



PATIENT	PRESENTING CLINICAL SIGNS
Coco McGillivray	Patient presented today for vomiting and diarrhea, not eating.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: MM pale pink CBC: HCT 30, RBC 4.43, HGB 9.8, WBC 26 CHEM:TP 8.3, GLOB 5.1, T. bili 1.1 T4/SDMA: wnl Rads: thorax-concern for large solitary mass in cranial thorax vs enlarged mediastinal lymph node, abdomen mild loss of detail with mixed gas pattern and enlarged liver
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Aus Shep Mix	Urinary System
SEX	The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal 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.
Spayed Female	
AGE	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 5.7 cm in length. The right kidney measured 6.5 cm in length.
11 Years	
WEIGHT	Adrenal Glands
55 pounds	The left and right adrenal glands were not definitively visualized.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY	Liver
Dr. Griffin	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Ventral to ventrocaudal mild irregular nonhomogenous nodular intraparenchymal mass lesion was present measuring approximately 7.5 cm in diameter.
HOSPITAL NAME	INVOICE
Northside Veterinary Clinic	12456
REFERRING VET	DATE
Dr. Griffin	11/24/25
INVOICE	Gastrointestinal
12456	The stomach presented with normal intact visible wall. The stomach contained a mild amount of nonshadowing hyperechoic ingesta.
DATE	
11/24/25	



PATIENT

Coco McGillivray

SPECIES

Canine

BREED

Aus Shep Mix

SEX

Spayed Female

AGE

11 Years

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55 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

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The visualized segments of small intestine exhibited intact wall layering, normal wall layer ratio and empty lumen.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

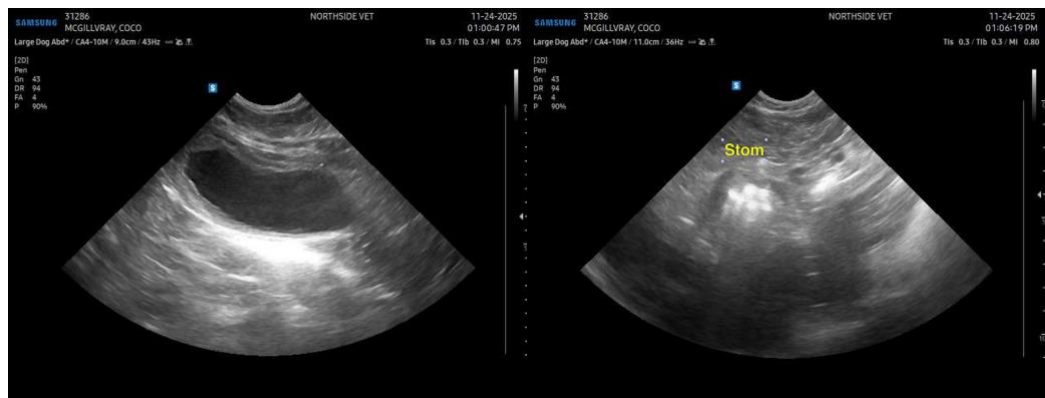
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling with ventral/ventrocaudal nodular mass lesion.
- Mild gallbladder debris (non-mucocele).
- Age-related renal changes.
- Sonographically unremarkable visualized gastrointestinal tract with mild gastric ingesta and empty small intestine lumen- ingesta suggestive of food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal foreign material or obstructive pattern. Nonspecific gastroenteritis or other gastroenteropathy with potential for mild to chronic pancreatitis which may present sonographically normal, is possible. Initial gastrointestinal support is indicated with clinical monitoring. Assuming normal clotting status, hepatic mass lesion FNA cytology warranted for further clarification. Hyperplasia, atypical lipogranuloma, neoplasia are primary potentials. Recheck sonogram is indicated if progressive gastrointestinal signs.





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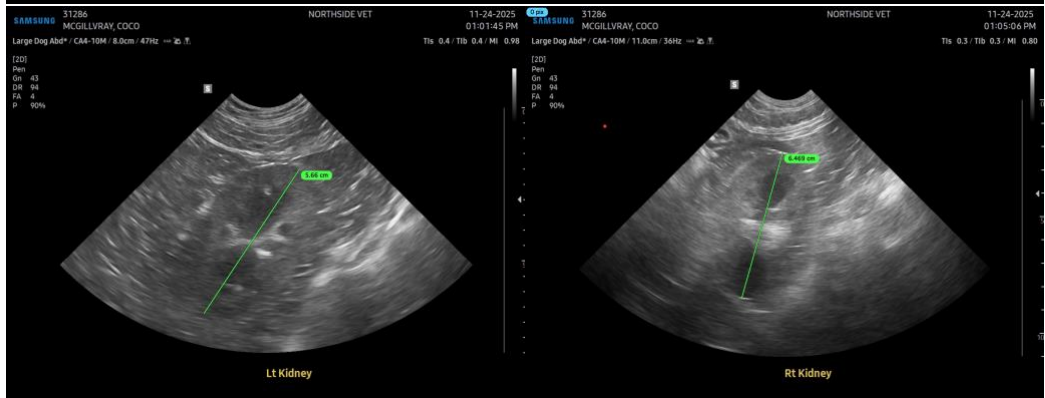
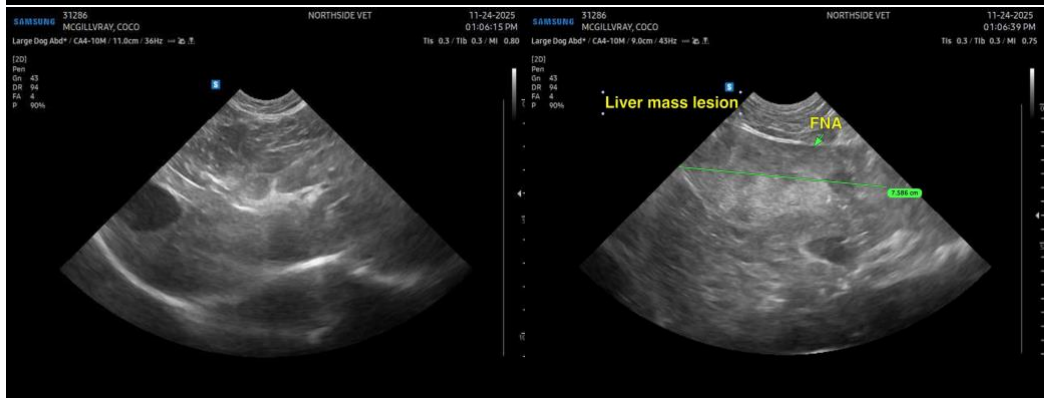
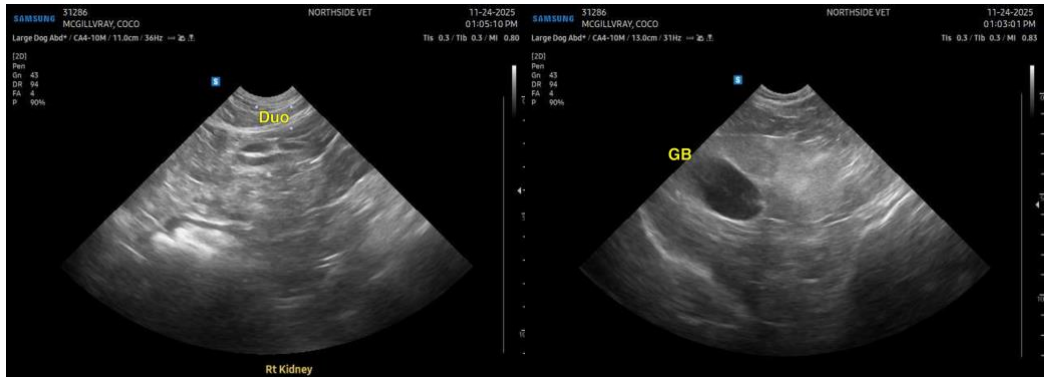
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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