



## PATIENT

Nori Hornberger

## SPECIES

Canine

## BREED

Whippet

## SEX

Intact Male

## AGE

6 Years 6 Months

## WEIGHT

12.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Country Companion  
Animal Hospital

## REFERRING VET

Amanda Wanner, DVM

## INVOICE

16358

## DATE

05/18/26

## PRESENTING CLINICAL SIGNS

AUS and Echo to further evaluate 2 episodes about one month apart of reported tachycardia (heart pounding), decreased appetite (recent), but O notes coprophagia. Hypophosphatemia on BW. First episode: trembling, panting, heart pounding; lasted approximately 15-20 minutes; resolved spontaneously. Second episode (today 5/13): panting, pacing, crying, trembling, heart pounding; lasted over an hour, possibly 90 minutes. Meds: Trazodone for anxiety

Abnormal PE/Chem/CBC/UA Results: HR on arrival 219 bpm. HR after sedation 127 bpm Blood Pressure prior to sedation: 141, 143 mmHg - CXR: NSF - CBC: Hct 60%- high norm, Plts 267-n, remainder NSF - Chem: Phos 0.8 L (2.5-6.0) lab indicated result verified, Ca 10.2-n, Mg 2.4-n, remainder NSF - T4: 0.9- low norm - UA: USG 1.055, pro 3+, pH 8.5, remainder NSF - UPC < 0.1- non-proteinuria

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 prostate was mildly prominent in size with intact with mild capsule asymmetry. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly nonhomogenous without parenchymal mineralization. The prostate measured 1.5 cm in diameter. Normal right and left testicular size with symmetrical contour. Small right testicle cyst to cysts were present with an example measuring 0.73 cm in diameter. Mildly irregular nonhomogenous left testicle nodule without evidence of capsule distortion measuring approximately 1.3 cm in diameter.

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 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 5.5 cm in length. The right kidney measured 5.3 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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 0.43 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



## PATIENT

Nori Hornberger

## SPECIES

Canine

## BREED

Whippet

## SEX

Intact Male

## AGE

6 Years 6 Months

## WEIGHT

12.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Country Companion  
Animal Hospital

## REFERRING VET

Amanda Wanner, DVM

## INVOICE

16358

## DATE

05/18/26

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 thin walls and primarily anechoic luminal content. 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 variably echogenic to mild to moderate shadowing ingesta without signs of obstruction or foreign material. No overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta/chyme to the level of the colon.

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**

- Mildly prominent, nonhomogenous, non-mineralized, prostate gland- most consistent with mild hyperplasia, minor potential for prostatitis.
- Non-enlarged testicles with right testicular cyst and non-specific left testicular nodule.
- Sonographically normal liver/spleen.
- Normal gastrointestinal tract with shadowing gastric and segmental, mild non-shadowing intestinal ingesta.
- Normal kidneys/adrenal glands.

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

No evidence of significant or definitive visceral pathology as an obvious contributing factor to the patient's clinical signs. Correlation with most recent meal ingestion is indicated given reported decreased appetite. If documented NPO, retained variably dense to shadowing gastric ingesta, treat medication are all potentials although intermixed gastric foreign material and retained gastric ingesta are not excluded. If clinically indicated, documented 12-hour fast and sonographic reassessment of the stomach to assess for persistent shadowing ingesta versus gastric emptying is recommended. If the patient is not intended for breeding purposes, neuter when possible with submission of testicles for histopathology and monitoring of prostatic involution is recommended.



**PATIENT**

Nori Hornberger

**SPECIES**

Canine

**BREED**

Whippet

**SEX**

Intact Male

**AGE**

6 Years 6 Months

**WEIGHT**

12.7 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Country Companion  
Animal Hospital

**REFERRING VET**

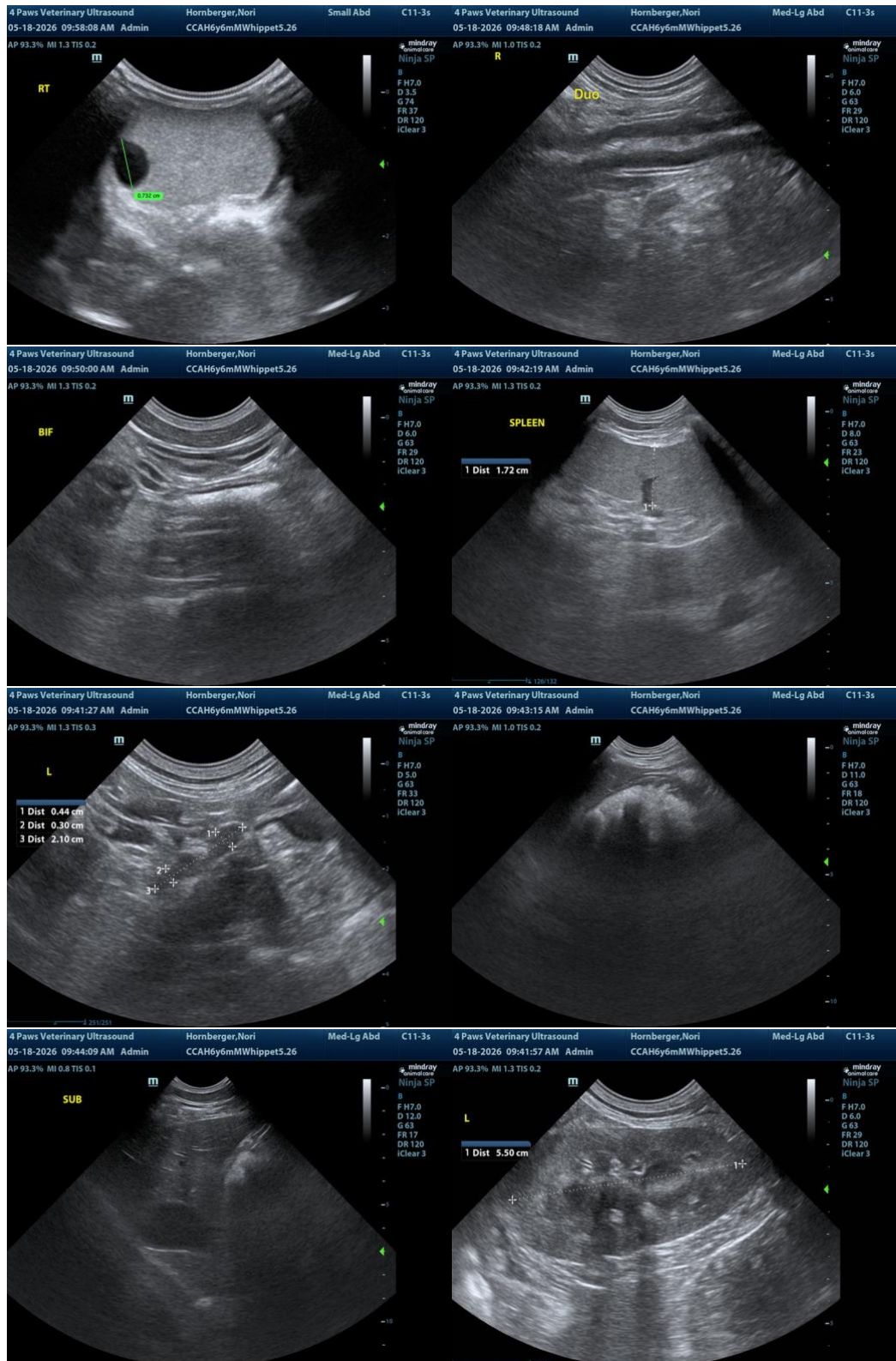
Amanda Wanner, DVM

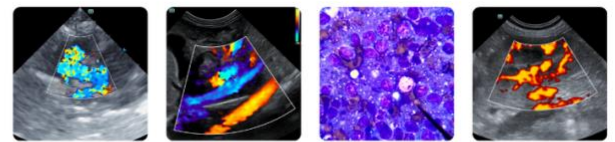
**INVOICE**

16358

**DATE**

05/18/26





**PATIENT**

Nori Hornberger

**SPECIES**

Canine

**BREED**

Whippet

**SEX**

Intact Male

**AGE**

6 Years 6 Months

**WEIGHT**

12.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Country Companion Animal Hospital

**REFERRING VET**

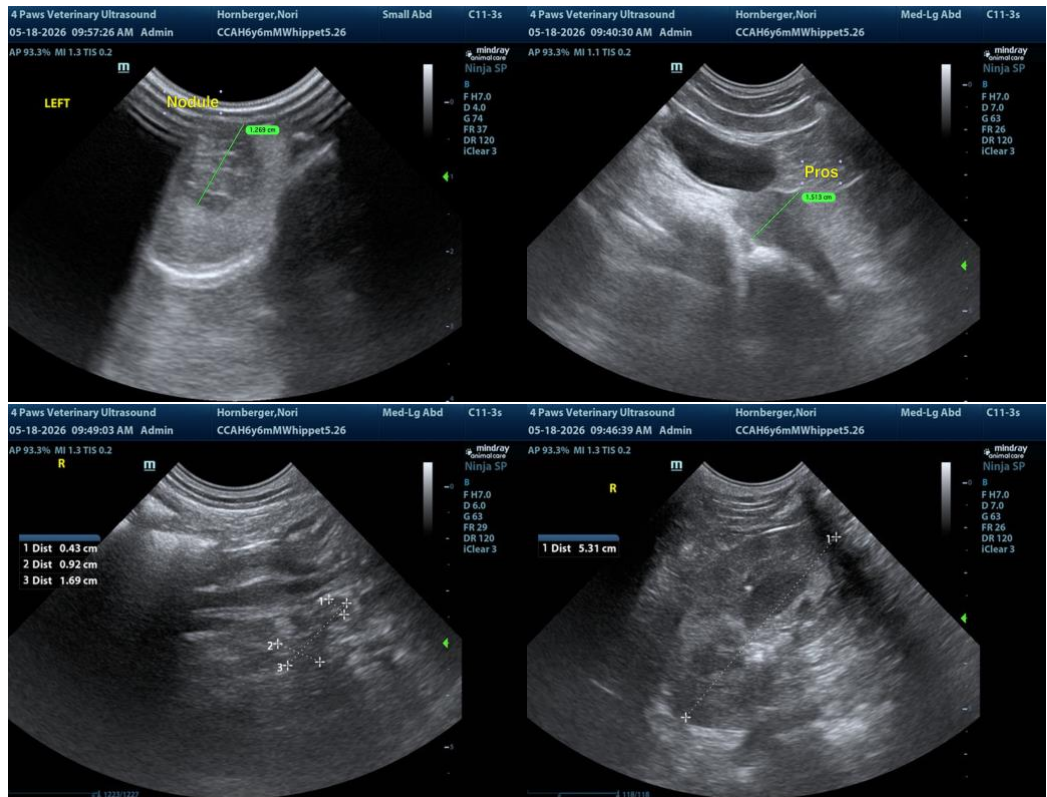
Amanda Wanner, DVM

**INVOICE**

16358

**DATE**

05/18/26



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)