

PATIENT

Maybelline Ressler

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

2012

WEIGHT

39

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

VCA Willow Mill
Animal Hospital

REFERRING VET

Dr. Munnkittrick

INVOICE

12781

DATE

12/19/25

PRESENTING CLINICAL SIGNS

1 month duration anorexia, vomiting, arrhythmia with pulse deficits, cardiology reports suggest underlying disease vs primary heart issue, elevated liver values

Medication: fluoxetine, Denamarin, Dasuquin, fish oil, Galliprant, recently started on Sotalol

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.

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. Areas of mild medullary mineral were present. The left kidney measured 5.0 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole.

The right adrenal gland was mildly enlarged with mild nonhomogenous parenchyma and mild intact asymmetrical adrenal capsule contour. No evidence of parenchymal mineralization. The right adrenal gland measured 2.2 cm length x 0.78 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.

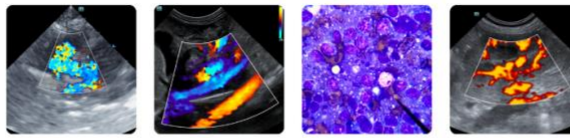
Liver

The liver revealed hepatomegaly exhibiting areas of asymmetrical, ventral and caudal hepatic capsule contour. Variable heterogeneous parenchyma exhibiting subtle primarily homogenous to hypoechoic intraparenchymal nodules with an example measuring 1.6 cm in diameter.

The gallbladder was non distended in size with minor nondependent particulate to nonorganized biliary sludge. The common bile duct was not visualized.

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.



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The small intestine presented intact wall layering with overall maintained wall layer ratio. Subjective intact mildly prominent ileum wall measuring 0.49 cm wall width.

Normal visible colon wall layers were present with subjective semi formed to possible soft fecal matter and lumen gas in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

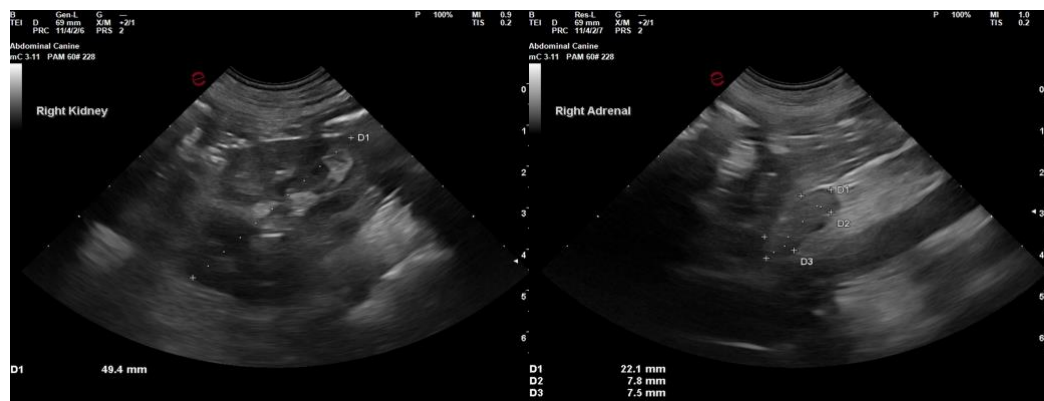
No omental masses or peritoneal effusion was present. A subjective mildly enlarged homogenous hypoechoic colic lymph node was visualized measuring 1.8 cm x 0.97 cm.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes with mild medullary mineral.
- Mild right adrenomegaly- hyperplasia, adenomatous change, emerging right adrenal tumor thought less likely.
- Enlarged nonhomogenous subtle nodular liver- vacuolar changes, inflammatory disease, hepatotoxicosis, hyperplasia, fibrosis, cholestasis, neoplasia are all possible.
- Minor nonorganized gallbladder debris (non-mucocele).
- Overall sonographically normal gastrointestinal tract with subjective intact prominent ileum wall, semi formed to possible soft fecal matter in colon.
- Subjective mildly enlarged colic lymph node- hyperplasia, inflammation, emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic and if accessible, subjective colic lymph node FNA cytology is warranted for further clarification. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Adrenal screening or work up could be considered if clinical signs are consistent with Cushing's syndrome in conjunction with urine specific gravity less than 1020. Hepatic biopsy for histopathology is likely required for a definitive diagnosis. Hepatogastrointestinal support is recommended.





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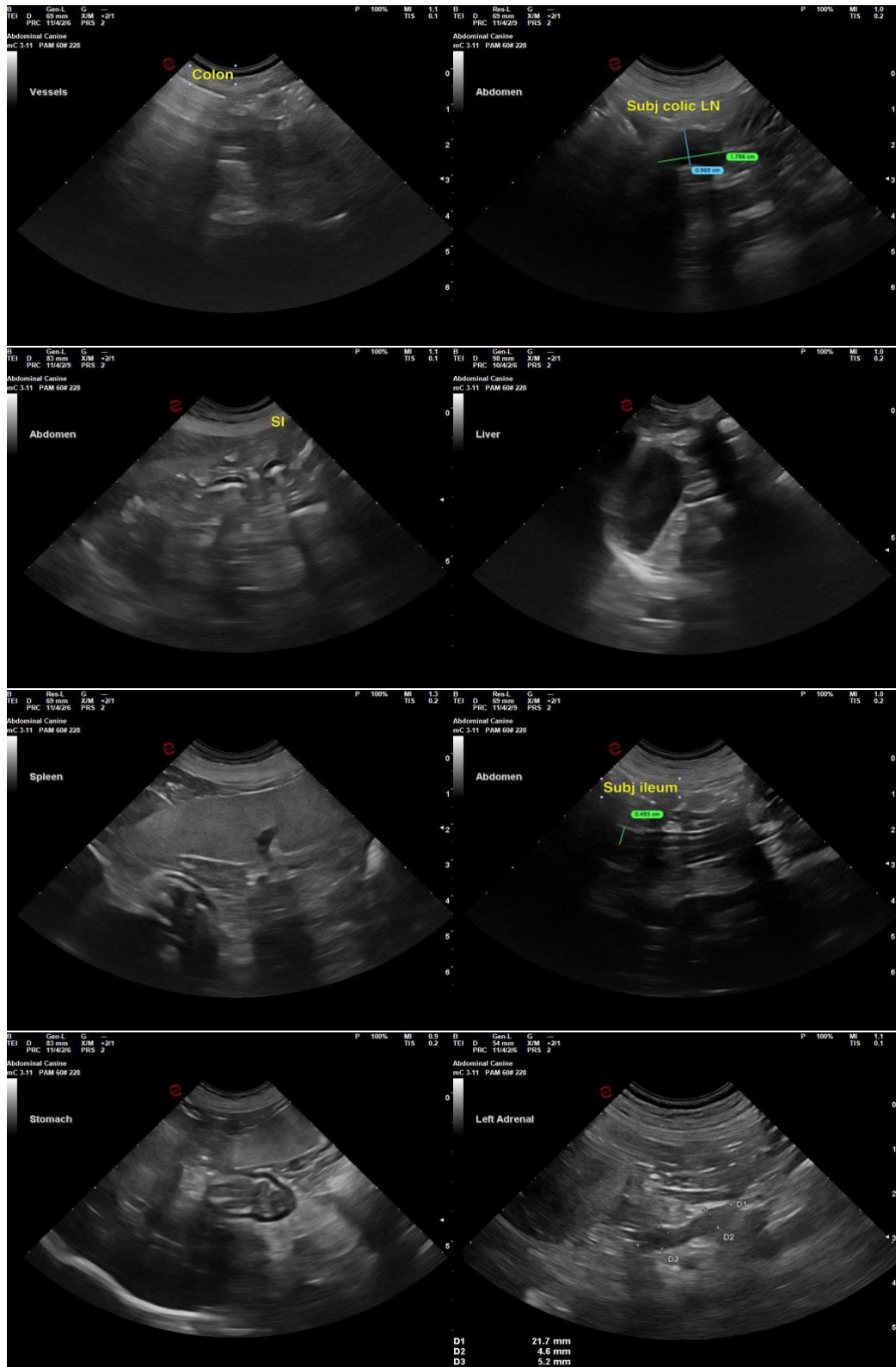
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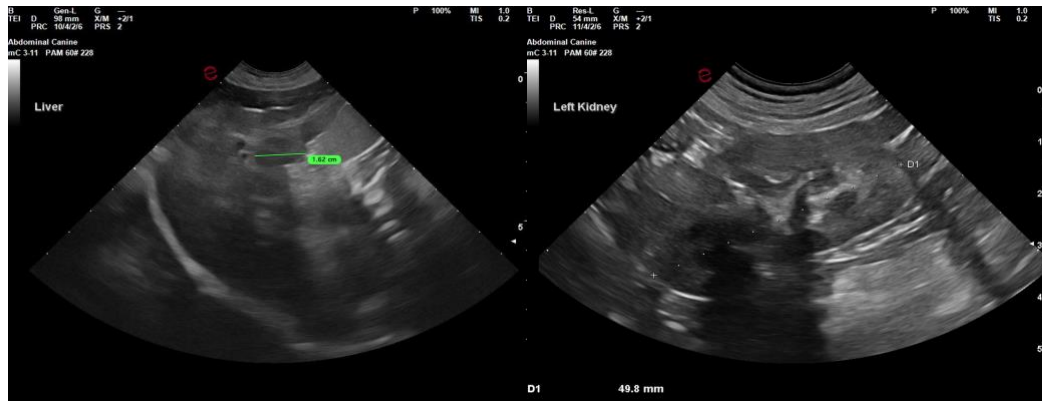
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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