



PATIENT

Saige Brown

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

11yr

WEIGHT

51.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr Hannah Fearing

INVOICE
24544

DATE
04/20/2026

PRESENTING CLINICAL SIGNS

Owner reports pet is overall slowing down at home, came in for office for visit and did bloodwork on 4/9 that showed leukocytosis characterized by severe neutrophilia. Pet presented today for Radiographs (report attached) and Abdominal ultrasound

Abnormal PE/Chem/CBC/UA Results: 4/9/26: Comprehensive Bloodwork Panel CBC: mild non-regenerative anemia (HCT = 36.6%); moderate leukocytosis (36.5k) characterized by severe neutrophilia (31.8k) and mild monocytosis (1.5k) Chem: high-normal kidney values (SDMA = 14, creat = 1.4, BUN = 32); slight hyperglobulinemia (4.1) UA: USG = 1.024; NSF T4: WNL 4Dx: BDLx4 Fecal: NADx5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 5.5 cm in length. The right kidney measured 6.3 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.53 cm width at the caudal pole.

Spleen

The spleen was normal in size and overall contour with areas of mild heterogeneous parenchyma which may indicate areas of red /white pulp differentiation, hyperplasia, hematopoiesis, potential for splenic inflammation with occult neoplasia not excluded although thought less likely.

Liver/Gallbladder

Borderline hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Saige Brown

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

11yr

WEIGHT

51.6

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 evidence of peritonitis was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild chronic renal changes
- Mild hepatic parenchyma remodeling with possible borderline hepatomegaly
- Mild heterogeneous spleen
- Mild gallbladder debris
- Sonographically normal gastrointestinal tract /area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from non-specific mild heterogeneous splenic parenchyma changes, largely a geriatric abdomen without evidence of significant visceral pathology or definitive neoplastic criteria as an obvious cause of the patient's CBC abnormalities.

Baseline renal staging to include C/S and UPC level may be considered. Although no overt suspicion of hepatosplenic neoplastic criteria, screening hepatosplenic FNA cytology to assess for occult disease may be considered. Correlation with thoracic radiographs, CBC pathology review +/- infectious disease serology if progressive leukocytosis combined with anemia is recommended.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr Hannah Fearing

INVOICE

24544

DATE

04/20/2026



PATIENT

Saige Brown

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

11yr

WEIGHT

51.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

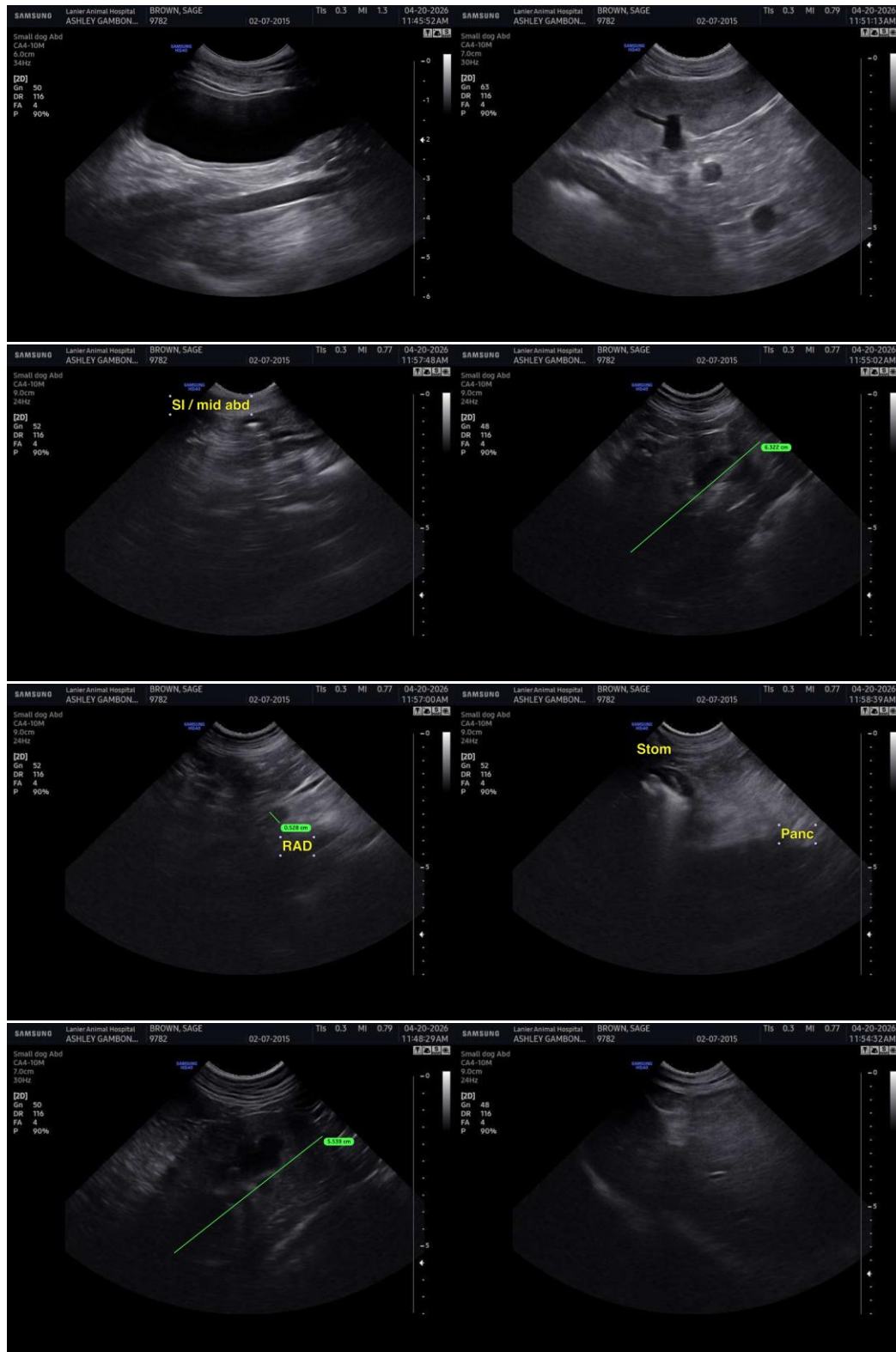
Dr Hannah Fearing

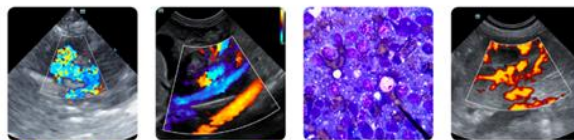
INVOICE

24544

DATE

04/20/2026





PATIENT

Saige Brown

SPECIES

Canine

BREED

Border Collie Mix

SEX

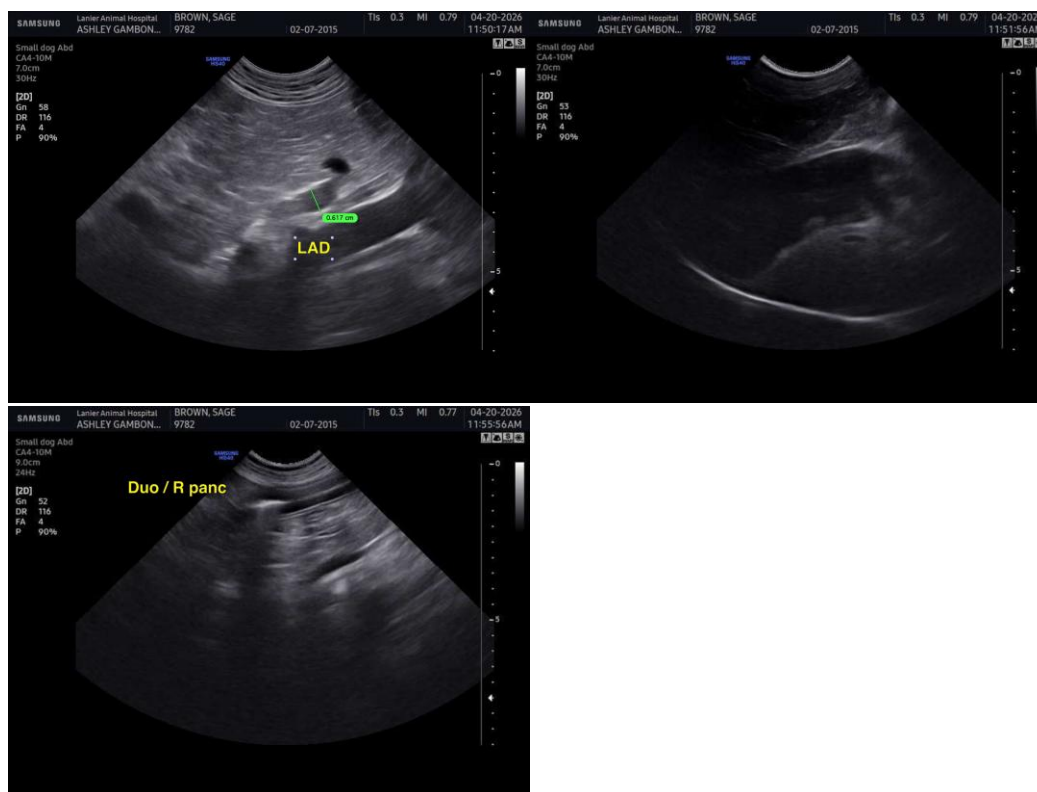
FS

AGE

11yr

WEIGHT

51.6



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr Hannah Fearing

INVOICE

24544

DATE

04/20/2026

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