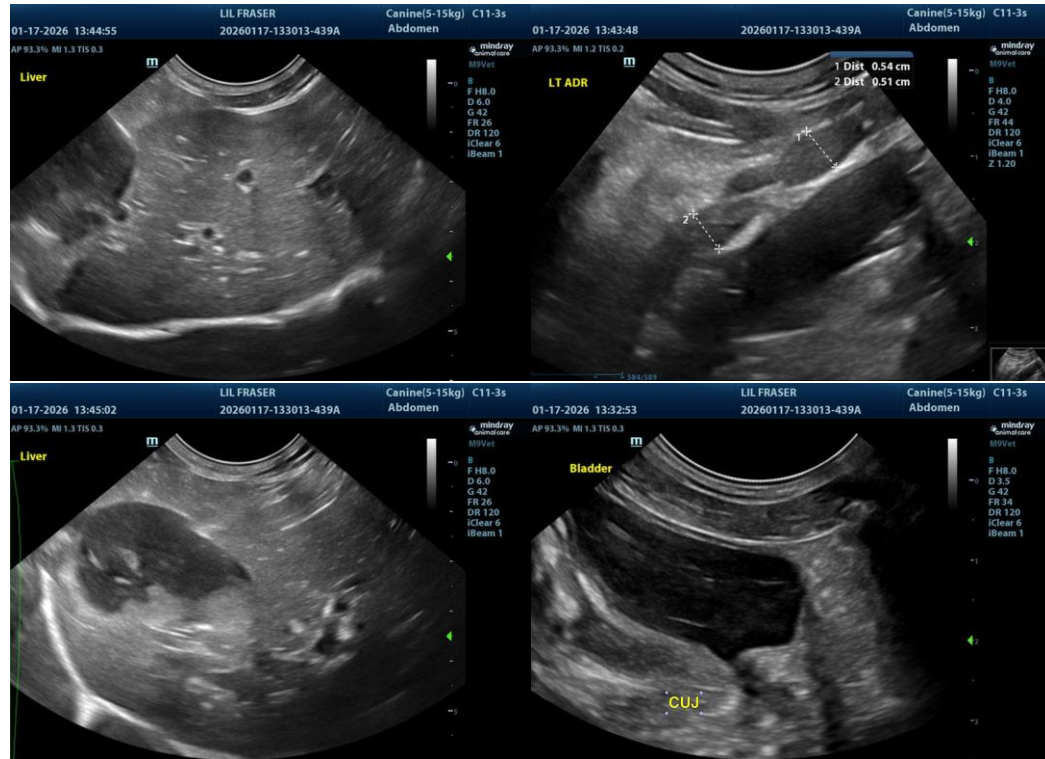
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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