



**PATIENT PRESENTING CLINICAL SIGNS**

Oliver Mitchell PE - Abdomen NSF, soft and non painful, no obvious organomegaly. History of Addisons disease and Hypothyroidism. Meds - Thyro tabs and Prednisone.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Border Collie Mix

**SEX** 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 6.1 cm in length. The right kidney measured 6.1 cm in length.

**MN**

**AGE**

11yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

30kg

**Adrenal Glands**

The bilateral adrenal glands were not definitively visualized consistent with patient history.

**Spleen**

**INTERPRETED BY** The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma to perihilar. A mildly expansive, non-homogenous, possibly cystic caudal splenic nodule with mild associated capsule distortion was present measuring 2.5 cm in diameter. Concurrent, well demarcated hypoechoic cranial splenic nodule without associated capsule distortion measuring 1.0 cm in diameter was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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

**IMAGING PERFORMED BY**

Crystal Hill

**Liver/Gallbladder**

**HOSPITAL NAME** The liver presented moderately 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. The gallbladder was non-distended in size with moderate, congealed non-organized mildly hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

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**Gastrointestinal**



**PATIENT**

Oliver Mitchell

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing non-shadowing ingesta/chyme with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

**BREED**

Border Collie Mix

**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.

**SEX**

MN

**Free Abdomen**

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

**AGE**

11yr

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**WEIGHT**

30kg

- Hepatopathy- vascular /steroid or cholestatic hepatopathy, potential for inflammatory disease, hyperplasia or other, no evidence of hepatic neoplastic criteria (considered unlikely)
- Congealed, non-organized gallbladder debris- possible early immature mucocele
- Variably echogenic to expansive non-homogenous to hypoechoic splenic nodules and concurrent probable perihelial myelolipomas- hyperplasia, hematopoiesis, hematoma, granuloma, emerging tumors, i.e. sarcoma or other possible.
- Pancreatic remodeling
- Age-related renal changes
- Non-visualized subnormal adrenal glands- consistent with patient history

**INTERPRETED BY**

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 DVM, DABVP  
 (Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic nodule FNA for screening cytology is warranted for further assessment could be considered for further clarification. Serial sonographic monitoring of the splenic nodules with initial recheck in 4 weeks would be more conservative. Likewise, sonographic monitoring of the gallbladder is indicated if evidence of progressive hepatopathy, cholestasis or cranial abdomen/subxiphoid discomfort on palpation. Hepatosupportive medications, including Denamarin and ursodiol suggested if not currently instituted.

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**PATIENT**

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**SPECIES**

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**BREED**

Border Collie Mix

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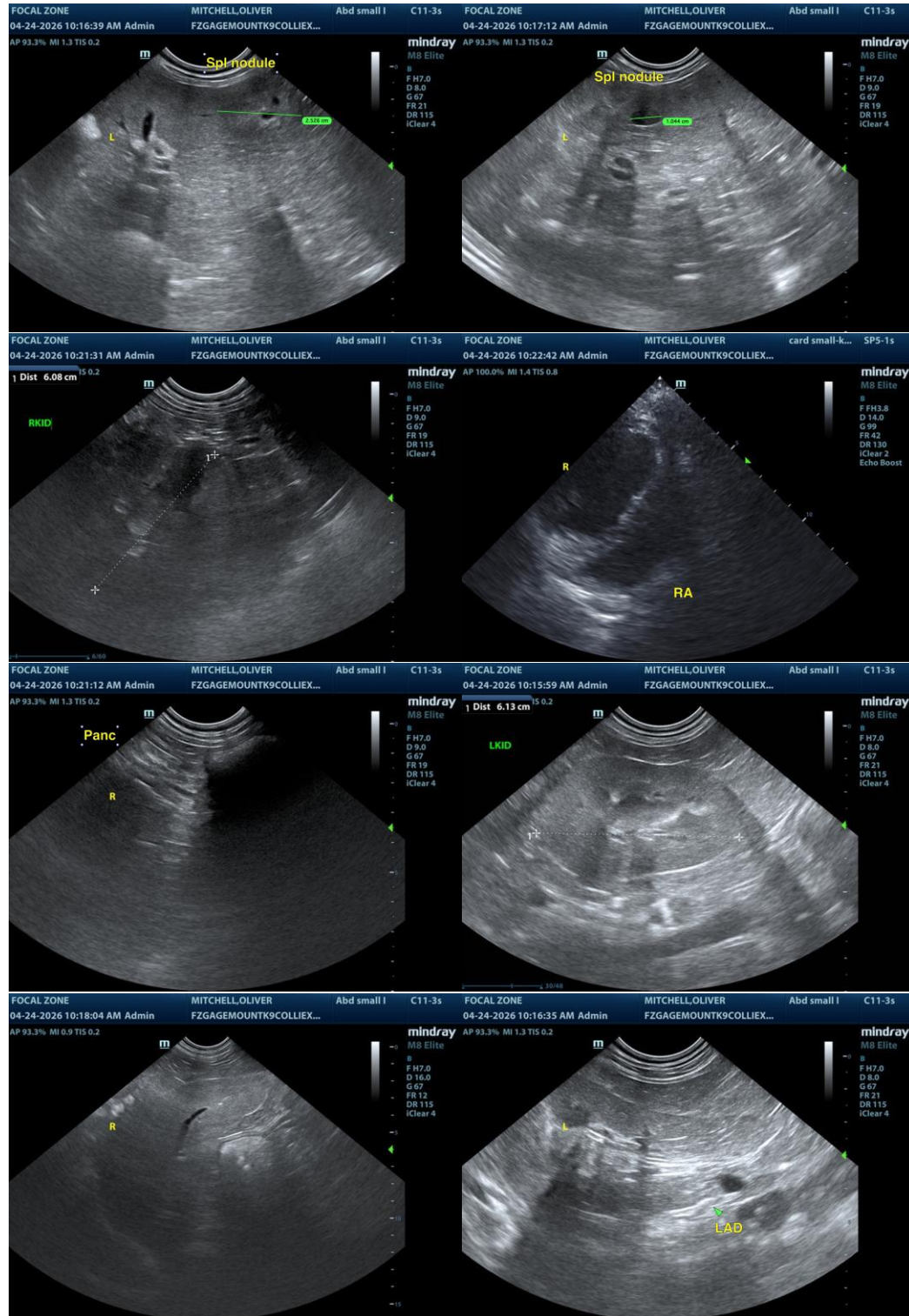
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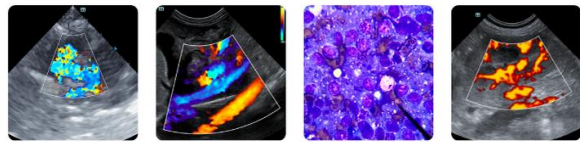
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**PATIENT**

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**SPECIES**

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**BREED**

Border Collie Mix

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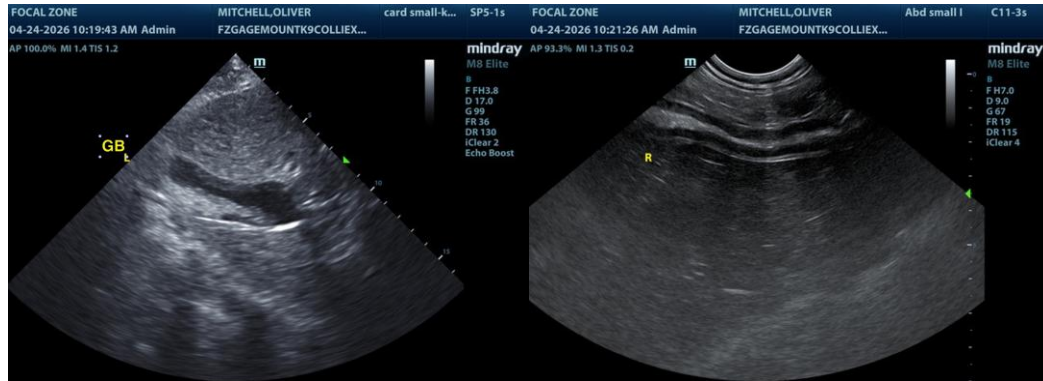
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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