



**PATIENT**

Sierra Flaherty

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

FS

**AGE**

10yr

**WEIGHT**

71.6lb

**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**

Christina Poor,  
BVetMed

**INVOICE**

23731

**DATE**

01/31/2026

**PRESENTING CLINICAL SIGNS**

PU/PD, fussy appetite, mild weight loss, occasional loose stool. Low albumin at 2.6. USG 1.007, ALP 444

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 6.1 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**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 0.56 cm width in the caudal pole. The right adrenal gland measured 0.67 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate non-organized debris. 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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.63 cm width. The jejunum wall measured 0.55 cm width.



**PATIENT**

Sierra Flaherty

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

FS

**AGE**

10yr

**WEIGHT**

71.6lb

**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**

Christina Poor,  
BVetMed

**INVOICE**

23731

**DATE**

01/31/2026

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

**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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Hepatopathy-subjective benign, suggestive of vacuolar or cholestatic hepatopathy criteria.
- Non-organized gallbladder debris (non-mucocele)
- Age-related renal changes.
- Normal adrenal glands.
- Normal gastrointestinal tract.
- Mild heterogeneous remodeled pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primarily a geriatric abdomen without evidence of significant visceral pathology or neoplastic criteria.

Despite no signs of adrenal pathology, adrenal screening could be considered if clinical concern for Cushing's syndrome.

A GI panel to include PLI/TLI/cobalamin folate and screening three view chest radiographs given mild weight loss and occasional loose stool is recommended.

A UPC level on a urine sample could be considered if proteinuria.

Hepatosupportive medications such as Denamarin and Ursodiol if tolerated may prove beneficial.



**PATIENT**

Sierra Flaherty

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

FS

**AGE**

10yr

**WEIGHT**

71.6lb

**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**

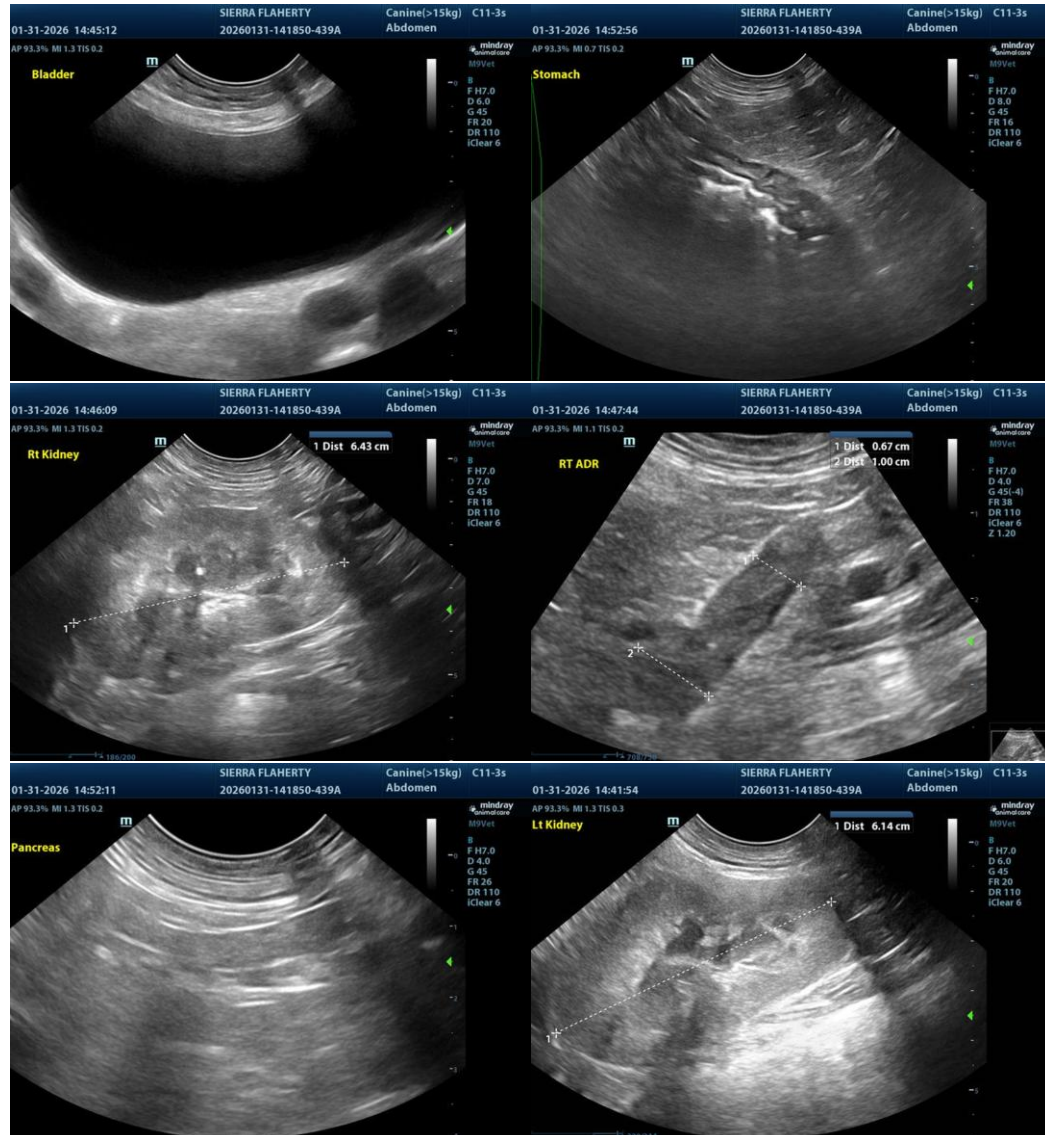
Christina Poor,  
BVetMed

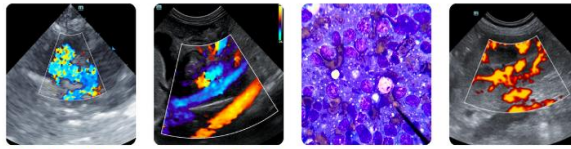
**INVOICE**

23731

**DATE**

01/31/2026





**PATIENT**

Sierra Flaherty

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

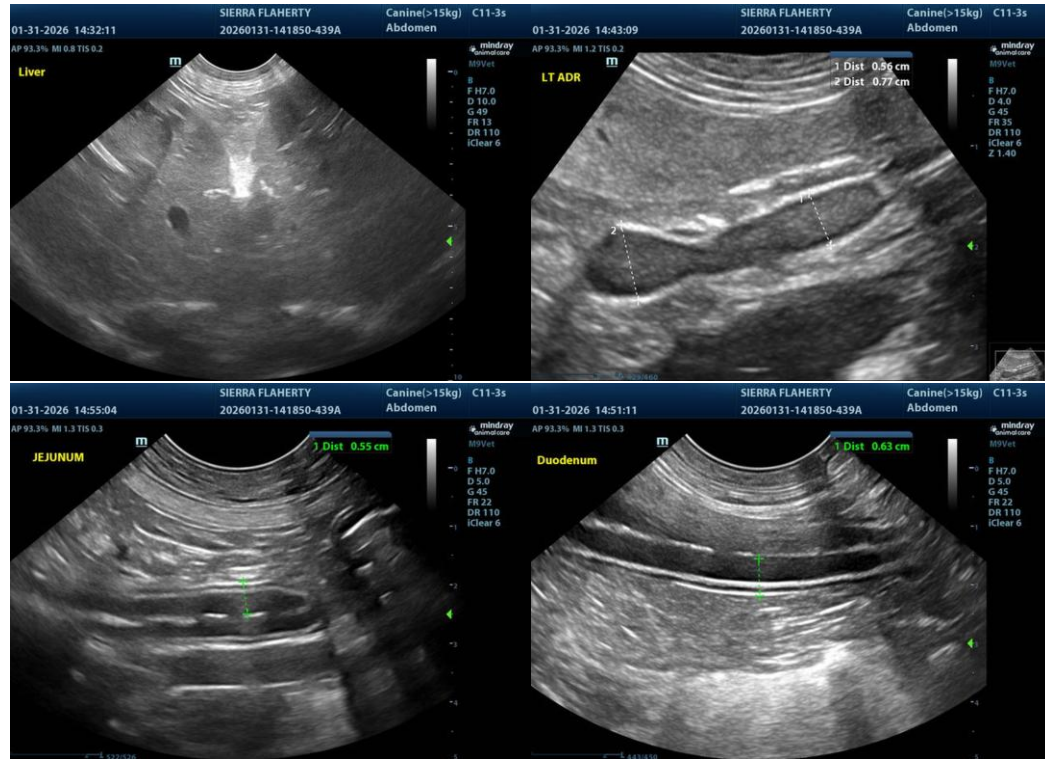
FS

**AGE**

10yr

**WEIGHT**

71.6lb



**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**

Christina Poor,  
BVetMed

**INVOICE**

23731

**DATE**

01/31/2026

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)