



PATIENT

Annie Bell Raash

SPECIES

Canine

BREED

Mini Australian
Shepard

SEX

Female Spayed

AGE

11y

WEIGHT

13.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Broken Top VH

REFERRING VET

Terra McSwain, DVM

INVOICE

13199

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History:

- Client reports hyporexia x 1 month
- Client has been home preparing meals with only fair to poor appetite.
- Patient will eat some of the brand "Just food For Dogs - renal"

Abnormal PE/Chem/CBC/UA Results: Blood work (1/6/26): - SDMA: 20 (H) - BUN: 80 (H) - Creat: 2.6 (H) - Cl: 107 (L) - ALP: 495 (H) - GGT: 25 (H) - LIPASE: 1021 (H) USG: 1.017 with 3+ proteinuria

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.

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. The left kidney exhibited a small cortical cyst and mild pyelectasia. The left kidney measured 5.2 cm in length. The right kidney measured 5.5 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 0.55 cm width in the caudal pole. The right adrenal gland measured 0.70 cm width in 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 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. Mid to right liver isoechoic to mildly non-homogeneous, indistinctly margined lobar swelling vs mass lesion measuring ~7.0 cm in diameter. 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.



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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 right 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

- Hepatomegaly with mid to right indistinct minor, non-homogeneous lobar swelling vs mass lesion – vacuolar/cholestatic hepatopathy and inflammatory disease, lobar hyperplasia, indistinct granuloma, neoplasia possible
- Mild, non-organized gallbladder debris (non-mucocele)
- Remodeled pancreas – age-related variant remodeling owing to previous inflammation or chronic pancreatitis.
- Sonographically normal gastrointestinal tract
- Chronic renal changes exhibiting mild left kidney pyelectasia and small cortical cyst
- Non-enlarged age-related adrenal glands – benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status, hepatic parenchyma and if accessible, indistinct hepatic mass lesion vs lobar swelling FNA cytology recommended for further clarification. No evidence of post hepatic obstruction, although no overt adrenal pathology. Adrenal screening and workup could be considered if clinical signs consistent with Cushing's Syndrome arise. A spec cPL or full GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the pancreas or assess for non-structural intestinal disease given gastrointestinal signs is warranted. Hepatic gastrointestinal support and empirical therapy for chronic pancreatitis with monitoring is recommended.



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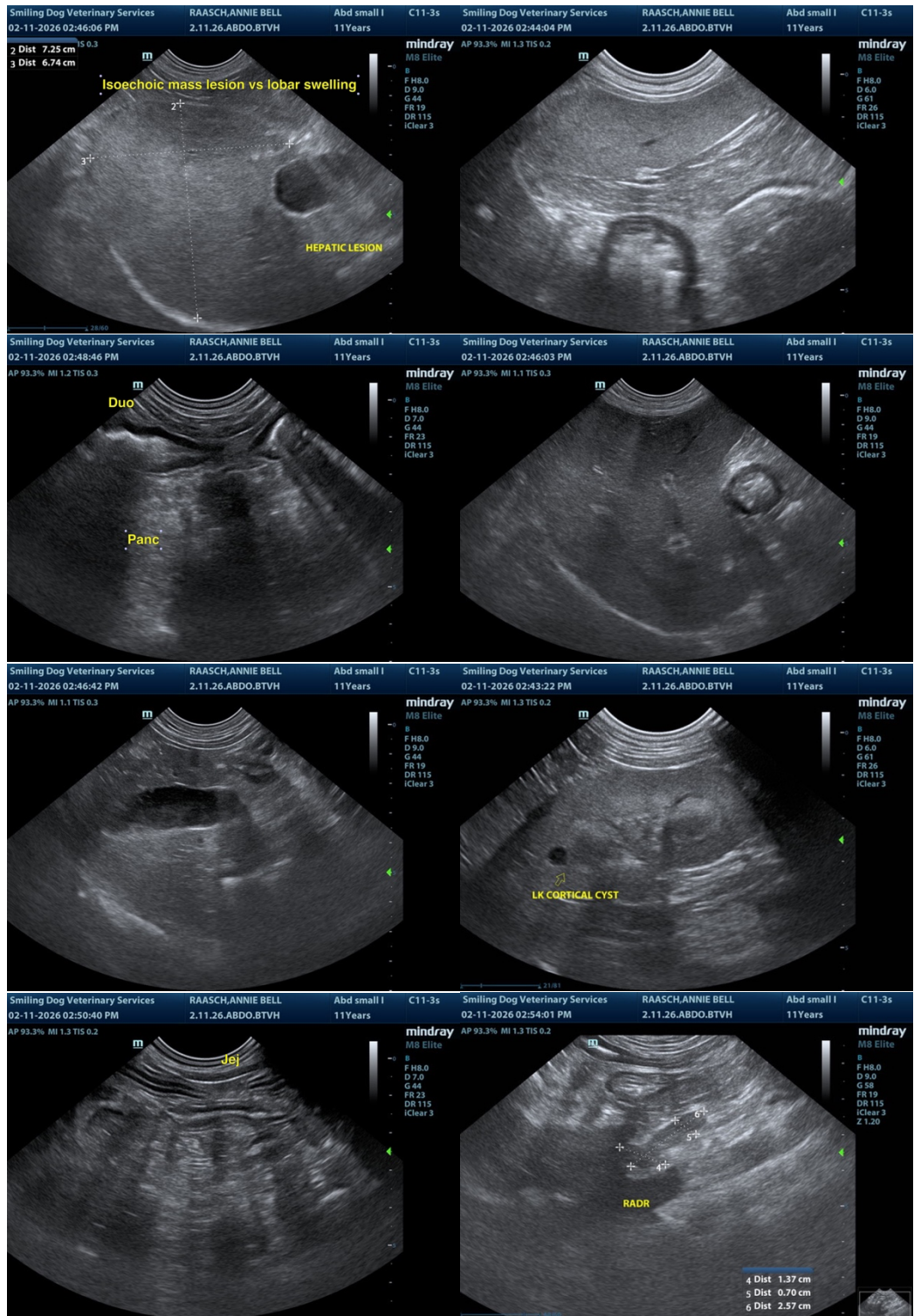
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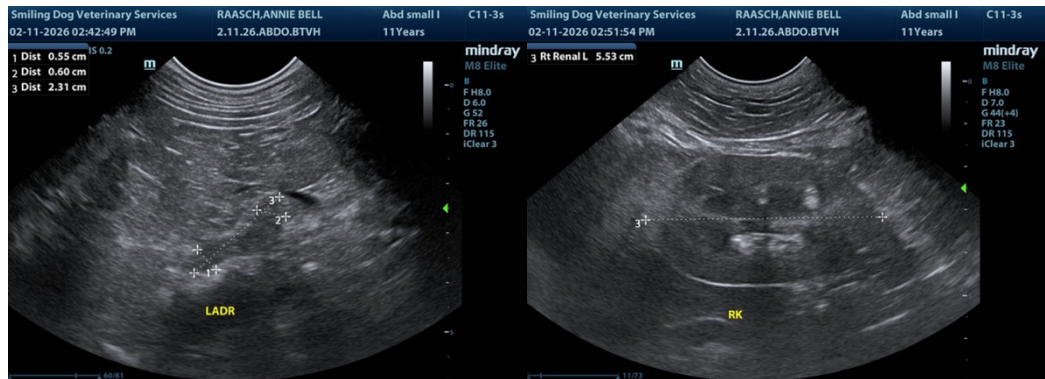
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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