



**PATIENT**

Ruby Thomas

**SPECIES**

Canine

**BREED**

Collie Mix

**SEX**

FS

**AGE**

11yr

**WEIGHT**

59.8lb

**PRESENTING CLINICAL SIGNS**

- inappetance - taking encouragement to eat, polydipsia, slightly pale pink, tacky mm, r/o: pancreatitis, abdominal mass, renal disease, diabetes, open dental disease, joint disease
- ABNORMAL Labwork Values HCT 27%, monocytosis Chem: Cystatin B 211, ALP 347
- Spec cPL is elevated at 1,169 (0-200) T4 is wnl at 1 Urinalysis: spgr 1.023, ph = 6, 3+ protein
- Current Medications Librela 15mg 1ml vial SIM; Cosequin 2 tabs SID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the caudal pole. The right adrenal gland measured 0.85 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/Gallbladder**

Generalized hepatomegaly with non-homogenous remodeled hyperechoic parenchyma, exhibiting variable coarse echotexture. Mid to right liver, non-homogeneous to non-uniform hyperechoic intraparenchymal macronodular small mass adjacent to the gallbladder was present measuring 4.5 cm in diameter. The gallbladder was non-distended in size with thin walls and mild to moderate non-organized debris. The cystic and common bile ducts were normal.

**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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr Cox

**INVOICE**  
23957

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02/23/2026



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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***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.

**BREED**

Collie Mix

***Free Abdomen***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

FS

**Primary**

- Non-specific mild chronic renal changes
- Mild bilateral adrenomegaly
- Enlarged non-homogenous liver with intraparenchymal non-homogenous macronodule /small mass
- Mild non-organized gallbladder debris
- Heterogeneous remodeled pancreas
- Sonographically unremarkable empty gastrointestinal tract

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild adrenomegaly and hepatopathy are non-specific. Given USG >1020 with concurrent polydipsia, adrenal workup with LDDST is warranted if clinical signs consistent with Cushing syndrome are present. 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, macronodule to small mass FNA cytology is warranted for further clarification. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with chronic pancreatitis is recommended.

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Hepatogastrointestinal support and empirical therapy for potential chronic pancreatitis is recommended. Sonographic reassessment indicated if progressive hepatopathy or gastrointestinal signs.

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A definitive cause of the mild anemia was not obvious.

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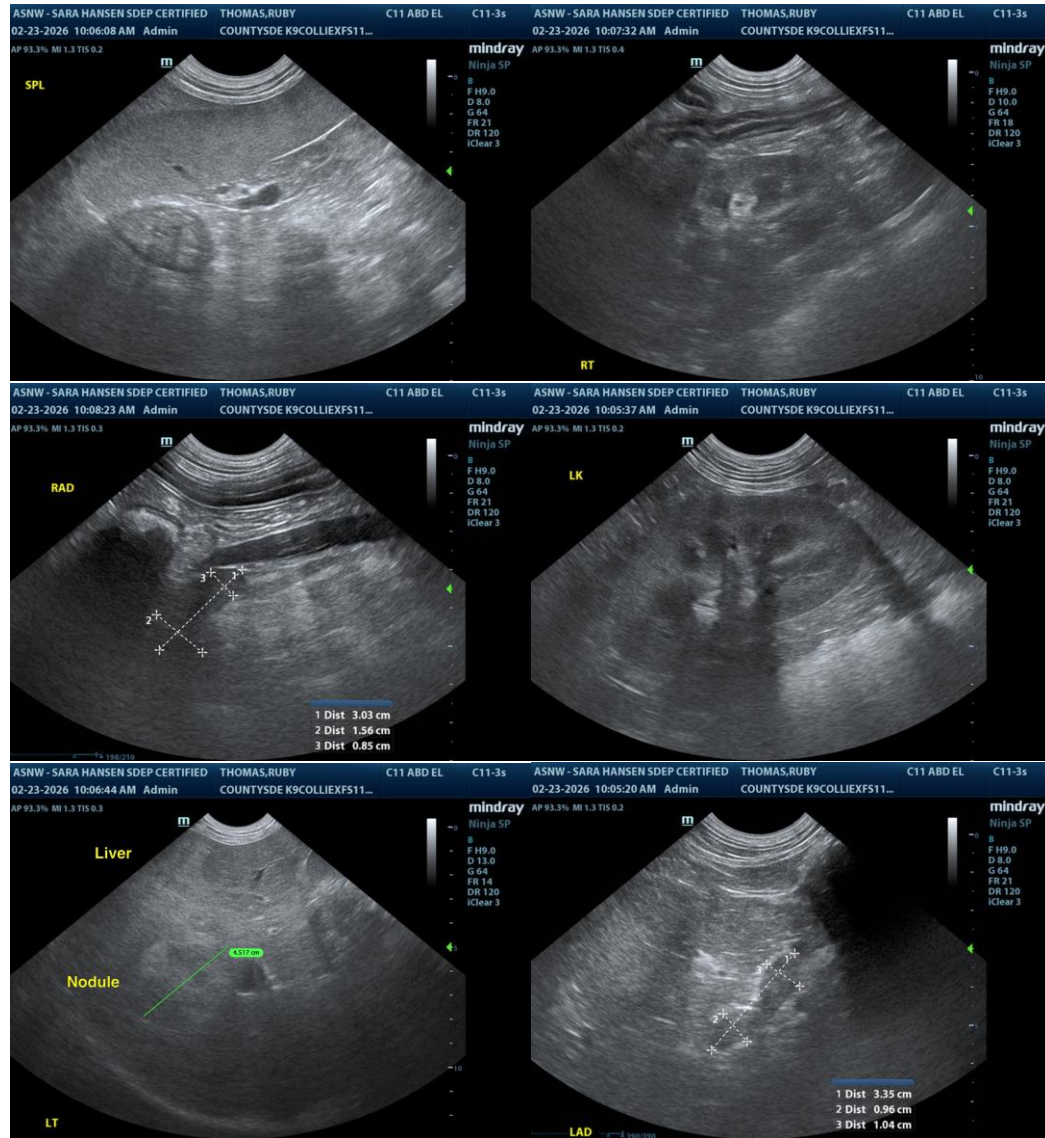
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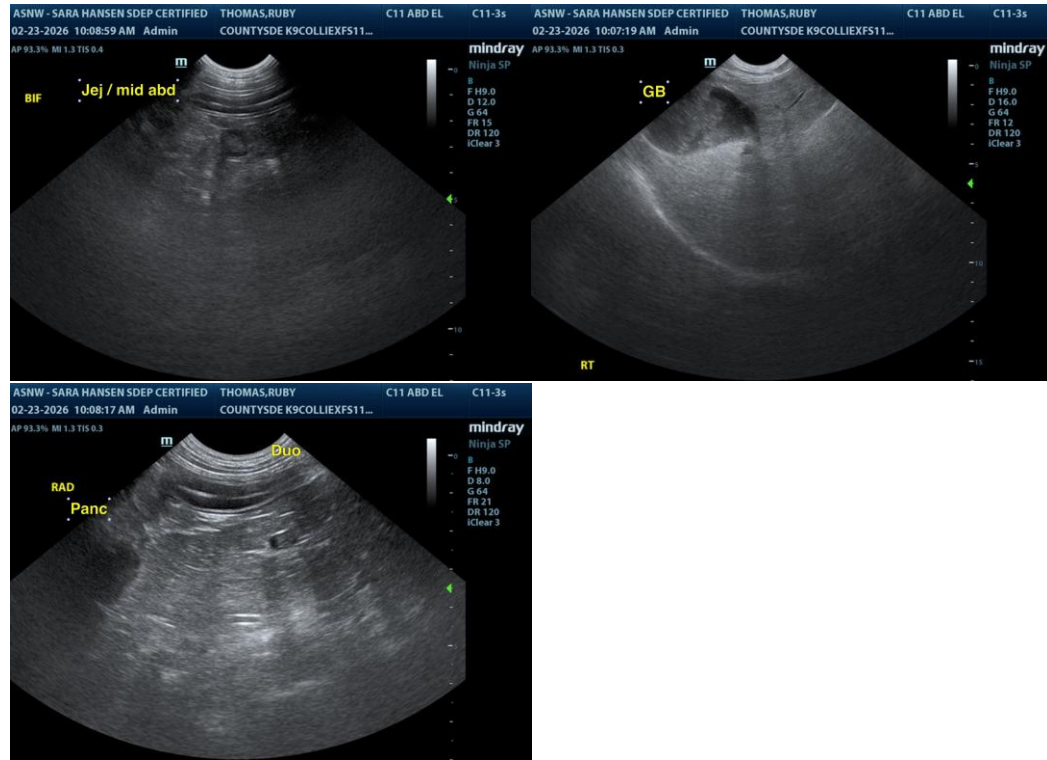
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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