



PATIENT

Gracie Corrigan

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

8yr

WEIGHT

56lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Cecelia Dean

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Dr Ryan Leal

INVOICE 24734

DATE 05/07/2026

PRESENTING CLINICAL SIGNS

Pt presents for cancer hunt. Pt has been steadily losing weight over the past several months, has had fluctuations in her appetite.

Labwork performed when in March 2026 had NSF.

Medications: Simparica Trio

Weight loss unintentional Enlarged R prescapular LN Mass - left pinna Cervical mass excised 7/2023 - thyroid carcinoma, completely excised, no further treatment necessary Atopy Food allergies - seems better controlled on lamb diet Skin tag

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9; scar on left ventral cervical region, pedunculated skin tag right ventral thorax, multiple pinpoint skin tags; mild diffuse cachexia; mild recessed vulva; AS inner pinna 8mm dermal pink mass; thick pinna AU; right prescapular LN is prominent/enlarged compared to left and compared to other LNs; Class III malocclusion, right mandible longer than left mandible, no oral masses nor malodor; CBC/Chem/T4/UA/Fecal/4dx: NSF - --Only abnormal value was amylase 1525 and lipase 1628 Thoracic Radiographs: No evidence of metastatic disease; significant spondylosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 7.3 cm in length. The right kidney measured 7.1 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was subjective mildly enlarged with maintained symmetrical capsule contour and mild heterogeneous splenic parenchyma, exhibiting indistinct areas of hypoechoic parenchyma to discrete splenic nodules. An example measured 1.2 cm in diameter.

Liver/Gallbladder

The liver was subjectively mildly enlarged. Several mildly expansive non-homogenous masses were present; an example measured 3.8 cm diameter. Concurrent, separate hepatic nodules exhibiting mild central hyperechogenicity to hypoechoic periphery which may indicate target lesion type nodules were present, an example measured 1.3-1.6 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta with no signs of 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

- Mildly expansive non-homogenous hepatic masses with concurrent potential target lesion type nodules
- Mild splenomegaly exhibiting mild non-homogenous subtle hypoechoic to discretely nodular spleen
- Normal gastrointestinal tract with mild progressively shadowing gastric ingesta
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for neoplastic hepatic mass and target lesion type nodule criteria is warranted. Hepatic granulomas, nodular hyperplasia or other benign etiology is possible. The spleen is more nonspecific with considerations including hyperplasia, hematopoiesis, splenitis although multicentric hepatosplenic neoplasia is possible. Correlation with pending FNA cytology is recommended. Aside from the hepatosplenic presentation no overt evidence of additional abdominal visceral pathology as an obvious contributing factor to the patient's weight loss. Correlation with a GI panel pending cytology and normal thoracic radiographs may be considered.



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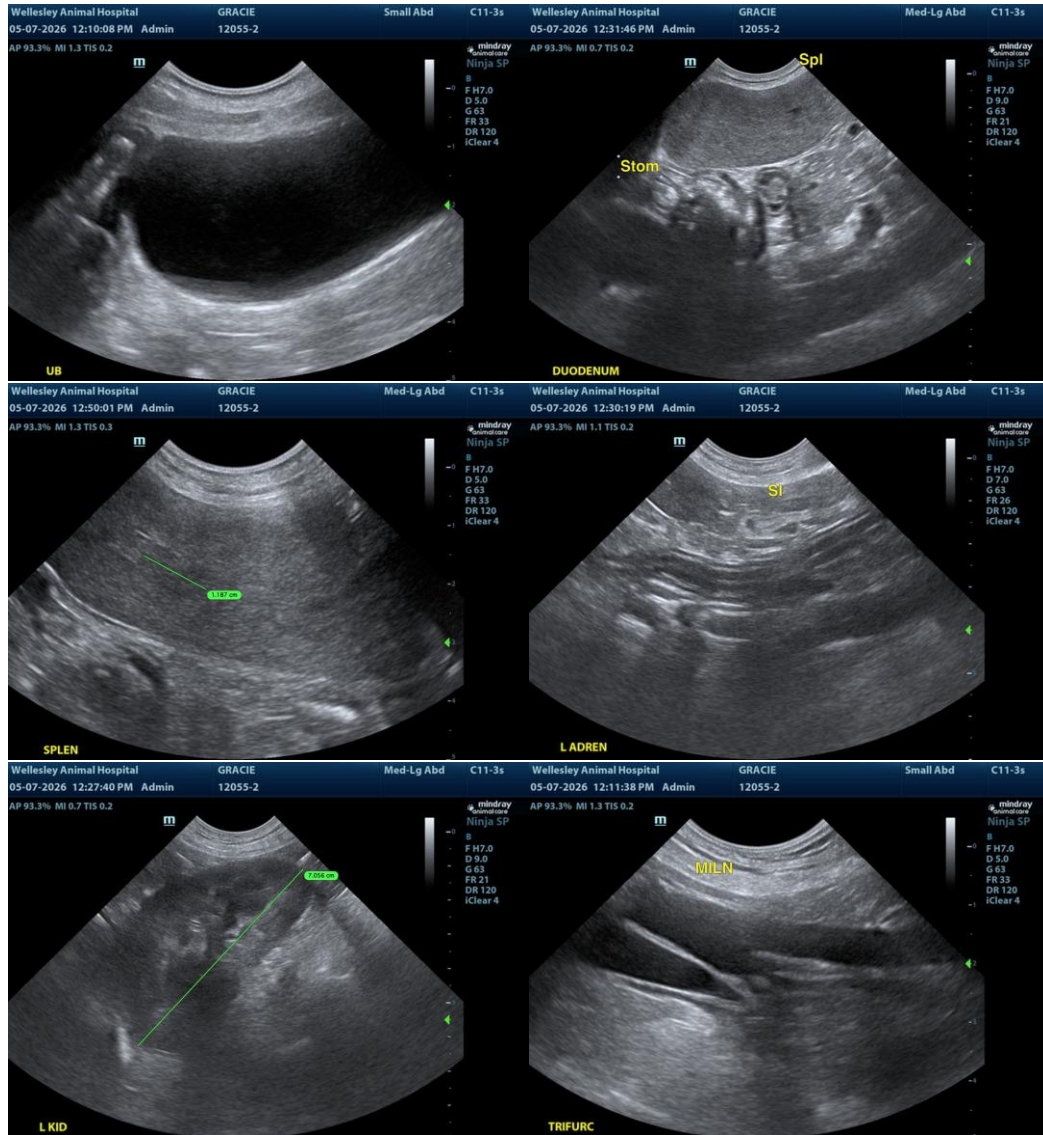
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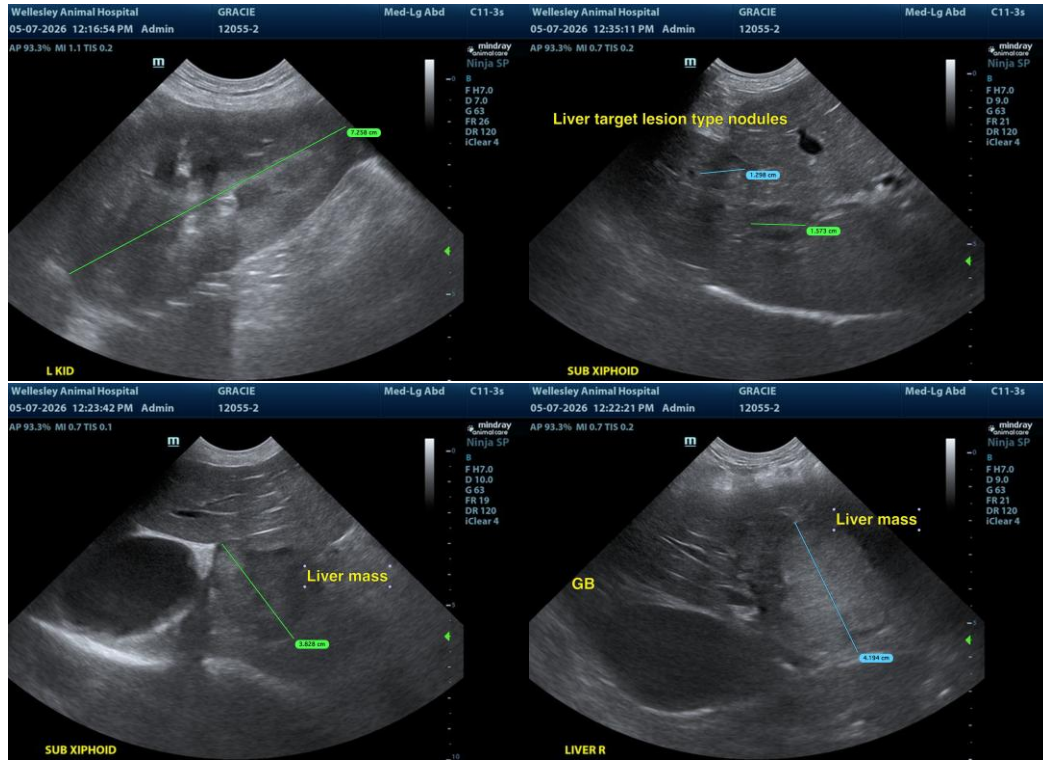
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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