



## PATIENT

Cash Sanderson

## SPECIES

Canine

## BREED

Border Collie

## SEX

Male Neutered

## AGE

6y 7m

## WEIGHT

62 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kellie Pesola

## HOSPITAL NAME

Stuga North VC

## REFERRING VET

Dr. Kellie Pesola

## INVOICE

13395

## DATE

4/9/26

## PRESENTING CLINICAL SIGNS

History: Presented 3/17/26 with labored breathing, lethargy, and yellow nasal discharge. Temp 105. Decreased appetite starting 3/24/26. 3/26/26 weak and lethargic, down to 67 Lb. from 70, not eating anything for 3 days. Increased resp. effort and congestion on x-ray. Improvement in breathing and appetite noted 3/30/26. 4/2/26 down to 61 Lb.

Current Medications: Started on Prednisone and Itraconazole. Started on Doxycycline, Carprofen, and Clavamox.

Abnormal PE/Chem/CBC/UA Results: UTI--resolved azotemia--resolved thrombocytopenia--resolved anemia, leukocytosis liver enzyme elevations see attached labs

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, non-dependent particulate to swirling sediment was present. Concurrent minor, dependent lumen hypoechoic sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate appeared normal and free of pathology measuring 1.2 cm in diameter.

The area of the aortic trifurcation was free of pathology and no evidence of distal aortic thrombus.

Normal size and margination was 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. Suspect mild left kidney underestimation of size. The left kidney measured 5.6 cm in length. The right kidney measured 6.8 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized likely secondary to Prednisone therapy.

### 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

The liver presented 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



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congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta most consistent with food echogenicity.

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 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 overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with mild, non-shadowing ingesta – most consistent with food echogenicity
- Normal area of pancreas
- Non-visualized bilateral adrenal glands – likely secondary to Prednisone therapy
- Moderate urine sediment and mild lumen sand

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastrointestinal mural pathology or obstructive pattern suggestive of metabolic or non-obstructive gastric ileus, assuming documented NPO. Assuming normal clotting status, hepatic FNA cytology, a GI panel to include PLI/TLI/Cobalamin/Folate and if not recently done, 3-view chest radiographs to assess for occult disease as a contributing factor to the elevated liver enzymes and weight loss is recommended.

Monitoring of urinalysis and +/- recheck urine C/S if persistent inflammatory sediment is recommended. No evidence of pyelonephritis. Potential suppression of gastrointestinal mural changes or lymphadenopathy owing to Prednisone therapy may be possible. Hepato-gastrointestinal support with clinical monitoring and sonographic reassessment if progressive hepatopathy, gastrointestinal signs or weight loss is recommended.



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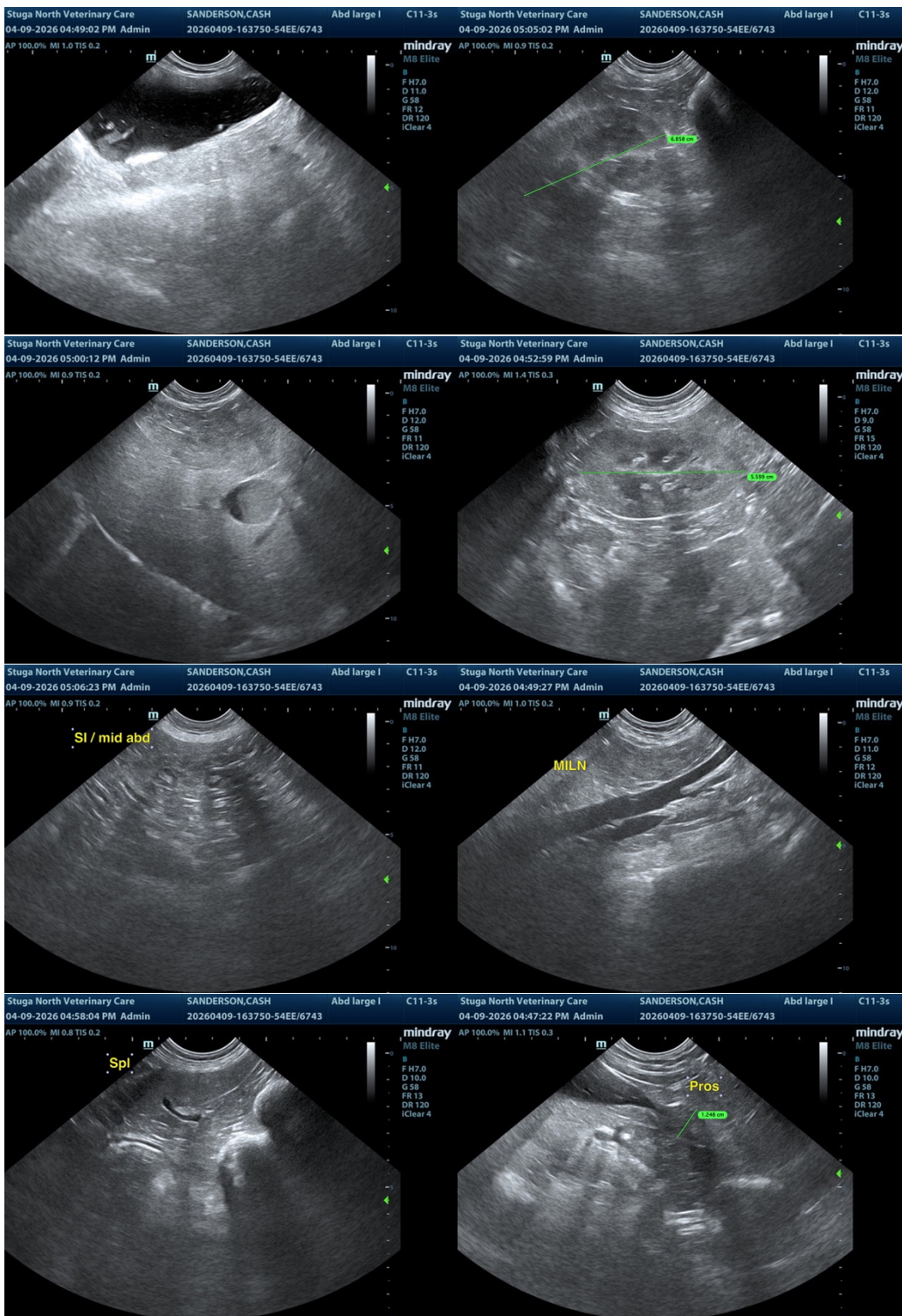
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)