



## PATIENT

Sadie Morrow

## SPECIES

Canine

## BREED

Hound X

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

34.4

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Brandi Barry DVM

## HOSPITAL NAME

Bluegrass Animal  
Hospital

## REFERRING VET

Dr. Brandi Barry DVM

## INVOICE

12300

## DATE

11/18/25

## PRESENTING CLINICAL SIGNS

Patient presented ADR yesterday with a 2 week history of decreased appetite and halitosis. Owner has noticed weight loss at home and a new swelling under right side of mandible. Occasionally vomits bile at home (~2x/wk). Hx of splenic tumor & splenectomy 12/2023. Histopath report said splenic mass appeared to be benign (robust splenic nodular hyperplasia) in nature w/ inflammatory lesions (scattered suspect pyogranulomas/underlying splenitis). Hx of liver enzyme elevation. Started tx w/ Clavamox and Denamarin last night.

Abnormal PE/Chem/CBC/UA Results: Lost 14 lbs since last visit in July. Submandibular LN enlargement (R 3.5x4cm & L 2cm). Prominent prescap. LNs bilaterally. Remaining peripheral LN palpate normally. Mild calculus present on oral exam with marked gingivitis. Mild pyorrhea present at gumline above premolar 108. Gingiva bleeds on palpation. FNA of submandibular LNs: primarily small lymphocyte population, primarily hand mirror cells; cocci present, some intracellular; RBC and occ. neutrophils CBC/Chem17/Lytes performed 11/17: - Moderate regenerative anemia, moderate to marked leukocytosis, panhypoproteinemia, hypocalcemia, marked liver enzyme elevation, mild hyperbilirubinemia, mild hypochloremia CBC 11/18: overall unchanged from yesterday- regenerative anemia and leukocytosis persists

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was nondistended with urine and subnormal size, prohibiting full evaluation of the urinary bladder wall. No evidence of urinary bladder tumors or visualized lumen calculi. The urethra was normal in structure and tone to a depth of 2.0 cm.

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

Both adrenal glands were subjectively definitively visualized exhibiting adequate size, mild intact asymmetrical capsule contour and mild heterogeneous nonmineralized parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland measured 0.80 cm width at the caudal pole.

### Spleen

The spleen was not visualized owing to previous splenectomy.

### Liver

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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **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 area of the pancreas was sonographically normal.

### **Free Abdomen**

A suspect solitary mid abdomen to peri-adrenal nonhomogenous cystic lymph node was visualized measuring 2.6 cm x 1.1 cm. No evidence of additional lymphadenopathy, omental masses or peritoneal effusion.

## **ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic renal changes.
- Age-related bilateral adrenal changes- subjective benign.
- Nonvisualized spleen- previous splenectomy.
- Hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically normal visualized gastrointestinal tract.
- Suspect solitary nonhomogenous cystic mid abdomen/peri-adrenal mesenteric lymph node.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although nonspecific, the overall hepatopathy presentation is suggestive of benign criteria i.e. metabolic, reactive or vacuolar hepatopathy, inflammatory disease, nonobstructive cholestasis, hyperplasia, or other with hepatic neoplasia not excluded yet thought less likely. Further assessment may include (assuming normal clotting status) hepatic FNA cytology. Adrenal work up is warranted if clinical signs are consistent with adrenal disease although, no obvious adrenal pathology. Sonographic monitoring of the suspected nonhomogenous cystic mesenteric lymph node for evidence of progression would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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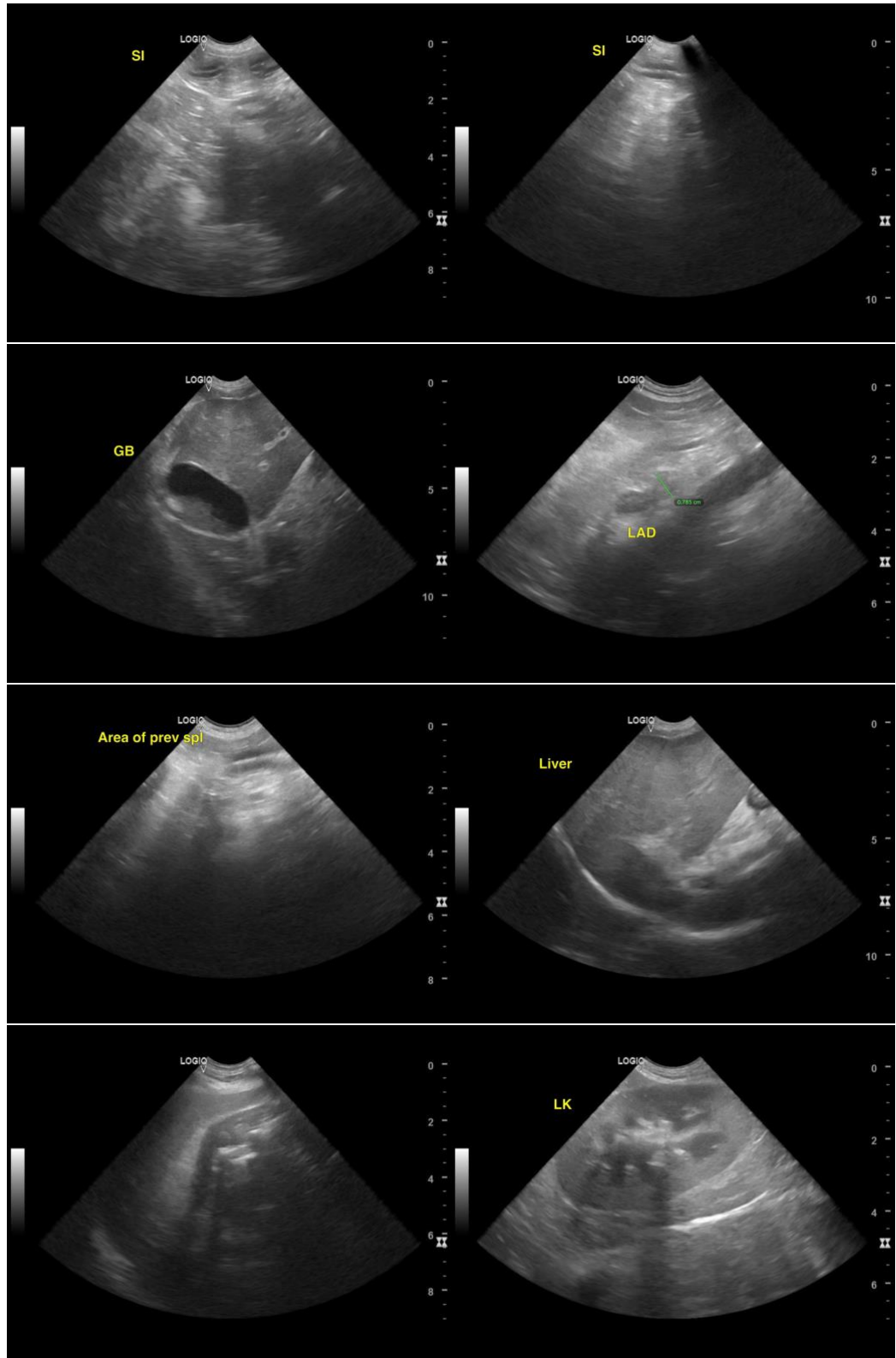
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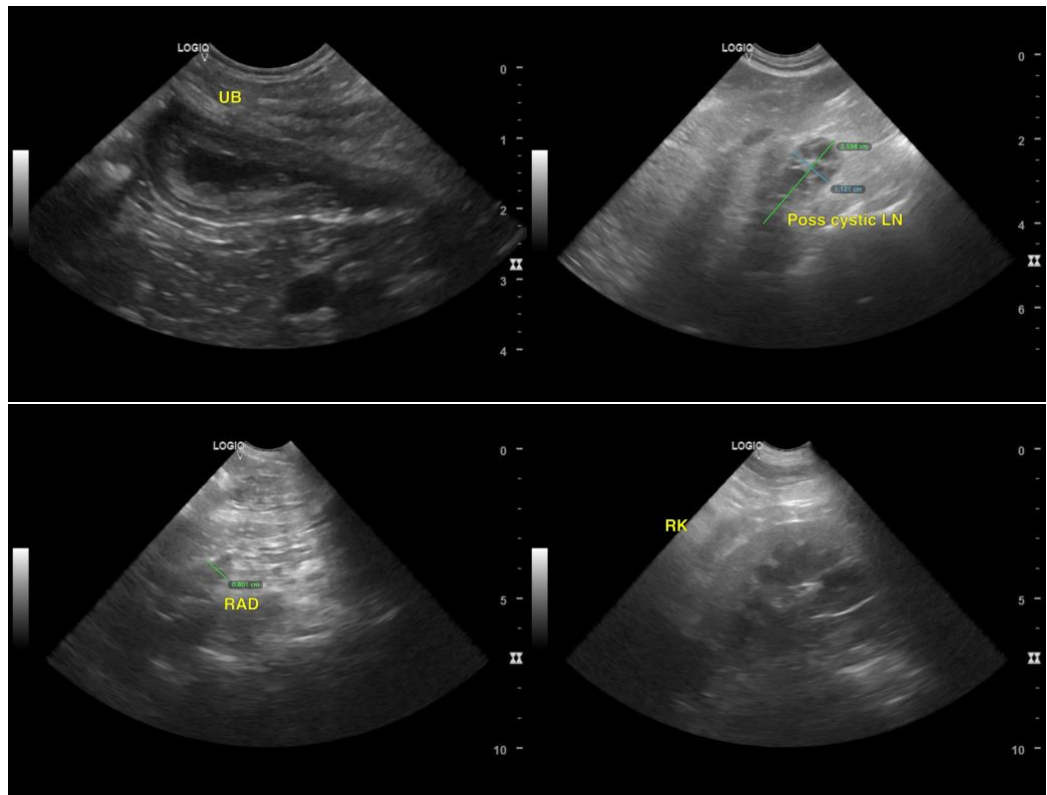
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)