



## PATIENT

Gracie Garfield

## SPECIES

Canine

## BREED

Ridgeback Mix

## SEX

FS

## AGE

12yr

## WEIGHT

71.2

## PRESENTING CLINICAL SIGNS

- P has been moderately PU/PD and restless at night
- up and down energy
- ongoing arthritis - P has been on carprofen but is in the process of washing out to transition to meloxidyl

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 222 12-118 IU/L HIGH ALK PHOS 146 5-131 IU/L HIGH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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.

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 6.4 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal end was enlarged in size exhibiting primarily spherical presentation and homogenous parenchyma measuring 2.8 cm x 2.7 cm.

### Spleen

The spleen exhibited normal size with mild asymmetrical medial capsule contour and mild heterogeneous parenchyma including intermittent indistinctly marginated to discrete non-homogenous splenic nodules. An example of a nodule measured 1.4 cm in diameter.

### Liver/Gallbladder

Generalized hepatomegaly. The liver parenchyma was mildly remodeled. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate non-dependent variably congealed to indistinctly striated 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.

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.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ruth Loomis

## HOSPITAL NAME

Brookwood Animal  
Clinic

## REFERRING VET

Ruth Loomis

## INVOICE 24421

DATE  
04/07/2026



## PATIENT

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

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## *Pancreas*

The right pancreas was enlarged in size with mild capsule asymmetry exhibiting heterogeneous remodeled parenchyma.

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Canine

## *Free Abdomen*

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

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## ULTRASONOGRAPHIC FINDINGS

### Primary

## SEX

FS

- Right adrenal mass, sonographically unremarkable left adrenal gland
- Enlarged mild non-homogenous liver
- Early immature gallbladder mucocele
- Mild heterogeneous spleen exhibiting discrete nodules
- Mild age-related renal changes
- Mildly enlarged non-homogenous remodeled right pancreas

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The right adrenal mass is strongly suggestive of neoplastic criteria. Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning.

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Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further clarification. Hepatosupportive medications with sonographic monitoring of the gallbladder if progressive hepatopathy is recommended.

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A spec CPL is warranted if clinical signs consistent with chronic pancreatitis are present.

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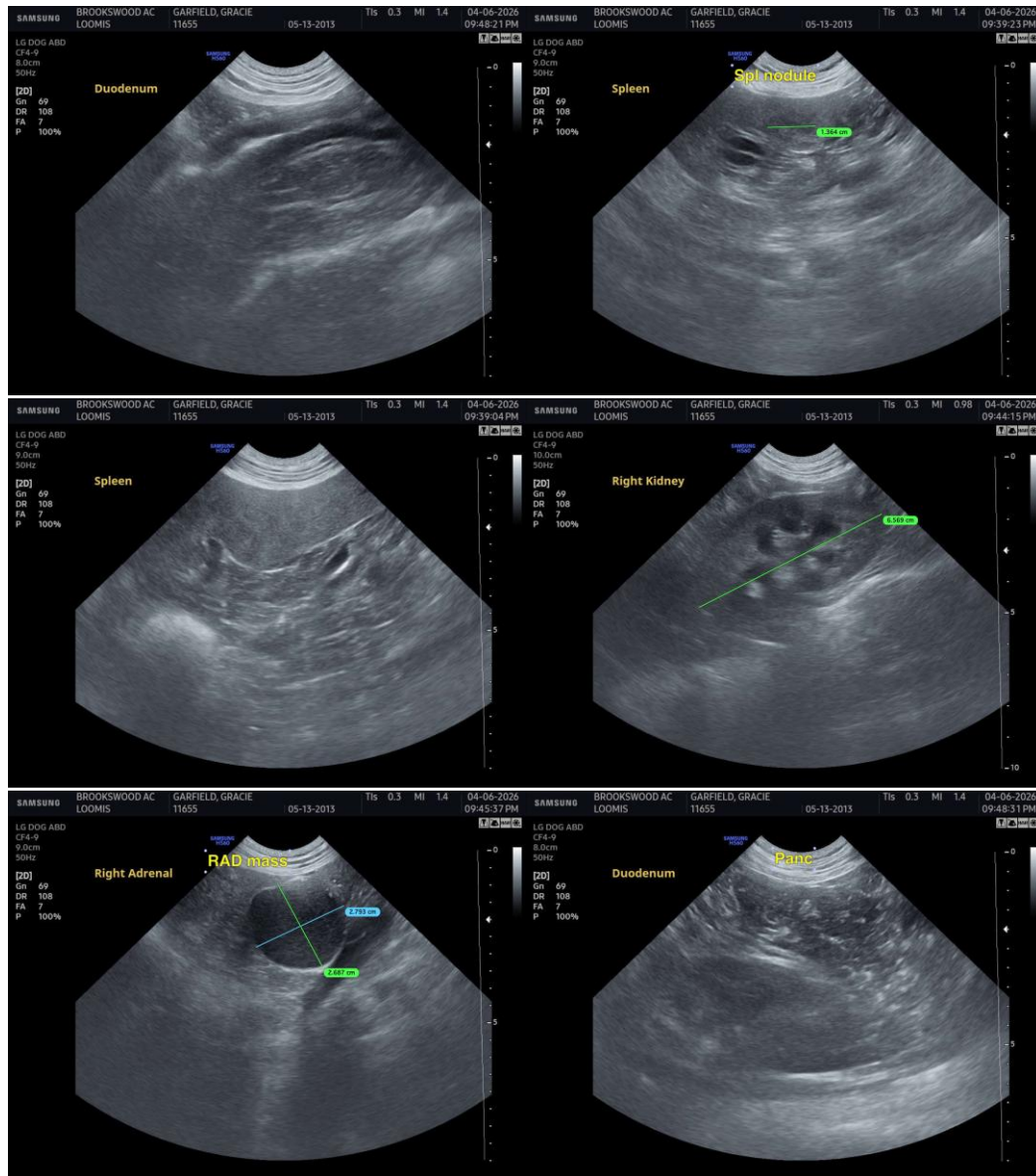
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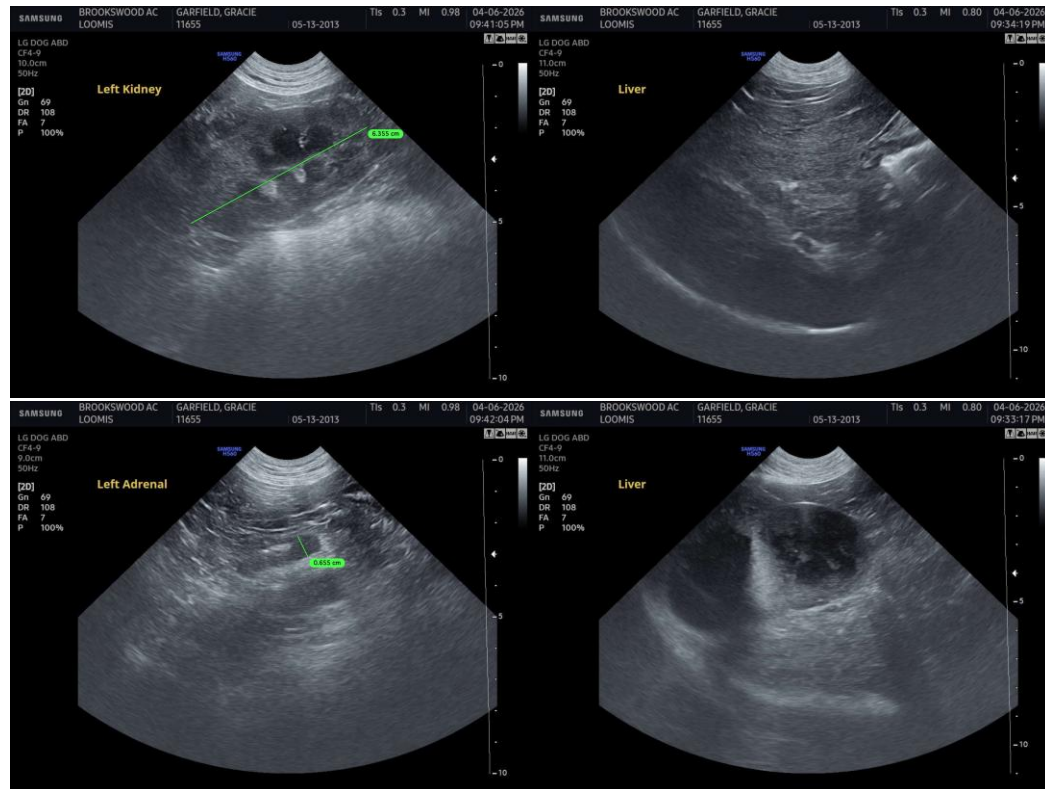
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)