



PATIENT

Maggie Runyan

SPECIES

Canine

BREED

Lab Mix

SEX

Female, Spayed

AGE

10 years, 1 month

WEIGHT

41.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Adrienne Hou

INVOICE

10673

DATE

3/12/26

PRESENTING CLINICAL SIGNS

History:

- Suspect hemangiosarcoma on tongue mass biopsy, CD31 immunohistochemistry pending. Pet is asymptomatic at home- no vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: Mild hypoalbuminemia- Jan 2026: ALB=2.3, TP=4.5, Aug 2025: ALB=2.6 (2.7-4.4), TP=4.6 (5-7.4). Cobalamin, TLI, folate normal, no thoracic metastatic lesions on chest xray.

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.

No evidence of pathology in the area of the aortic trifurcation.

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 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 5.8 cm in length. The right kidney measured 6.0 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 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 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. Mild splenic folding was present which is not indicative of underlying splenic pathology.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with a normal wall layer ratio. Duodenojejunal hyperechoic mucosal speckling to segmental mild mucosa hyperechogenicity was noted. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Normal mildly folded spleen
- Mild age-related renal changes
- Sonographically normal liver
- Nonspecific duodenojejunal mucosal speckling and segmental mild mucosa hyperechogenicity
- Subjective sonographically normal heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of abdominal or cardiac metastatic criteria. The intestinal presentation is nonspecific with potential for age-related or patient variant. Given no evidence of hepatic pathology and assuming no evidence of proteinuria as a contributing factor to the mild hypoalbuminemia, possible early protein-losing enteropathy cannot be definitively excluded. Monitoring of albumin levels, as well as for gastrointestinal signs going forward, with as-needed sonographic reassessment if progressive hypoalbuminemia or gastrointestinal signs, is recommended.



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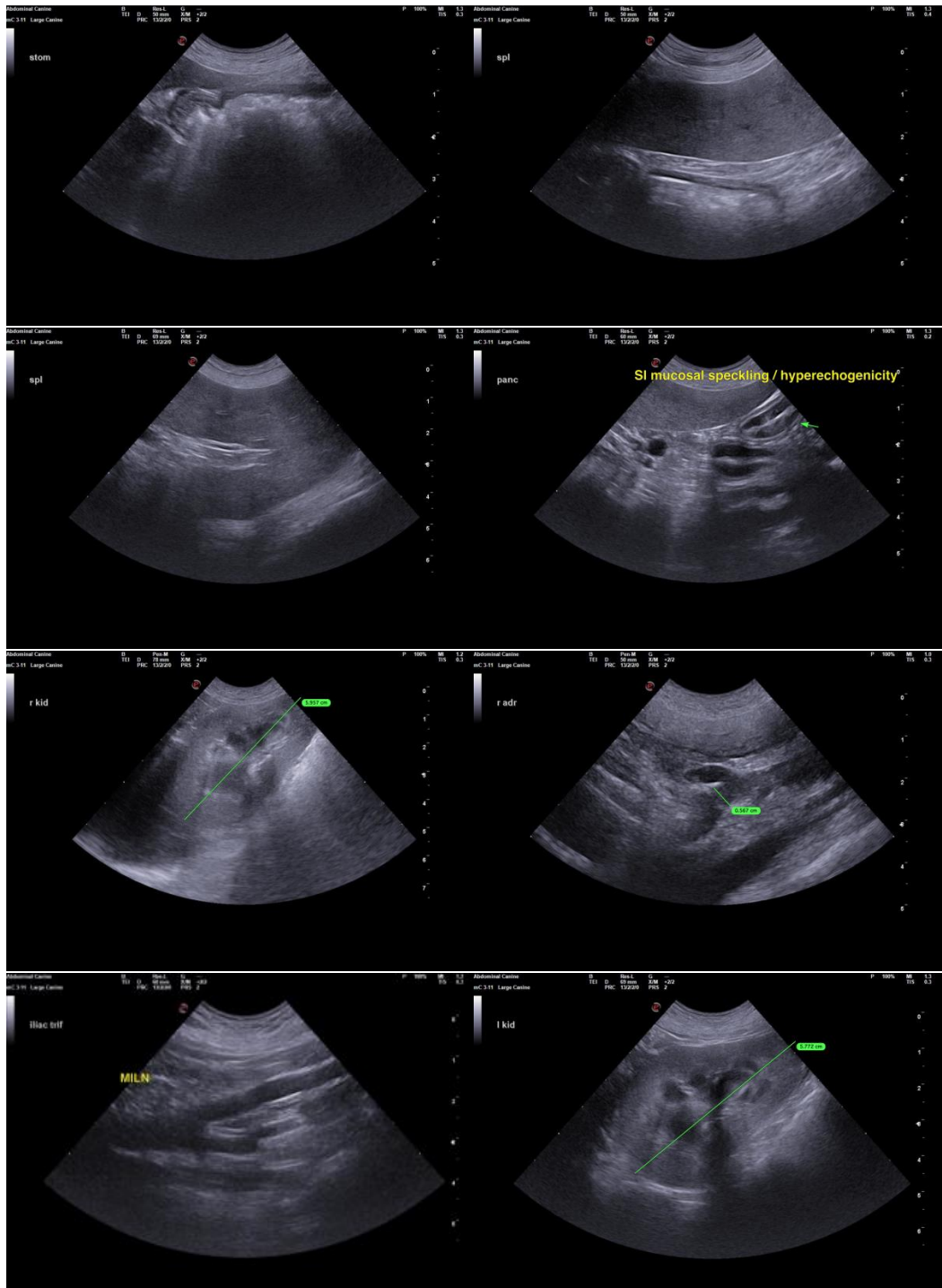
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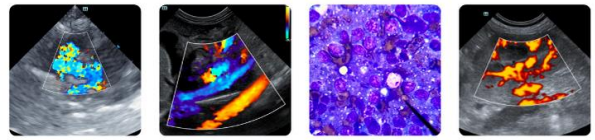
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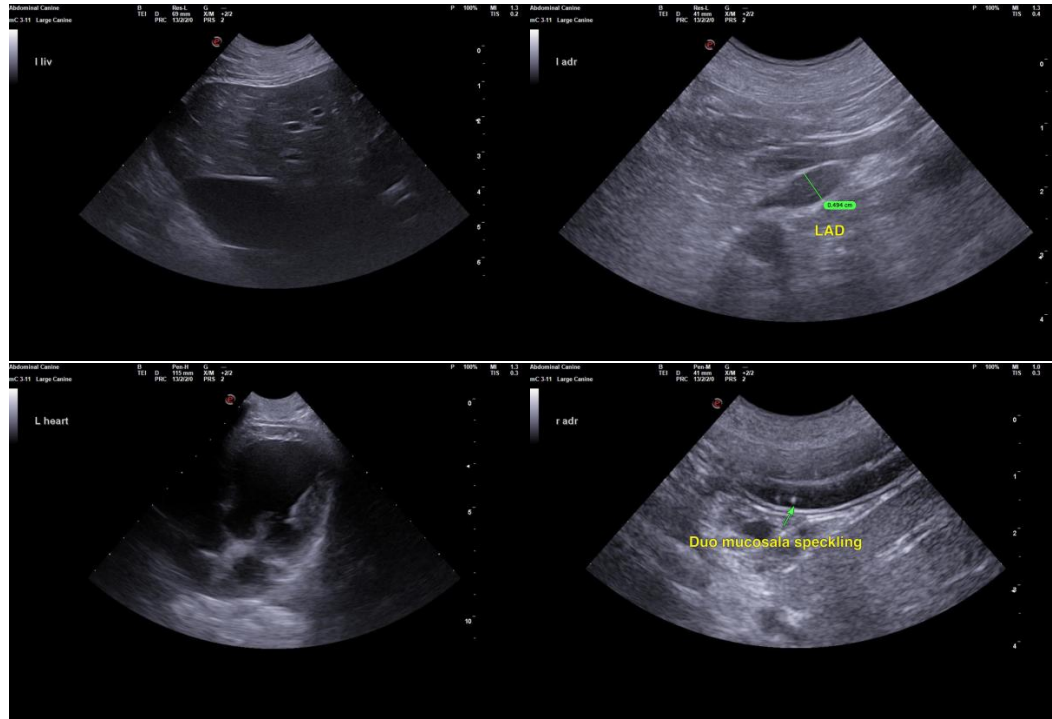
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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