



## PATIENT

Murphy Smith

## SPECIES

Canine

## BREED

Whippet

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

17.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Patti Mayfield DVM

## HOSPITAL NAME

Broken Top Veterinary  
Clinic

## REFERRING VET

Dr. Terra McSwain  
DVM

## INVOICE

12645

## DATE

12/08/25

## PRESENTING CLINICAL SIGNS

History of heart murmur and pancreatitis (9/16/2025) Screening abdomen and monitoring progression of cardiac disease

Abnormal PE/Chem/CBC/UA Results: ProBNP: 2201 (9/17/25) Blood work otherwise WNL Previous echo: 12/31/2024 -- Grade I/VI systolic murmur with PMI R heart apex. Summary: -- consistent with early/mild chronic degenerative valve disease resulting in mild tricuspid regurgitation. -- Condition is currently well-compensated (Stage B1)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the residual prostate appeared normal and 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 5.5 cm in length. The right kidney measured 6.0 cm in length.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width in the caudal pole. The right adrenal gland measured 0.52 cm width in the caudal pole.

### Spleen

The spleen revealed mild generalized enlargement with minor areas of medial asymmetrical capsule contour. The spleen exhibited generalized mild heterogeneous parenchyma. No mass or nodules were evident. Normal splenic vascularity was maintained.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic to the spleen with a mild coarse echotexture. 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.



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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.

**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**

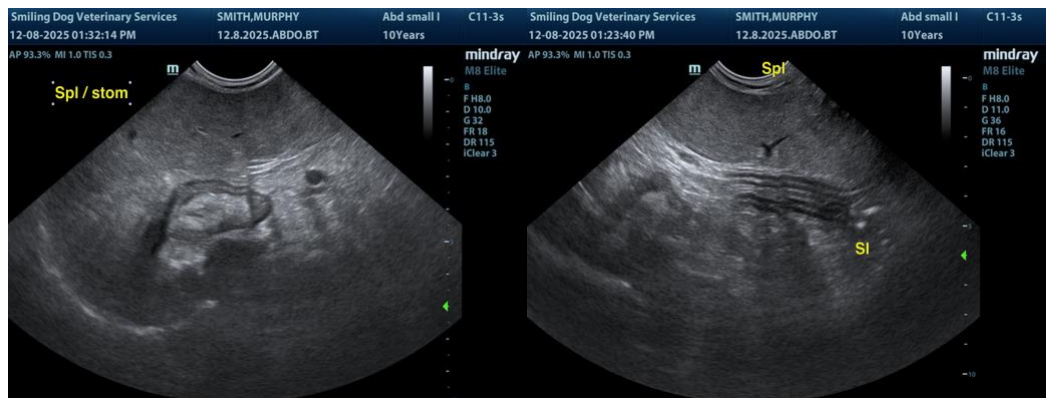
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly enlarged heterogeneous spleen- sedation if clinically applicable, hyperplasia, hematopoiesis, emerging to occult splenic neoplasia thought less likely.
- Mild gallbladder debris (non-mucocele).
- Mild age-related renal/adrenal changes- benign.
- Pancreatic remodeling- secondary to previous inflammation or age.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Persistent mild chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation or clinical signs are suggestive of chronic pancreatitis. If patient is non-sedated, assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology could be considered for further clarification primarily to ensure probable benign splenic changes are present.





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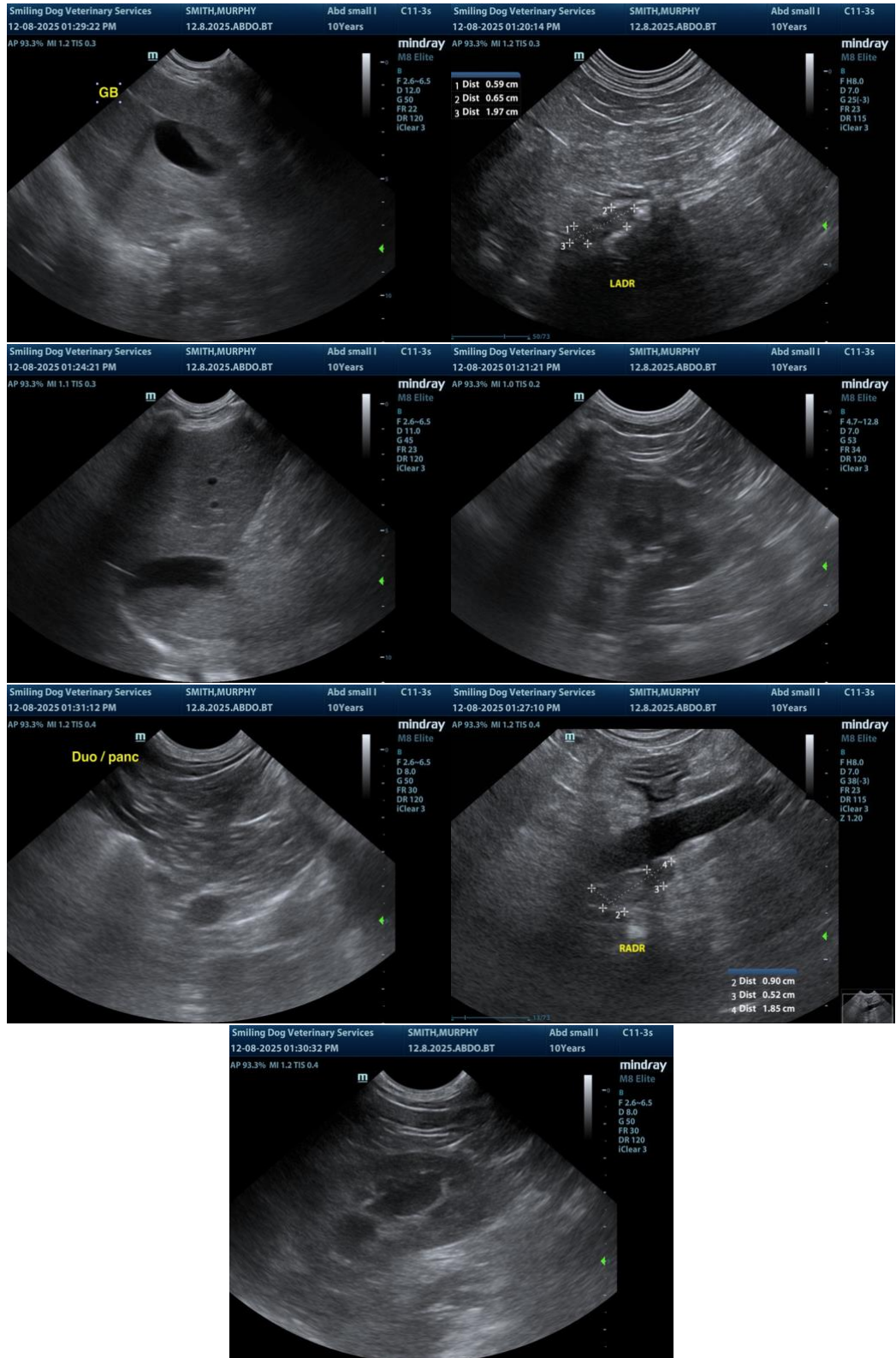
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)