



PATIENT

Lucie Stepler

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

65.6 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Jennifer Hart, DVM

INVOICE

16338

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Follow up screening from post radiation from a clean but closely excised grade II soft tissue sarcoma on left front. Overweight.

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.9 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

A nonhomogeneous / hyperechoic nodule was present in the caudal left adrenal gland without associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.66 cm x 0.49 cm in diameter. The overall left adrenal gland measured 0.68 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 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 & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized 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 was empty with no signs of ileus, obstruction or foreign material.



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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.

SPECIES

Canine

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.

BREED

Labrador Retriever Mix

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

10 Years

- Mild age-related kidneys.
- Caudal left adrenal nodule.
- Sonographically normal liver/spleen.
- Mild gallbladder debris (non-mucocele).

WEIGHT

65.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

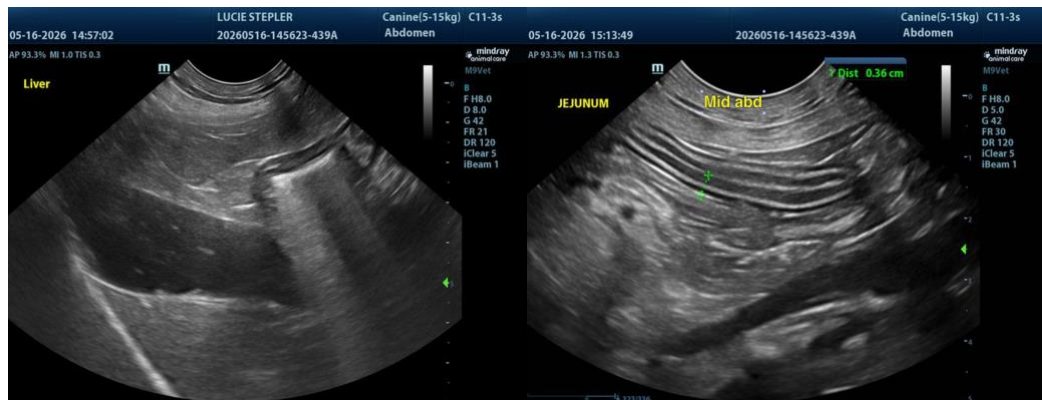
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No evidence of significant visceral pathology, including no evidence of primary or metastatic abdominal or retroperitoneal neoplastic criteria. Suspect left adrenal adenoma although technically mild potential for emerging left adrenal tumor is not excluded. Sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in six weeks would be ideal. Monitoring of systemic blood pressure for evidence of hypertension is recommended. Hepatosupportive medications are indicated if evidence of cholestasis.

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RDMS



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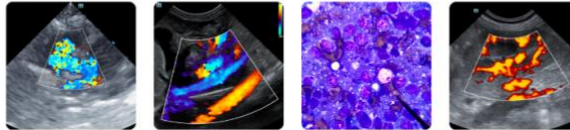
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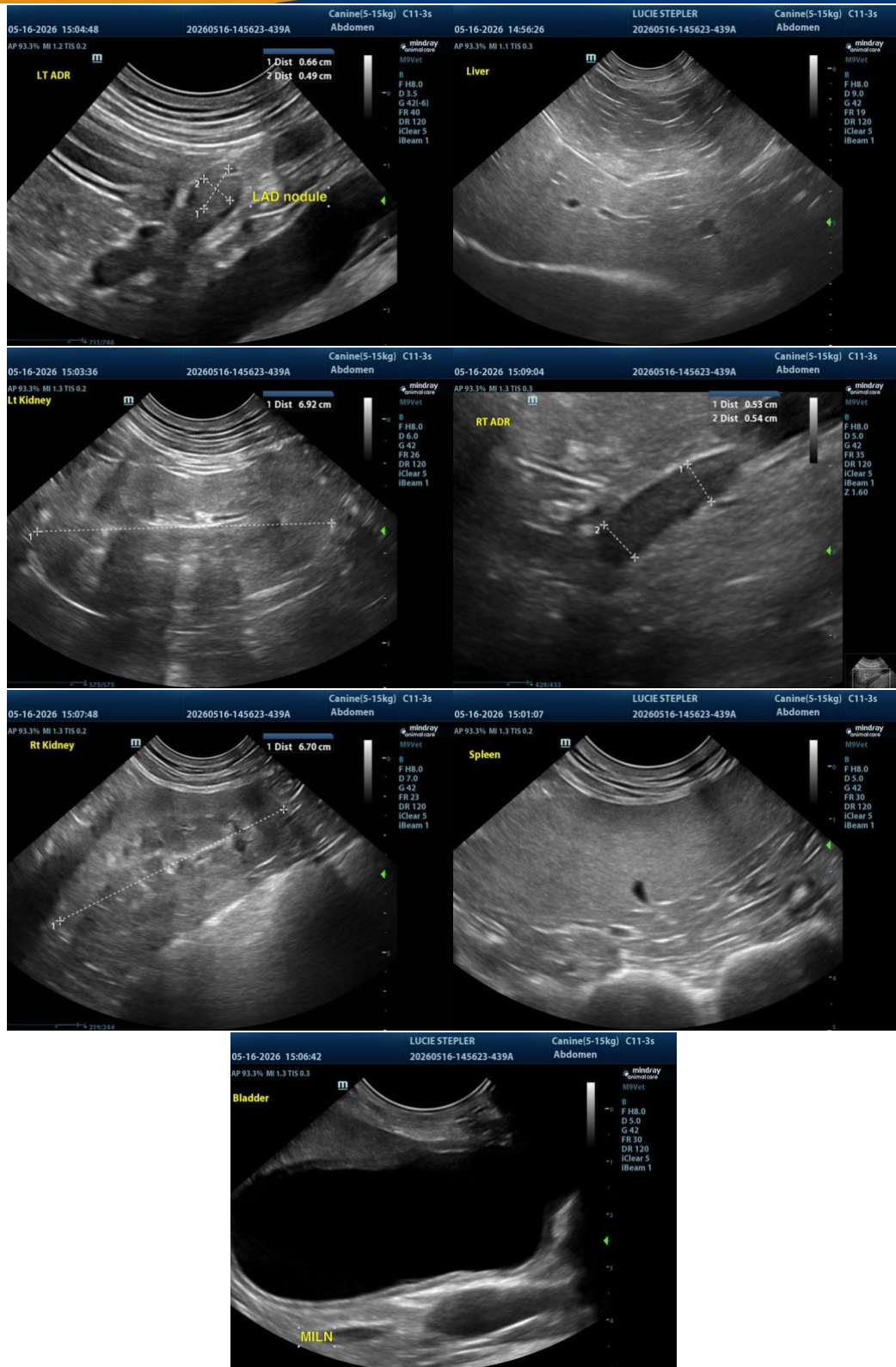
Jennifer Hart, DVM

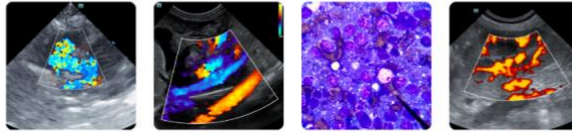
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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