



## PATIENT

Lucy Ledbetter

## SPECIES

Canine

## BREED

Border Collie Mix

## SEX

Female Spayed

## AGE

13 yrs

## WEIGHT

44.8 lbs

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Robyn Lantz

## HOSPITAL NAME

Eastgate VC

## REFERRING VET

Josiah Moses

## INVOICE

12868

## DATE

12/2/25

## PRESENTING CLINICAL SIGNS

History: Lucy has been experiencing gagging/coughing spells since approximately November 7th, 2025. The episodes occur frequently, especially throughout the night, and are non-productive. Continued weight loss over the past several weeks. Her appetite has significantly decreased, and she is now very picky, often refusing her kibble and only eating human food. She was previously very food-motivated but now walks away from her meals. The owner has observed a change in how she eats and that she seems weak with "funny" breathing after a meal. The initial presenting sign was gagging, which sometimes produced a small amount of slime but not a significant volume of food. This has been intermittent. The patient also has episodes of reverse sneezing and lip smacking. A gurgling sound was noted from her throat yesterday. Recent treatments for a urinary tract infection and coccidia have not resolved the primary clinical signs. A previous course of Cerenia (anti-nausea medication) seemed to improve the gagging.

Abnormal PE/Chem/CBC/UA Results: Coccidia 1+ (2-4 eggs/field) - 11/24/25 11/11/25 Mild PSL and monocytosis elevation, low/normal TT4, Klebsiella pneumonia UTI on cystocentesis collection

## 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 changes 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 5.9 cm in length. The right kidney measured 6.1 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 0.55 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.5 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, non-disruptive, well-defined, symmetrical, hyperechoic nodules were present throughout the medial parenchyma to perihilar with an example measuring 1.2 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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## Liver

The liver exhibited mild to moderate hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Caudal homogeneous hepatic mass was present exhibiting similar echogenicity and echotexture compared to adjacent hepatic parenchyma measuring ~5.0 cm in diameter. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized 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.

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

## Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent non-reactive omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## Other

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with isoechoic homogeneous ventral mass – vacuolar hepatopathy, cholestasis, hyperplasia, hematopoiesis, hepatoma like mass, neoplasia, possible
- Non-organized gallbladder debris (non-mucocele)
- Hyperechoic splenic nodules – most consistent with benign criteria, i.e. myelolipomas
- Sonographically normal gastrointestinal tract
- Mild pancreatic remodeling
- Age-related renal changes
- Sonographically normal urinary bladder and visible proximal urethra
- Mild transdiaphragmatic comet tail artifact

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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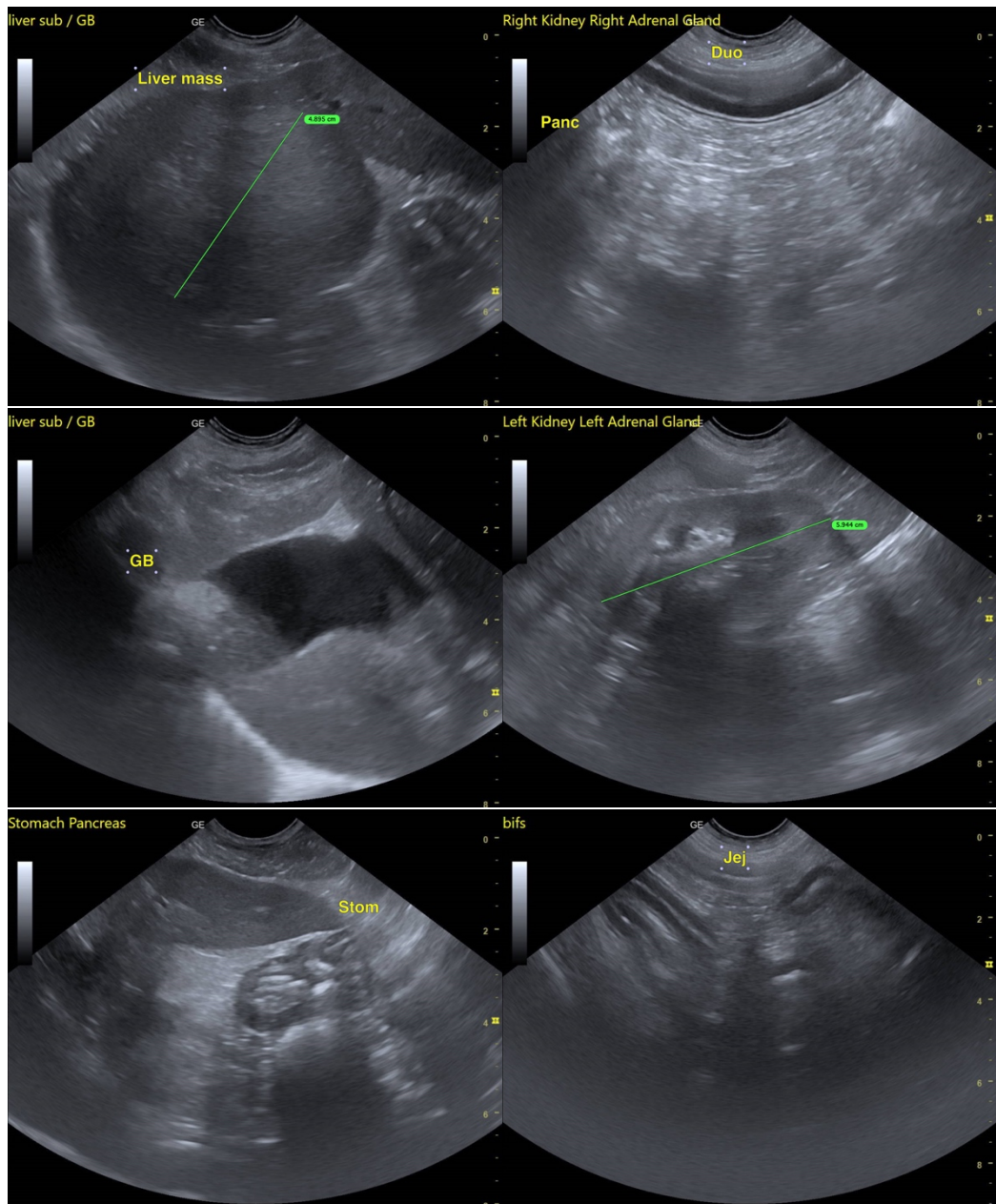
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Assuming normal clotting stays, hepatic parenchyma and homogeneous hepatic mass FNA cytology warranted for further clarification. No overt evidence of gastrointestinal mural pathology. Empirical therapy for esophagitis or gastro protectant protocol with clinical monitoring may prove beneficial. Mild, chronic pancreatitis is a potential. 3-view chest radiographs recommended if not recently done.





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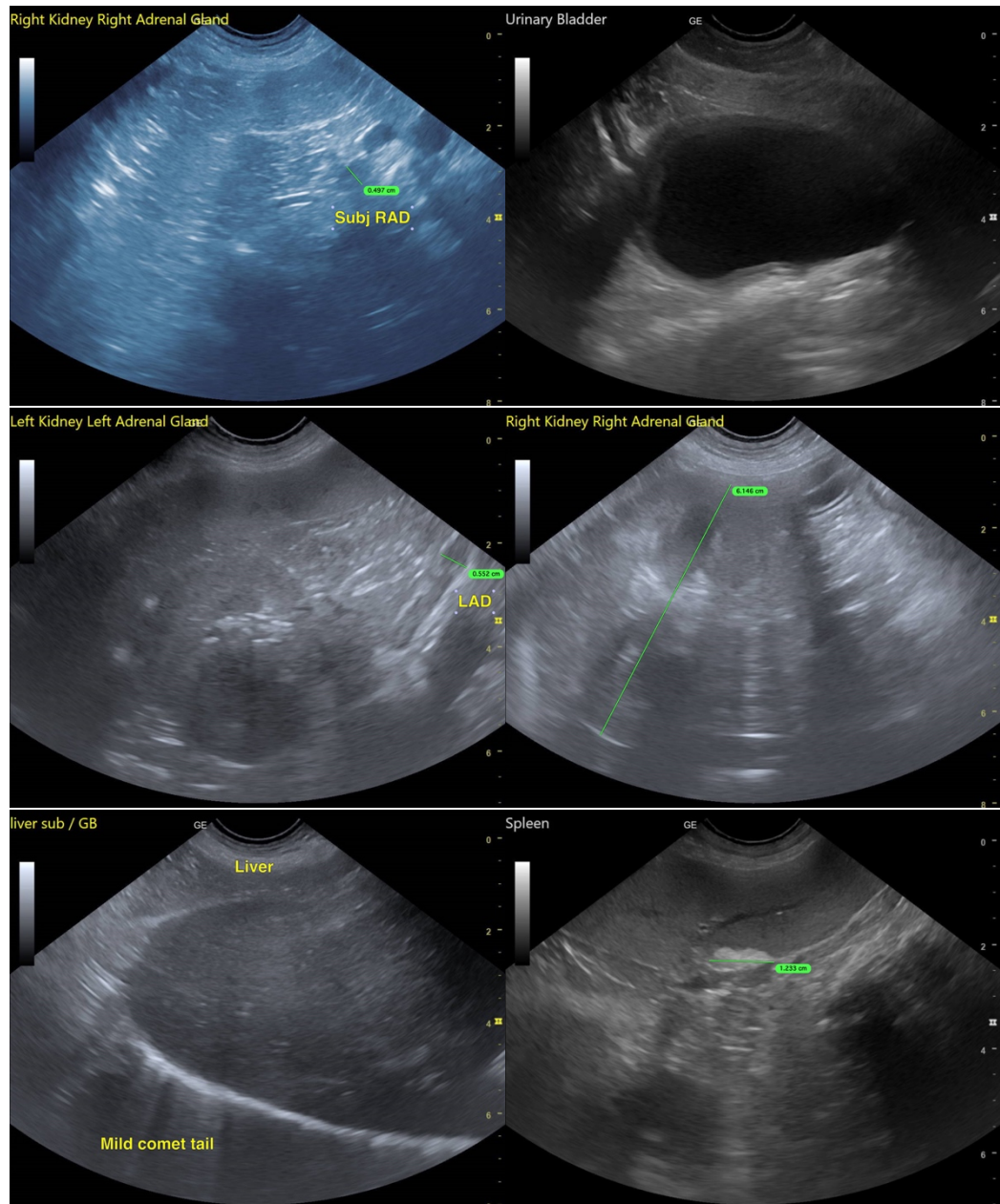
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)