



## PATIENT

Maple Benjamin

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Spayed Female

## AGE

12.5 Years

## WEIGHT

37.4 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Brita Kiffney

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Brita Kiffney

## INVOICE

12788

## DATE

12/19/25

## PRESENTING CLINICAL SIGNS

Maple's been on a rampage eating all the paper products in their house since the beginning of October. Seems ravenous to O' but is also burying some of the paper board books in their back yard too - seems to be treating them as food. :) No change in thirst/urination (she's always had mild urinary incontinence, no change, Donna Kelleher thought it was from a chicken allergy and used it as justification for a homemade diet for years). O' hadn't noted any weight loss, but she has lost 4# since her exam earlier this year. Earlier this year we did an ultrasound on her because of rising ALP/GGT levels and diagnosed her with gallbladder sludge. P' doesn't do well on Ursodiol - even at lower doses, she acts really weird on it, is PU/PD per O, so has NOT been on it.

Abnormal PE/Chem/CBC/UA Results: CBC: mild microcytosis and hypochromia, NO ANEMIA Chem: Mild ALP and GGT elevations - improved from prior T4 WNL UA: Urine is slightly dilute, otherwise normal - suspected to be because she's on a fresh diet rather than kibble

## 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 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 5.6 cm in length. The right kidney measured 5.8 cm in length.

### Adrenal Glands

Bilateral symmetrical adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland measured 0.66 cm width at the caudal pole.

### Spleen

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. A solitary visualized nonexpansive mid splenic hypoechoic nodule was present measuring 0.63 cm in diameter.

### Liver

The liver presented subjective mildly 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



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in 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. Jejunum wall measured 0.41 cm wall width.

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

### ***Pancreas***

The left pancreas presented normal in size with mild asymmetrical capsule contour and subtle nonhomogenous hypoechoic parenchyma compared to adjacent nonreactive omentum.

### ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild age-related renal changes.
- Mild bilateral adrenomegaly.
- Nondisruptive splenic nodule.
- Hepatopathy- subjective benign.
- Static nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract.

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

Adrenal work up with LDDST is warranted if clinical signs are consistent with Cushing's syndrome. 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. Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.



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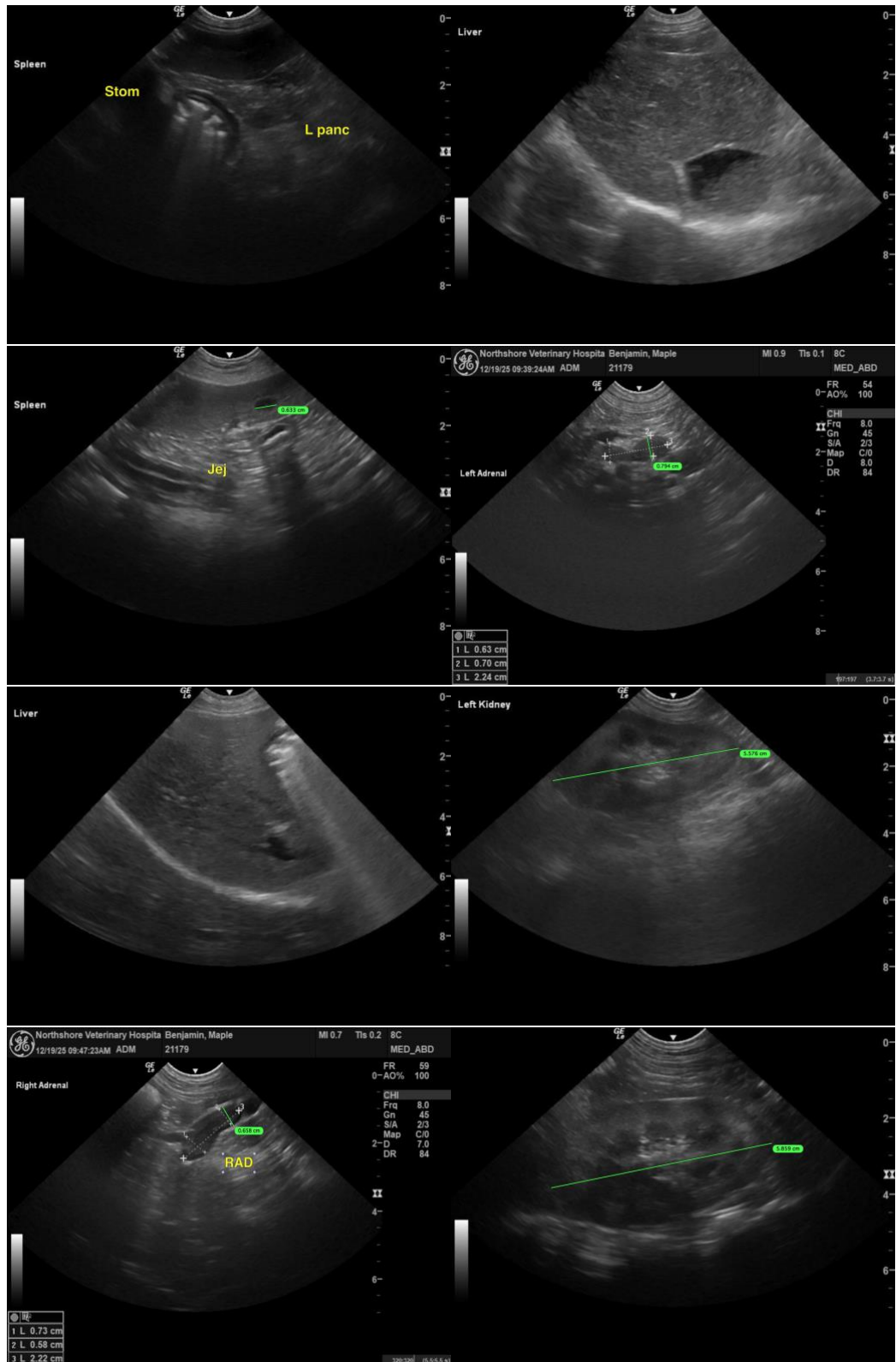
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)