



PATIENT

Jolie Corcoran

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10y, 1m

WEIGHT

38.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Leck Veterinary
 Hospital

REFERRING VET

Dr. Derr

INVOICE

10322

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Cranial RT abdominal mass, body wall vs intra-abdominal (2 rads attached). Anxiety after eating. No current meds.

Abnormal PE/Chem/CBC/UA Results: WNL, UA: pending

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 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.

No evidence of pathology in the area of the aortic trifurcation.

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 4.5 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole. The right adrenal gland measured 0.58 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 subnormal in size, which is nonspecific and possibly a patient variant, with normal contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size, containing primarily anechoic content with mild, nonorganized, hyperechoic gallbladder debris. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

echogenicity / lipoma was noted in the cranioventral abdomen, measuring ~8.0 cm diameter. No evidence of omental lymphadenopathy, masses, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Cranial abdomen fat / lipoma
- Subnormal liver
- Nonorganized gallbladder debris (non-mucocele)
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intra or extra-abdominal mass. The cranial abdomen fat/lipoma may correlate with suspected right cranial abdomen mass on radiographs.

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The subnormal liver size is likely incidental, given no hepatic enzyme elevations or clinical hepatopathy. Monitoring of hepatic enzymes +/- bile acid profile, if evidence of hepatic dysfunction, is recommended. Given the presence of gallbladder debris, hepatosupportive medications may be considered if evidence of cholestasis.

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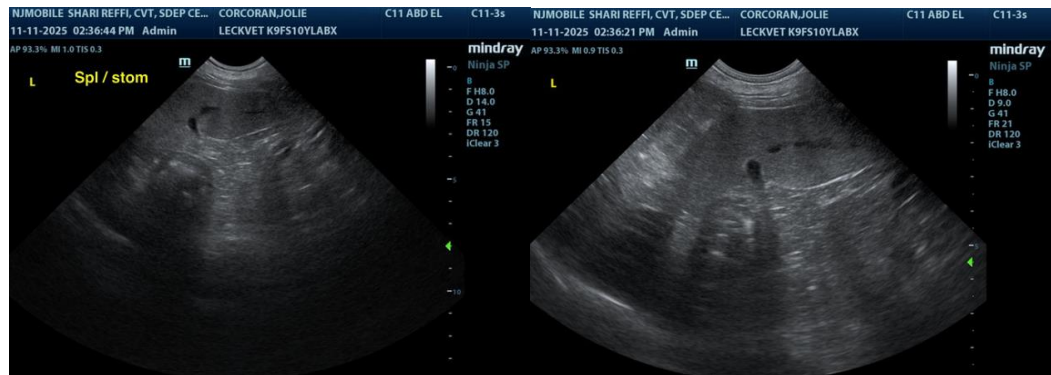
Dr. Derr

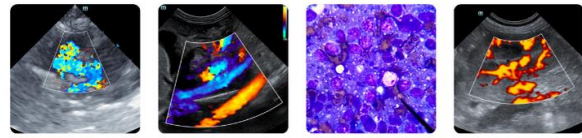
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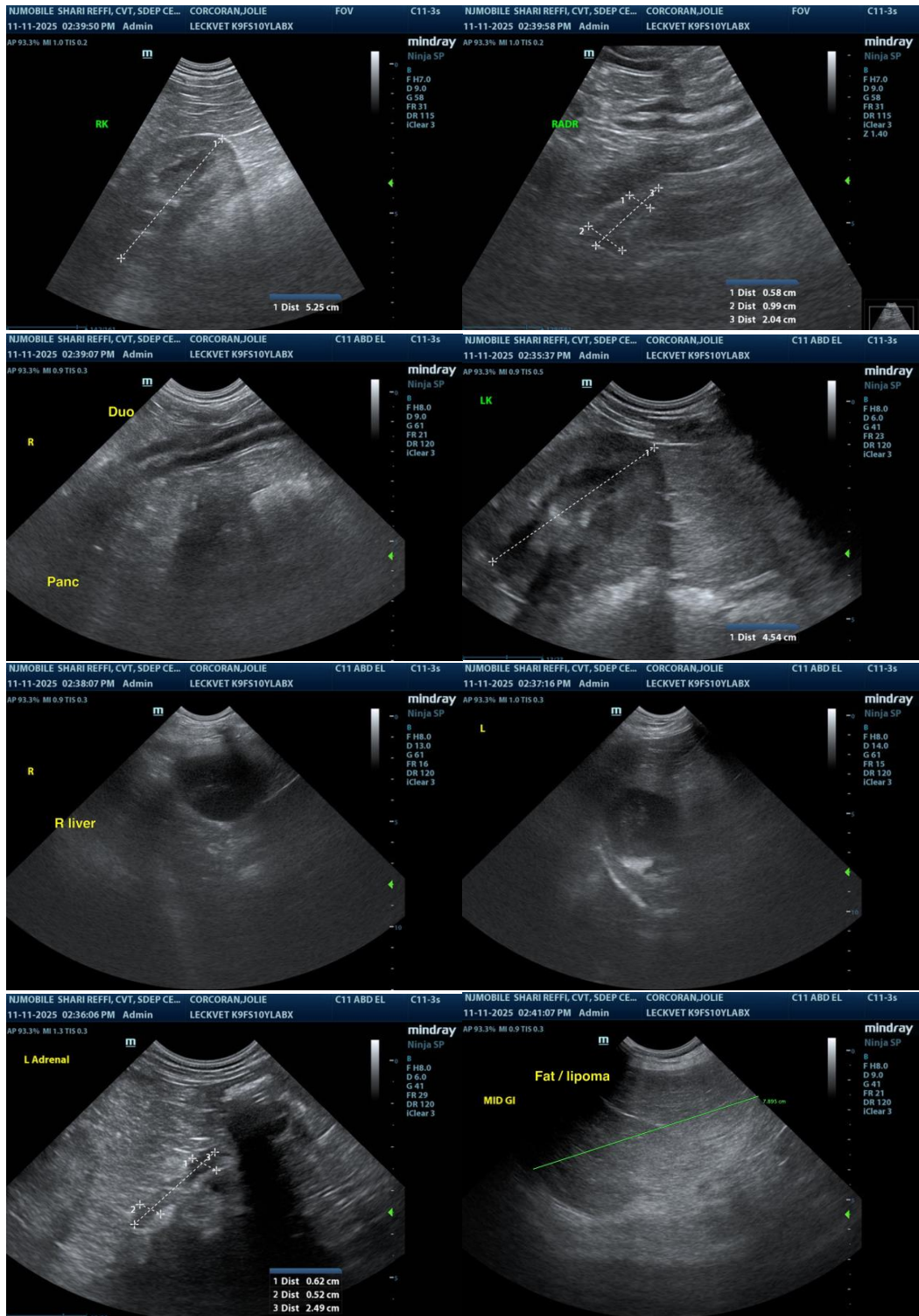
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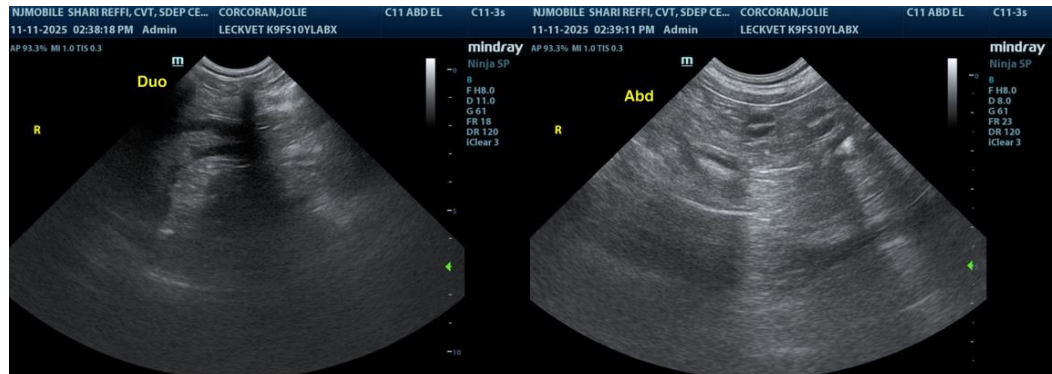
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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