



PATIENT

Roxy Thompson

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

10yr

WEIGHT

79.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove
Veterinary Clinic

REFERRING VET

Dr Damewood

INVOICE
24231

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Urinary incontinence, only partially responsive to estrogen or PPA.
- Possible mass or polyp seen on our US when collecting sterile UA.
- ABNORMAL Labwork Values UA showed 1+ blood and protein, possibly iatrogenic.
- Current Medications Incurin 2mg 2 tablets SID
- Radiographic Findings None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Overall normal urinary bladder wall with suspect focal to emerging small polyp measuring 0.87 cm in diameter on the lateral to apical wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 6.6 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.53 cm width. The right adrenal gland subjectively measured 0.71 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/Gallbladder

The liver presented mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. A discrete non-homogenous non-capsule deforming ventrocaudal liver nodule was present measuring 1.7 cm in diameter. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. 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 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal urinary bladder size / tone with suspect small to emerging polyp
- Sonographically normal visible proximal urethra
- Age-related renal changes
- Hepatomegaly exhibiting mild non-homogenous increased parenchyma echogenicity with discrete non-homogenous nodule
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt lower urinary tract neoplastic criteria with suspect small to emerging urinary bladder polyp. Potential for accumulated to adhered mild urine sediment not definitively excluded. Sonographic monitoring of the suspect polyp for evidence of progression +/- screening BRAF assay is recommended. Combination Incurin/Proin protocol may prove beneficial if not currently instituted.

Hepatosupportive medications recommended if evidence of hepatopathy or cholestasis. Concurrent monitoring of the discrete hepatic nodule for evidence of progression is recommended.



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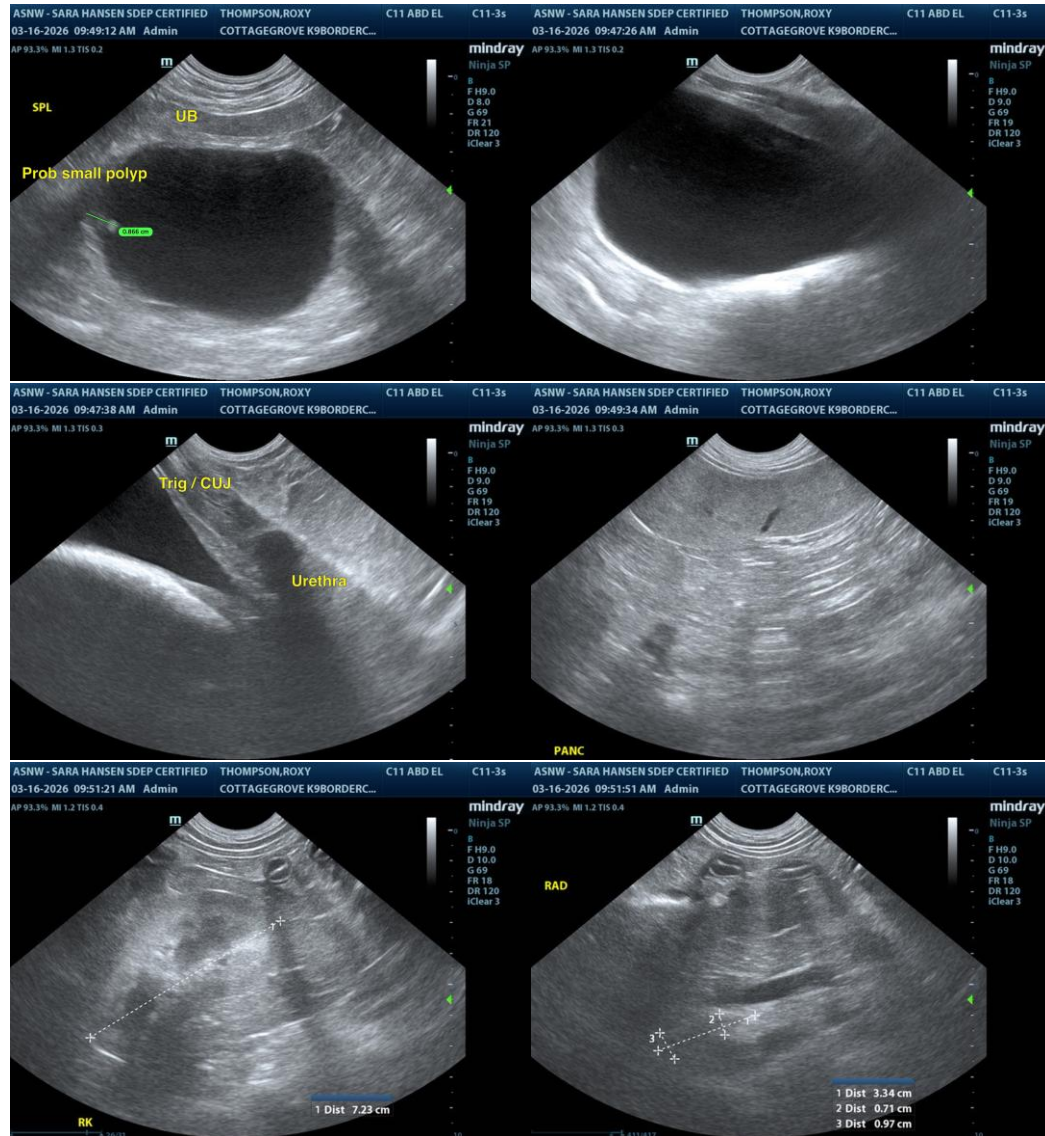
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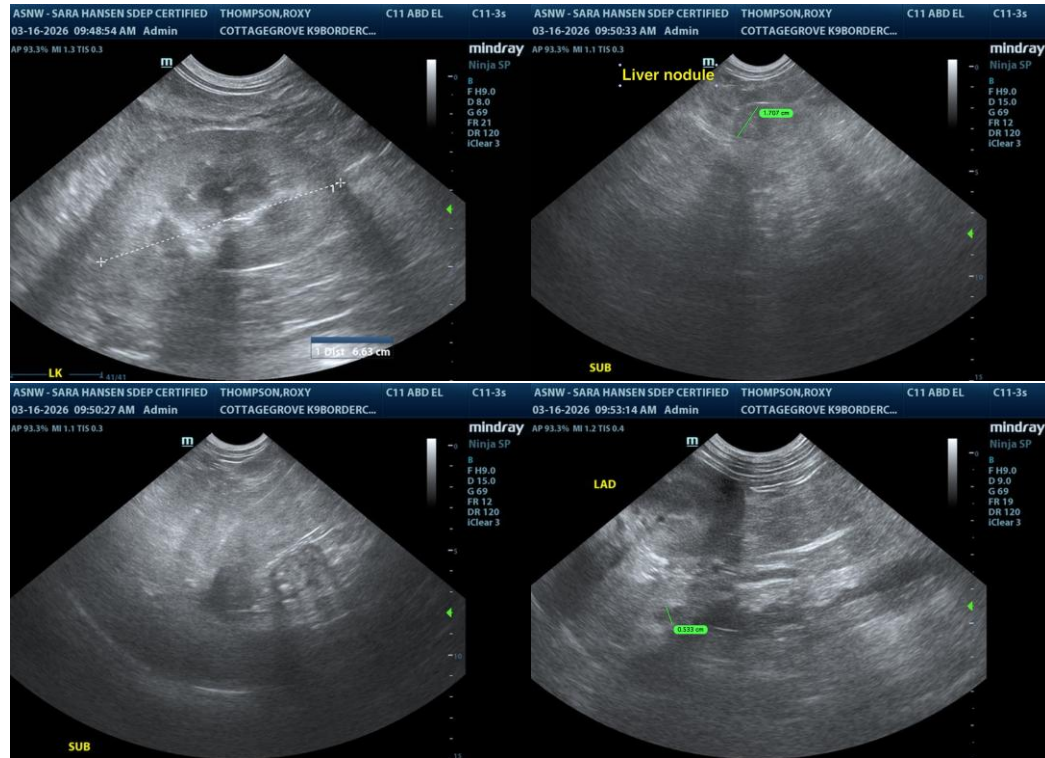
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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