



PATIENT

Lively Rhyne

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Ashley Whitesell

INVOICE

16766

DATE

06/18/26

PRESENTING CLINICAL SIGNS

Lethargic and won't eat her food but will eat treats. This has been going on for the last several weeks. Patient is on carprofen.

CBC: RBC, hematocrit, hemoglobin, MCHC, retic hemoglobin and platelets are decreased, neutrophils is slightly elevated, all other values are wnl - Chemistry: BUN, albumin and albumin: globulin ratio are low, TP, globulins, AST, ALT, GGT, bilirubin and creatine kinase are all elevated, all other values are wnl - UA: 2+ urine protein, 3+ bilirubin, amorphous urate crystals present - T4: 0.7 (1.0 - 4.0) - 4Dx: Neg x 4

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 6.7 cm in length. The right kidney measured 7.2 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 0.71 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 0.76 cm width at the caudal pole.

Spleen

The spleen presented subjective mildly enlarged exhibiting mild nonhomogenous hypoechoic parenchyma comparable to the liver. No splenic mass or nodules were evident with subjective adequate splenic vascularity.

Liver & Gallbladder

The liver revealed generalized hepatomegaly exhibiting rounded mild asymmetrical hepatic capsule contour and nonhomogenous variably hyperechoic to hypoechoic hepatic parenchyma exhibiting 'patchy' echotexture. Indistinct portal vascular borders.

The gallbladder was mildly subnormal in size without evidence of gallbladder distention or inflammation. With mild anechoic bile. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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 area of the pancreas was sonographically normal.

Free Abdomen

No overt significant or swollen mesenteric lymphadenopathy was present. Mild perihepatic effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous mixed echogenic liver.
- Normal nondistended gallbladder.
- Mild splenomegaly exhibiting mild nonhomogenous decreased parenchyma echogenicity.
- Sonographically normal gastrointestinal tract.
- Mild perihepatic effusion.
- Mild nonspecific chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific with inflammatory, infectious, hyperplastic or other non-neoplastic etiologies possible, primary concern for hepatic to hepatosplenic neoplastic criteria is warranted.

Further assessments may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology. Leptospirosis titers/PCR may be considered if clinically indicated.

No evidence of post-hepatic obstruction. Gastrointestinal support is recommended pending, hepatosplenic FNA sampling and considered essential for initial and potential definitive clarification.





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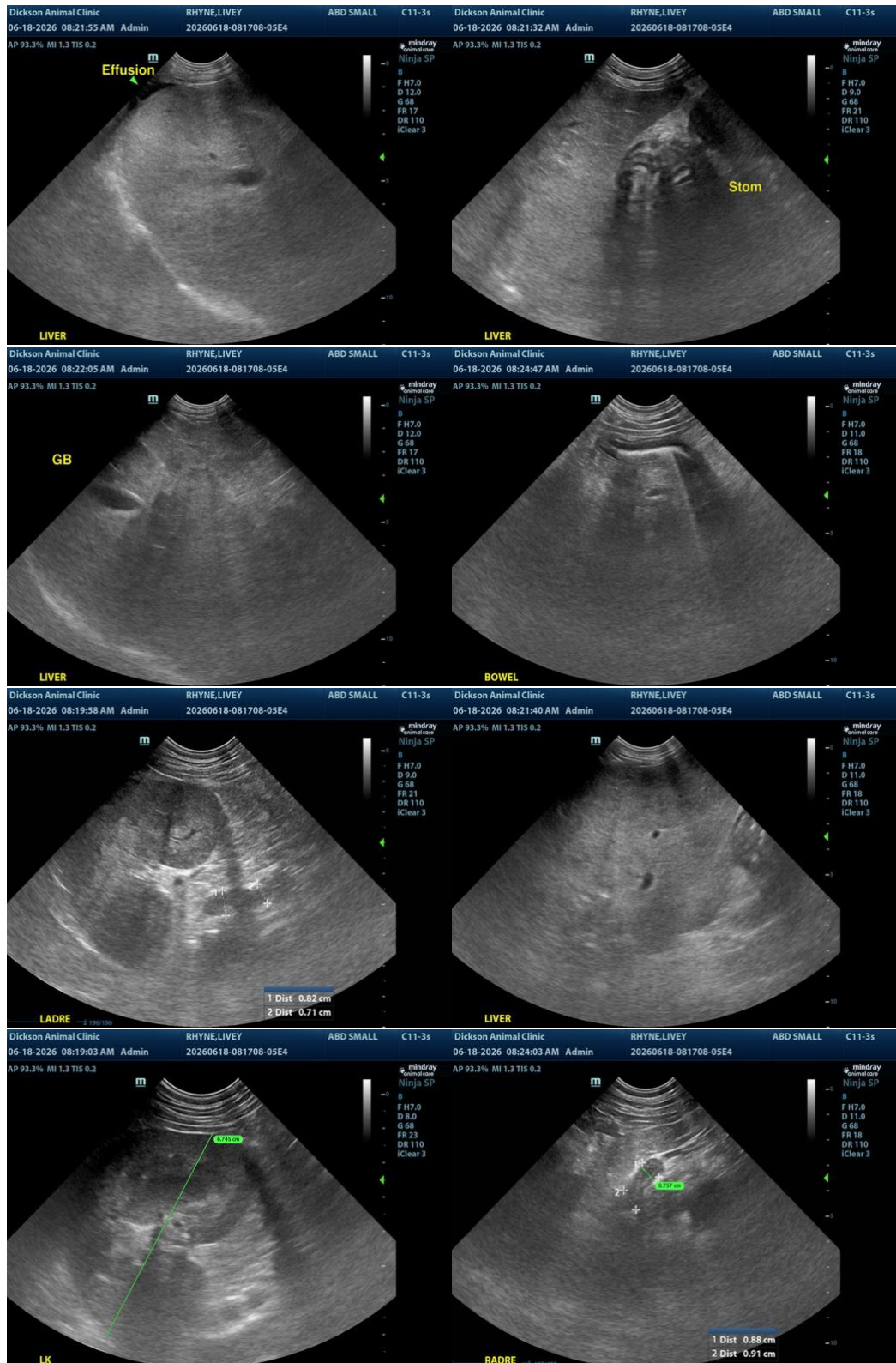
Dr. Ashley Whitesell

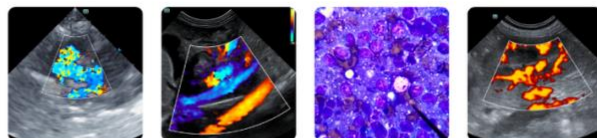
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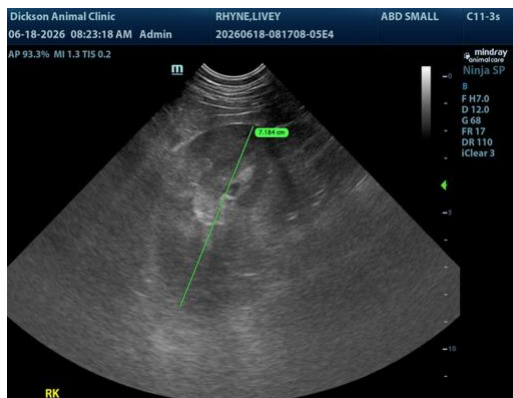
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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