



PATIENT

Luci Ayres

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

6yr

WEIGHT

7.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Highland Vet Hospital

REFERRING VET

Rachel Poet, DVM

INVOICE

22427

DATE

04/08/2026

PRESENTING CLINICAL SIGNS

Patient is a 6 year old SF Boston Terrier who has been having intermittent pu/pd and inappropriate urination for the last month or so.

We did a recheck 3/25/26 because Luci is now having episodes of muscle / body tremors (o couldn't really describe and I didn't see it), intermittent episodes of staring at the wall and still pu/pd with house soiling after coming in from outside.

Abnormal PE/Chem/CBC/UA Results: Exam findings on 2/27/26 were unremarkable, no heart murmur, appropriate body condition. Bloodwork and UA were fairly unremarkable except for hyposthenuria (USG = 1.010) and an elevated BNP of 1600 (it's in the panel). 3/25/26: Still a fairly normal exam except she seemed quieter than usual, still normal cardiac auscultation. We took radiographs of thorax and abdomen - her cardiac silhouette appeared mildly enlarged, the VHS was 11.7 and her spleen was uniformly enlarged. No visible lymph node enlargements in either body cavity, normal appearance of kidneys and bladder, possibly her liver was slightly small with a more vertical stomach axis.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 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 0.49 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 0.59 cm width at the caudal pole.

Spleen

Splenomegaly exhibiting rounded symmetrical capsule contour. Non-homogenous, mildly hypoechoic splenic parenchyma compared to the liver. No definitive visualized masses or nodules were present. Normal splenic vascularity.

Liver/Gallbladder



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The liver was possible borderline subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 mild non-organized 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 contained mild progressively shadowing ingesta sonographically suggestive of food echogenicity 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

- Splenomegaly exhibiting mild non-homogenous hypoechoic parenchyma
- Subjective borderline subnormal liver size with mild non-organized gallbladder debris (non-mucocele)
- Sonographically normal bilateral kidney /adrenal glands
- Normal urinary bladder and visible proximal urethra
- Mild gastric ingesta consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming the patient is non-sedated with normal clotting status, splenic FNA cytology using 25ga needle is recommended for further assessment. Although no evidence of hepatic pathology in conjunction with no reported hepatic enzyme elevations, bile acid profile given PU/PD is recommended. Further assessment may include screening cortisol level and urine C/S. Correlation with a thorough neurological exam is recommended.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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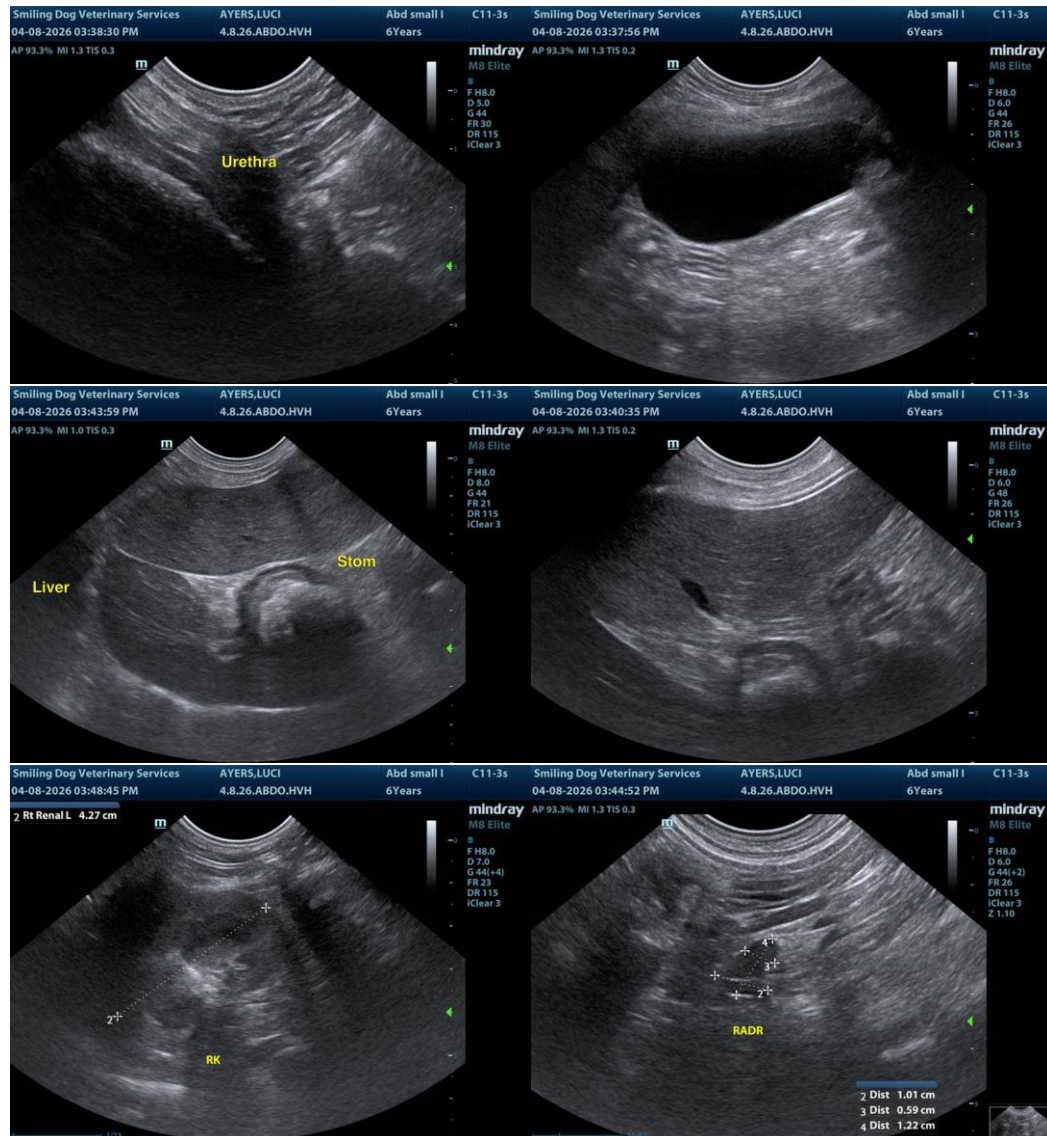
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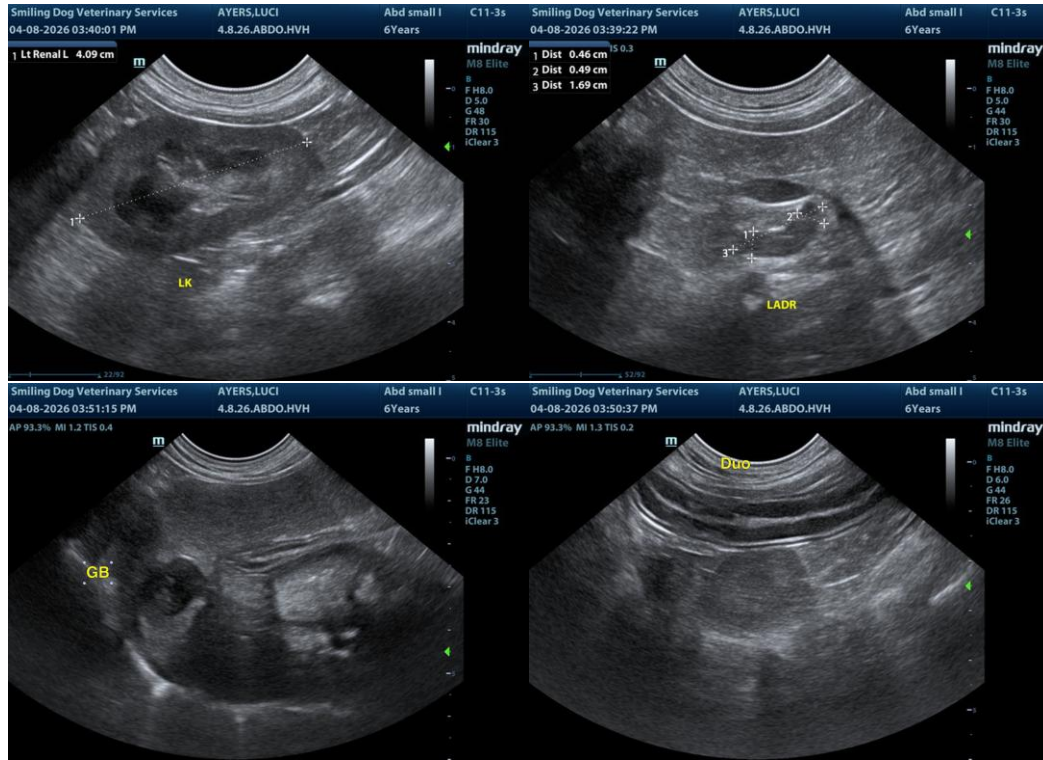
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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