



PATIENT

Robbie Geiger

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

31.0

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Aniaml Care Clinic of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

12863

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Lethargic, hasn't eaten since Tuesday.

Abnormal PE/Chem/CBC/UA Results: 12/26/25 - Retic hemo 19.0(lo), lymph - 0.84(lo) EOS - 0.05(lo), platelet count - 0.47(hi), BUN - 28(hi), ALT - 214(hi), ALP - 234(hi), Bili - 1.4(hi).

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 residual prostate appeared normal and free of pathology.

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. A small lateral cortical cyst was present within the right kidney. The left kidney measured 5.3 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.53 cm width at the caudal pole. The right adrenal gland measured 0.45 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 presented subjective to 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 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



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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 semi formed fecal matter in lumen.

Pancreas

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

Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.9 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy- subjective benign.
- Mild nonorganized gallbladder debris (non-mucocele).
- Normal empty gastrointestinal tract.
- Heterogeneous remodeled pancreas.
- Intermittent mild mesenteric lymphadenopathy- reactive hyperplasia or mild lymphadenitis potentially owing to an inflammatory bowel episode is suspected.
- Age-related kidneys with right kidney cortical cyst.
- Overtly normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. Chronic to potential chronic active pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a spec cPL and consideration for screening hepatic FNA cytology if normal clotting status. No overt suspicion of neoplastic criteria with emerging neoplastic lymphadenopathy considered less likely at this stage. Hepatogastrointestinal support and clinical monitoring with sonographic reassessment if evidence of progressive gastrointestinal signs, continued inappetence or progressive hepatopathy is recommended.



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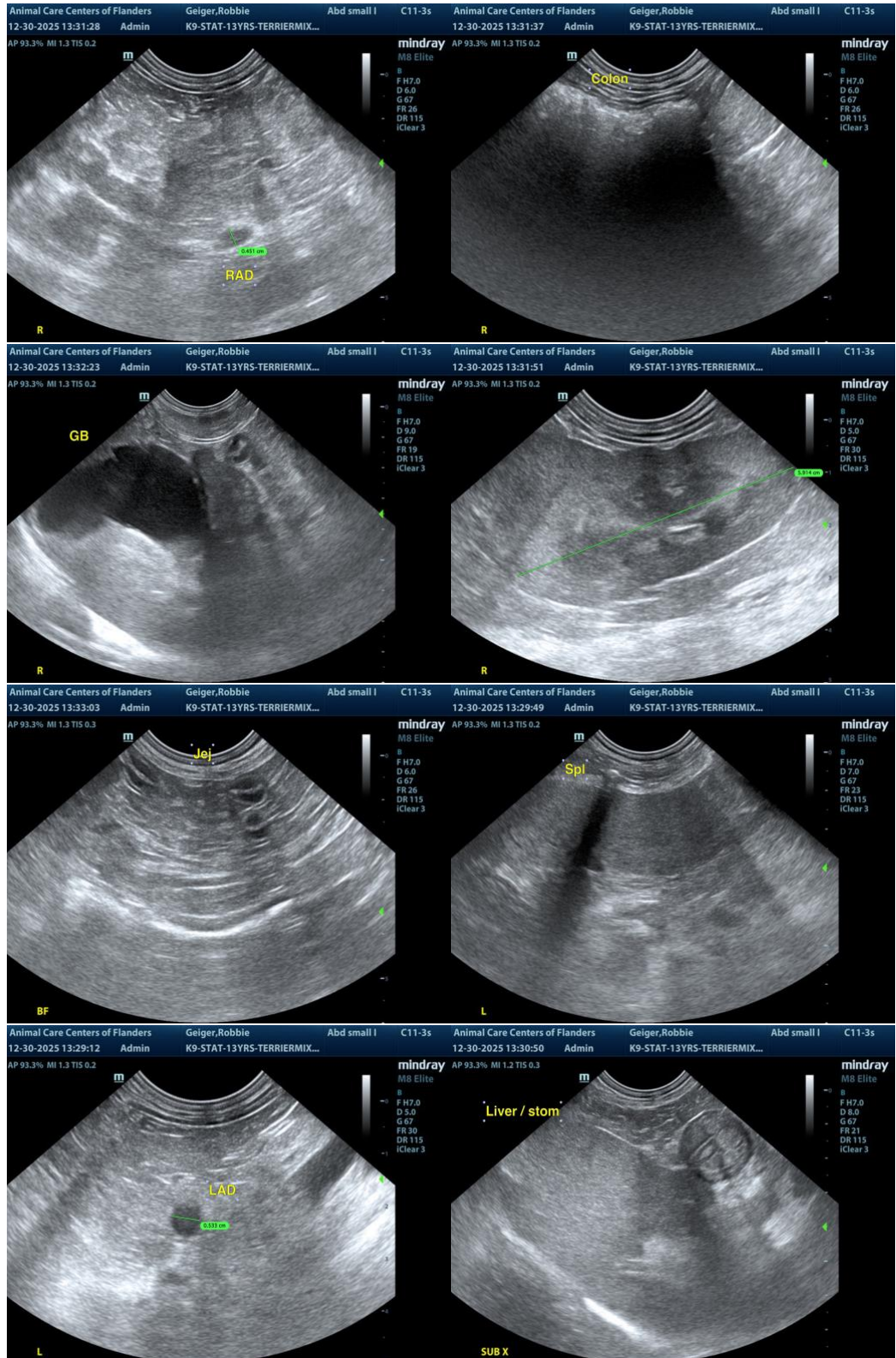
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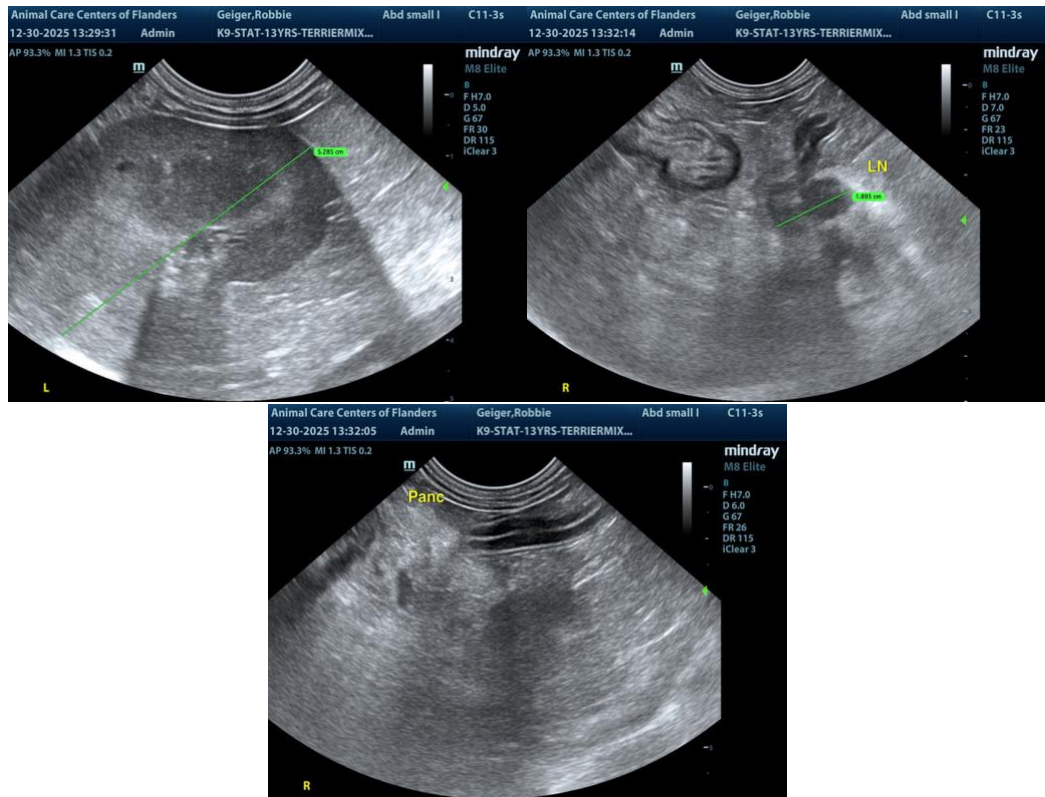
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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