



PATIENT

Kacie Hightower

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 Years

WEIGHT

44 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Heider

INVOICE

12775

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Some intermittent vomiting on 11/20 - but overall presented for wellness care - senior screening submitted to consider NSAID use in the future. Librela also started on 11/20. ABNORMAL Labwork Values CBC nsf Chem SDMA 18 (0-14) BUN 36 (9-31) Crea 1.3 (0.5-1.5) CystB 917 (0-99) TP 5.1 (5.5-7.5) Alb 2.1 (2.7- 3.9) ALT 670 (18-121) AST 134 (16-55) ALP 198 (5-160) GGT 25 (0-13) UA USG 1.021 pH 7.0 prot 4+ inactive sediment Current Medications Librela SIM Radiographic Findings None

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 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 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 6.4 cm in length.

Adrenal Glands

Irregular enlarged asymmetrical nonhomogenous left adrenal gland with focal area of caudal pole mineralization. The left adrenal gland measured 3.9 cm x 2.6 cm width at the cranial pole and 1.2 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen presented overall normal in size with primarily symmetrical contour and mild heterogeneous splenic parenchyma. A solitary isoechoic nonhomogenous mildly expansive caudal splenic nodule was present measuring 2.5 cm in diameter. Mild associated primarily symmetrical caudal splenic capsule distortion. No evidence of capsular escape.

Liver

The liver revealed hepatomegaly with symmetrical rounded capsule contour and homogenous mild hyperechoic hepatic parenchyma compared to the spleen. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized masses or nodules.

The gallbladder was non distended in size with moderate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of posthepatic obstruction or gallbladder inflammation.

Gastrointestinal



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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Focally mineralized left adrenal mass.
- Mildly expansive nonhomogenous caudal splenic nodule.
- Hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.
- Normal gastrointestinal tract with mild gastric ingesta (suggestive of mild retained food echogenicity).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focally mineralized left adrenal mass is almost certainly consistent with neoplastic criteria i.e. carcinoma, pheochromocytoma or other. The overall liver and splenic nodule are nonspecific with both benign or potential neoplastic or metastatic etiologies possible. Adrenal work up with LDDST if clinical signs are consistent with Cushing's syndrome as well as serial monitoring of systemic BP +/- urine metanephrine level if evidence of hypertension or concern for pheochromocytoma is recommended.

Assuming normal clotting status and using a 25-gauge needle, hepatic and splenic nodule FNA cytology could be considered. If surgical options are a potential in this patient, abdominal CT would be ideal for further assessment. Hepatogastrointestinal support with serial monitoring of the splenic nodule and left adrenal mass for evidence of progression or as needed monitoring of the liver and gallbladder if evidence of progressive hepatopathy or cholestasis would be a more conservative approach.

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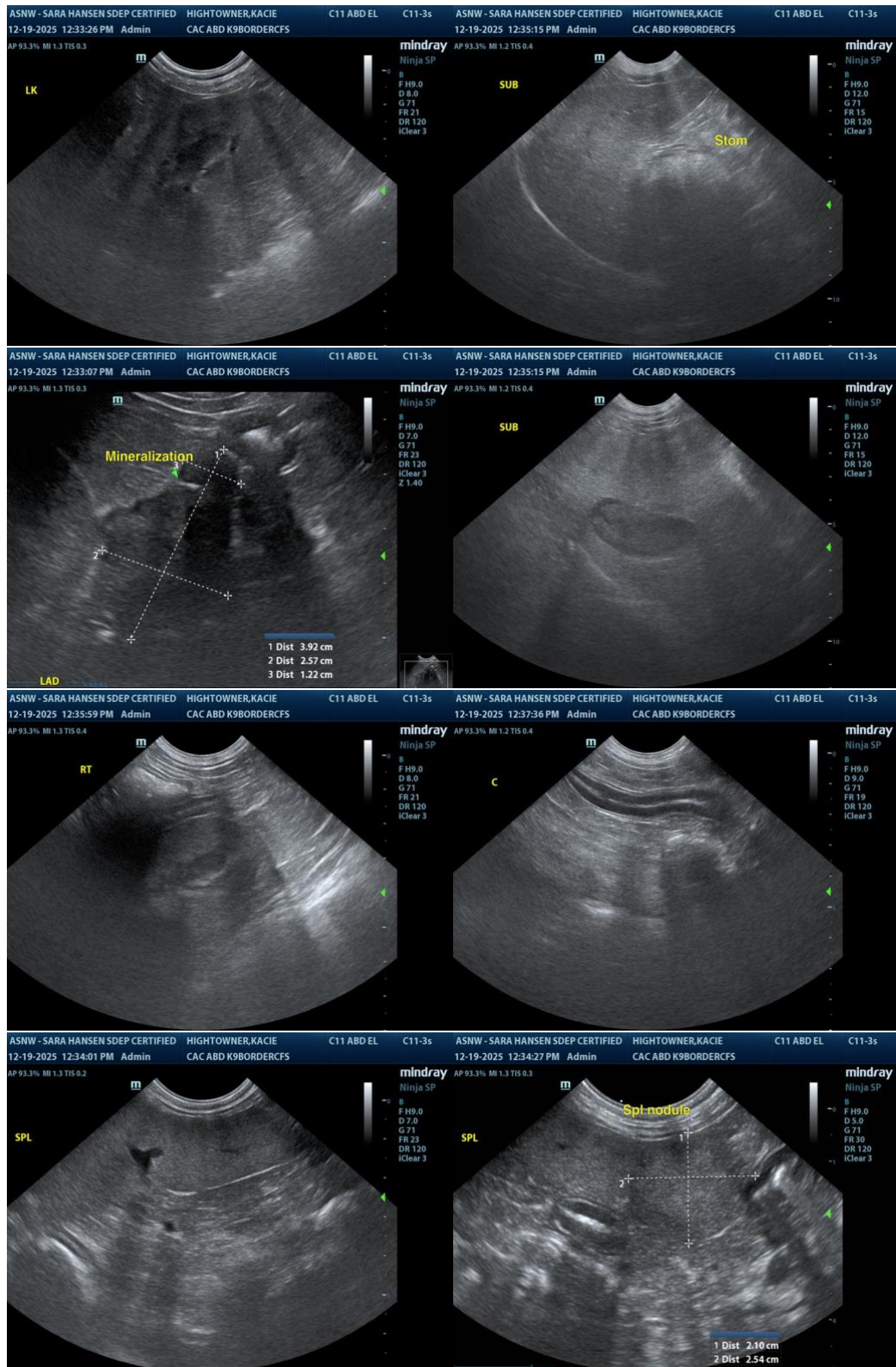
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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