



PATIENT

Riggins Thomas

SPECIES

Canine

BREED

Mixed

SEX

Male Neutered

AGE

11y

WEIGHT

46.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis McCormick

INVOICE

13133

DATE

1/27/26

PRESENTING CLINICAL SIGNS

History:

- Recent on and off again diarrhea in the past two days.
- Increase in liver values in the past 6 months.

Abnormal PE/Chem/CBC/UA Results: 1/23/26 CBC: wnl/nsf chem: ALT 323 (164) AST 69 (33) alk phos 517 (268) Lipase 482 (455) CK 657 H 2 + hemolysis could contribute to high CK UA: USG 1.011 UPC 0.5, trace protein T4 0.9 (1.6) 8/7/25 cbc: wnl/nsf chem: ALT 164 (111) Alk phos 268 (108) lipase 455 (177) UA: USG 1.018 UPC- not done; moderate rods; 1 + protein T4 1.6 4 dx plus: Neg/BDL Fecal AG: Neg/BDL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. 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 aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology present measuring 0.63 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

The liver presented moderate hepatomegaly. 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. Mixed echogenic liver mass was present measuring ~7-8 cm in diameter. The gallbladder was non-distended in size with normal walls. The gallbladder lumen was primarily occupied by centrally



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congealed, non-organized, hyperechoic debris and mild, non-organized peripheral bile sediment. No evidence of pericholecystic inflammation. The cystic and common bile ducts were normal.

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.

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 colon walls presented intact yet mild thickened wall layering. Generalized soft liquid fecal matter was present in the colon lumen. Descending colon wall measured 0.41 cm.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with liver mass
- Non-inflamed gallbladder mucocele
- Sonographically normal gastrointestinal tract with colitis pattern
- Age-related renal changes
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, liver mass and parenchyma FNA cytology warranted for further clarification. The liver mass may be amenable to surgical resection given primarily subjective ventral caudal liver involvement without overt extension in the area of the port hepatis. Abdominal CT or surgical consultation may be considered assuming no pathology on 3-view chest radiographs and if surgery is a potential. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), and as needed gastro protectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.



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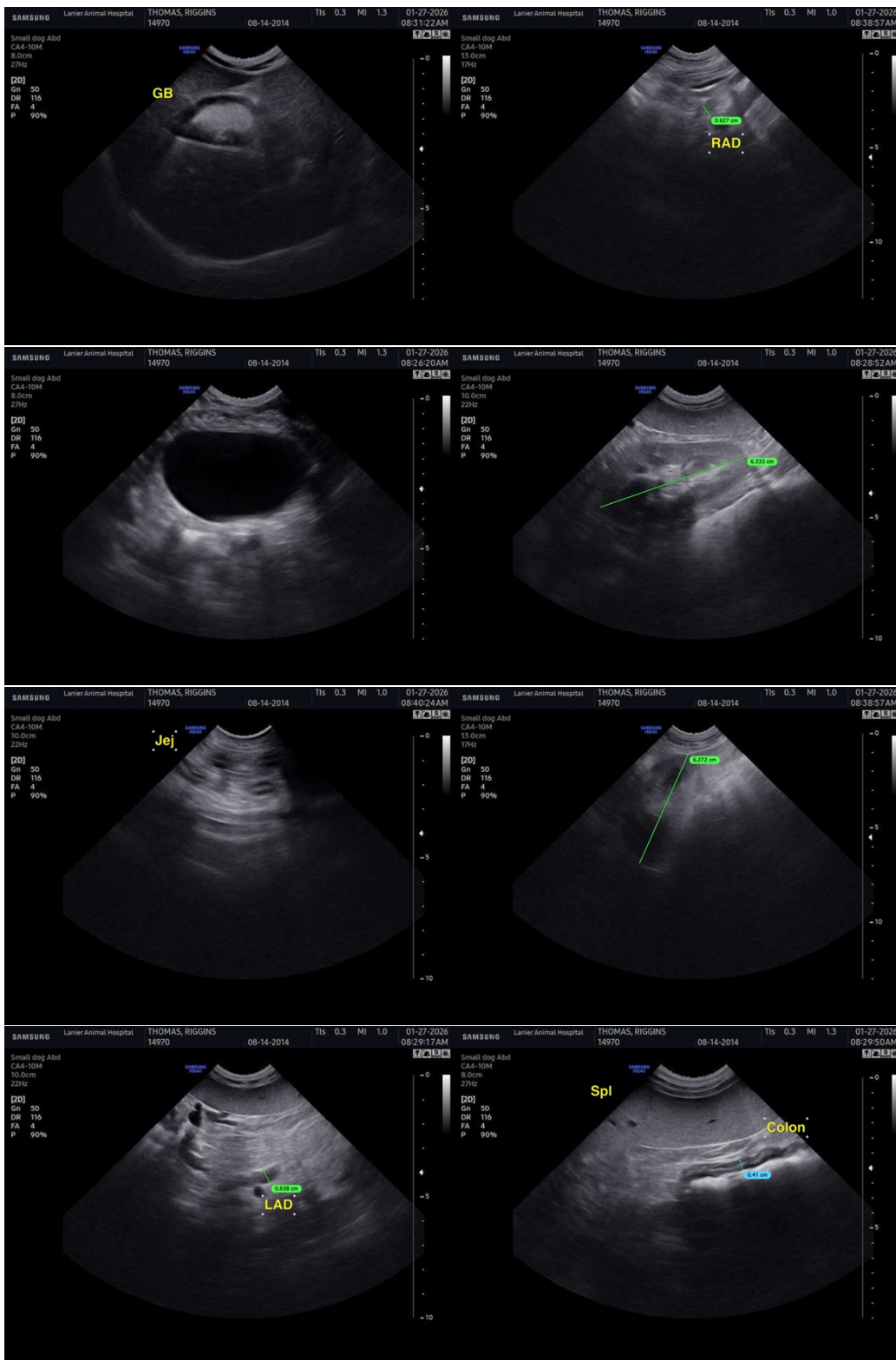
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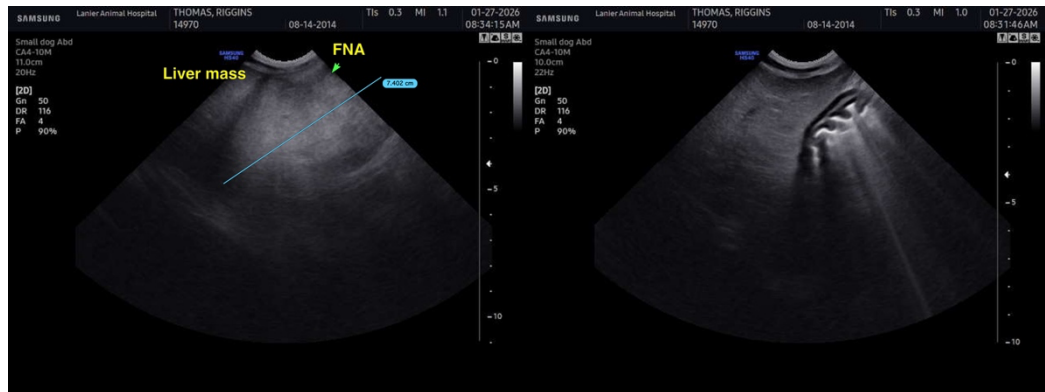
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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