



PATIENT

Daisy Raddatz

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

13 Years

WEIGHT

42

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Caitlin McNichols

HOSPITAL NAME

East Bay Pet Hospital

REFERRING VET

Dr. Kim Raddatz

INVOICE

12043

DATE

11/03/25

PRESENTING CLINICAL SIGNS

Patient presented for Annual wellness, Blood work resulted in some abnormal results. No clinical signs. In-house quick scan of abdomen shown sludge and hyperechoic material in the gall bladder. Larger hyperechoic mass noted aspect of the liver. Mottled appearance of spleen with hyperechoic masses noted diffusely.

Abnormal PE/Chem/CBC/UA Results: ALT 201 ALK Phos 740 Bun/ Creat Ratio 36 CPK 58 Platelet Count 579 Urine pH 8.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and 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. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.8 cm in length.

The labeled right kidney was not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver revealed generalized hepatomegaly with areas of mild asymmetrical hepatic capsule contour. Variably sized to irregular nonhomogenous nodular hepatic masses with an example measuring 7.5 cm x 6.6 cm in the subjective mid to right liver and 5.3 cm x 3.6 cm in the subjective mid to left liver. Concurrent nonhomogenous hypoechoic intraparenchymal macronodules were visualized with an example measuring 3.3 cm in diameter.

The gallbladder was non-distended in size with normal walls and without evidence of inflammatory criteria or edema. Moderate congealed focally mineralized gallbladder debris was visualized. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with maintained wall layer ratio. Mild segmental intestinal hyperechoic mucosal speckling with concurrent segmental mild nonshadowing ingesta.

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 visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with intraparenchymal nonhomogenous nodular masses/macronodules.
- Nonobstructive congealed focally mineralized gallbladder debris- not consistent with mature mucocele.
- Left kidney chronic renal changes.
- Age-related splenic changes- no evidence of primary or metastatic neoplastic criteria.
- Gastric ingesta with mild nonspecific small intestine mucosal speckling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the hepatic masses/macronodules are most concerning for neoplastic criteria i.e. carcinoma or other. Benign or mixed hepatic masses or macronodules i.e. hyperplasia, hematopoiesis, granulomas, etc. cannot be excluded. Assuming normal clotting status, hepatic mass FNA cytology is warranted for further clarification. Hepatosupportive medications may prove beneficial. Although not visualized, functional adrenal disease is considered less likely given no current clinical signs.



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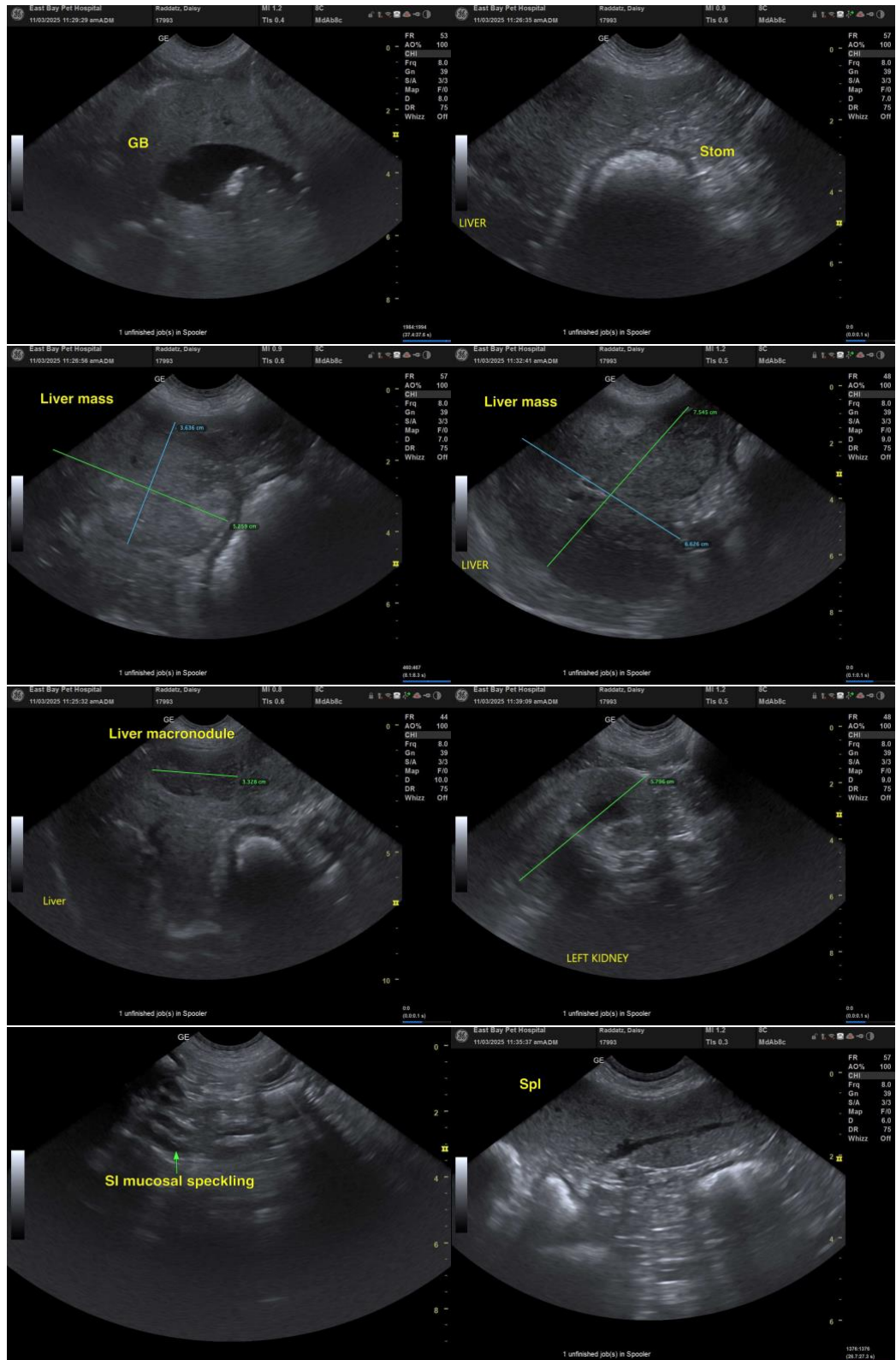
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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