



PATIENT

Grace Sundby

SPECIES

Canine

BREED

Whippet Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

21.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Elizabeth St Pet
Hospital

REFERRING VET

Dr. Pavol Liska

INVOICE

12791

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Attending reports decrease energy/lethargy. General panel done. Incidental non reg anemia noted. No VD. No coughing. Eating and drinking normal.

Meds: Started pred 1mg/kg.

Abnormal PE/Chem/CBC/UA Results: Attending noted Mildly elevated Alt alkphos. HCT 20% normal retic. Coombs neg. stress leukogram. WBC 18.9 neut 15 mon 1.18

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine prohibiting full evaluation of the urinary bladder wall. No evidence of urinary bladder tumors with mild anechoic urine present. No evidence of mineral or calculi. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. 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 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight. Intact, mildly asymmetrical adrenal capsule contour and mild, non-homogeneous, subtle, nodular bilateral parenchyma. Caudal left adrenal nodule measured 0.8 cm x 0.67 cm. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

The spleen was normal in size with mild asymmetrical capsule contour and mild, hypoechoic, non-homogeneous parenchyma. Normal vascularity noted and no mass or nodules visualized.

Liver

The liver exhibited generalized hepatomegaly with normal vascular volume. Maintained symmetrical contour and mild generalized heterogeneous hepatic parenchyma exhibiting indistinct portal vascular borders. No mass or nodules present. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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.

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

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

Probable, mildly swollen, non-homogeneous cranial abdomen mesenteric lymph node adjacent to the duodenum and caudal to the right liver measuring 1.7 cm in diameter. No evidence of additional mid abdomen mesenteric lymphadenopathy noted. No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Mildly hypoechoic non-homogeneous spleen
- Enlarged non-homogeneous liver
- Mild non-organized gallbladder debris (non-mucocele)
- Age-related renal changes
- Bilateral borderline enlarged subtle nodular adrenal glands
- Probable right cranial abdomen, mildly swollen non-homogeneous lymph node
- Sonographically normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, hepato-splenic and probable lymph node FNA cytology recommended for further clarification and assessment of potential occult disease as a contributing factor to the anemia. Concurrent CBC pathology review, infectious disease serology and 3-view chest radiographs, if not done, are warranted. Suspect mild bilateral adenomatous adrenal change with emerging adrenal neoplastic criteria considered less likely. Adrenal screening or workup if clinical signs consistent with adrenal disease. Monitoring of systemic BP for evidence of hypertension as well as sonographic monitoring of the adrenals for evidence of progressive enlargement or nodular changes is recommended.



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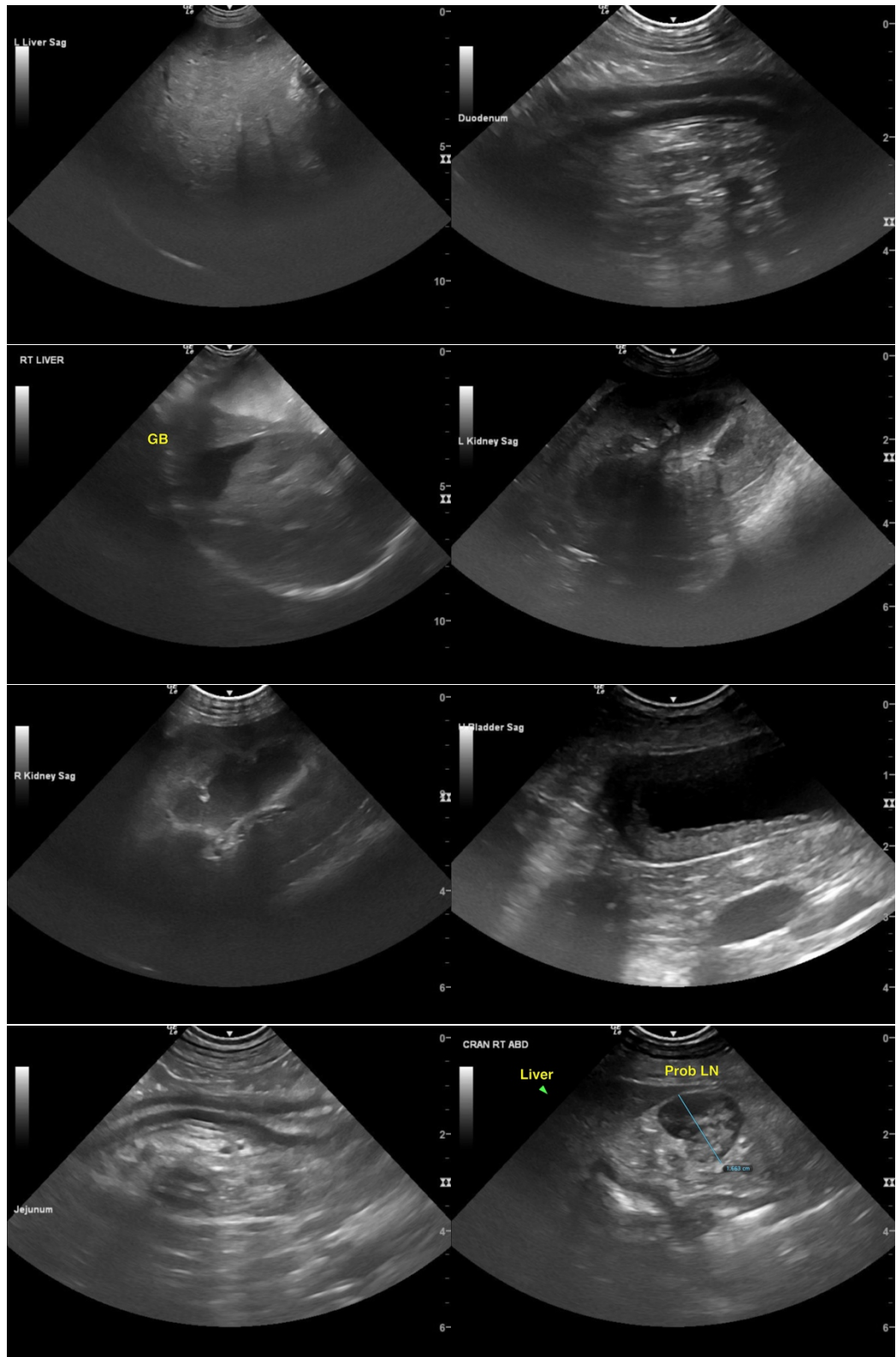
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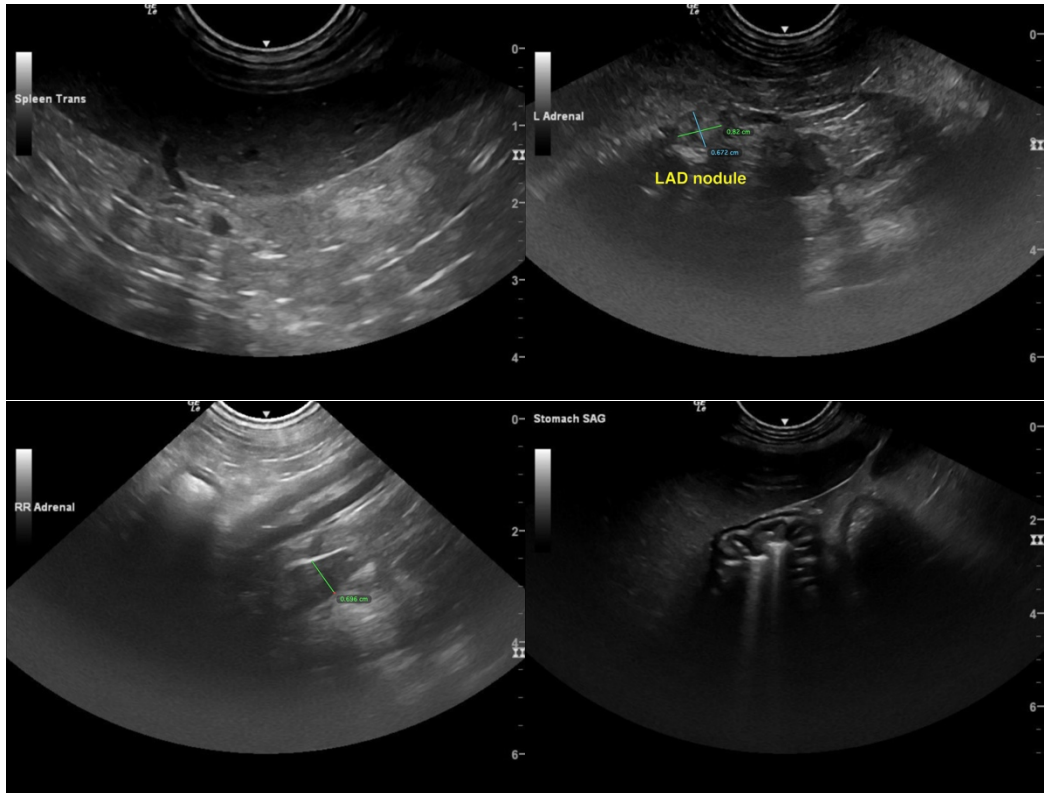
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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