



**PATIENT**

Jerry Thatcher

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

48.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Creekside Veterinary  
Clinic

**REFERRING VET**

Dr. Angstrom

**INVOICE**

16466

**DATE**

06/08/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Diarrhea, vomiting, drooling, inappetence, PU/PD, urinary accidents, weight loss, dyspnea since 6/2/26. No known dietary indiscretion. No signs of pyrexia. Slightly tense, mildly sensitive on mid-abdominal palpation. ABNORMAL Labwork Values: Chem 15 WNL except Phosphorus 2.3mg/dL (L) CBC WNL Single resting cortisol 4.76 µg/dL cPL 55U/L Current Medications: Mirtazapine 15mg 1T PO SID. Maropitant 60mg 1T PO SID. Radiographic Findings None performed Notes to Specialist (if any) r/o dietary indiscretion, toxic ingestion, parasitic infection, pancreatitis, kidney disease, liver disease, DM, neoplasia, open; severe periodontal disease; osteoarthritis/DJD; moderately underconditioned

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. 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.

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 5.6 cm in length. The right kidney measured 5.1 cm in length.

*Adrenal Glands*

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm x 0.77 cm width in the caudal pole.

The right adrenal gland was asymmetrically enlarged exhibiting nonhomogenous possible focal hyperechoic parenchyma. The right adrenal gland measured 2.5 cm x 2.4 cm width.

*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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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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.

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***Pancreas***

The area of the pancreas was sonographically normal.

**AGE**

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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48.8 lbs

**ULTRASONOGRAPHIC FINDINGS**

- Right adrenal mass.
- Sonographically normal gastrointestinal tract/area of pancreas.
- Sonographically normal liver/spleen.
- Mild age-related renal changes.
- Normal urinary bladder, residual prostate and visible proximal urethra with mild urine sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The right adrenal mass is almost certainly consistent with neoplastic criteria, i.e. carcinoma, pheochromocytoma or other with hyperplasia, functional versus non-functional adrenal adenomatous change combination thought less likely. Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning.

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No evidence of gastrointestinal or pancreatic pathology as a contributing factor to the patient's gastrointestinal signs or weight loss. A GI panel to include PLI, TLI, cobalamin and folate, three view chest radiographs and concurrent musculoskeletal/neurological exam to assess for additional occult pathology may be considered.

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The urinary bladder sediment may indicate cellular or crystalline debris, lipid or mucous correlation with urinalysis +/- culture and sensitivity if inflammatory sediment or UPC level if non-inflammatory proteinuria is recommended.

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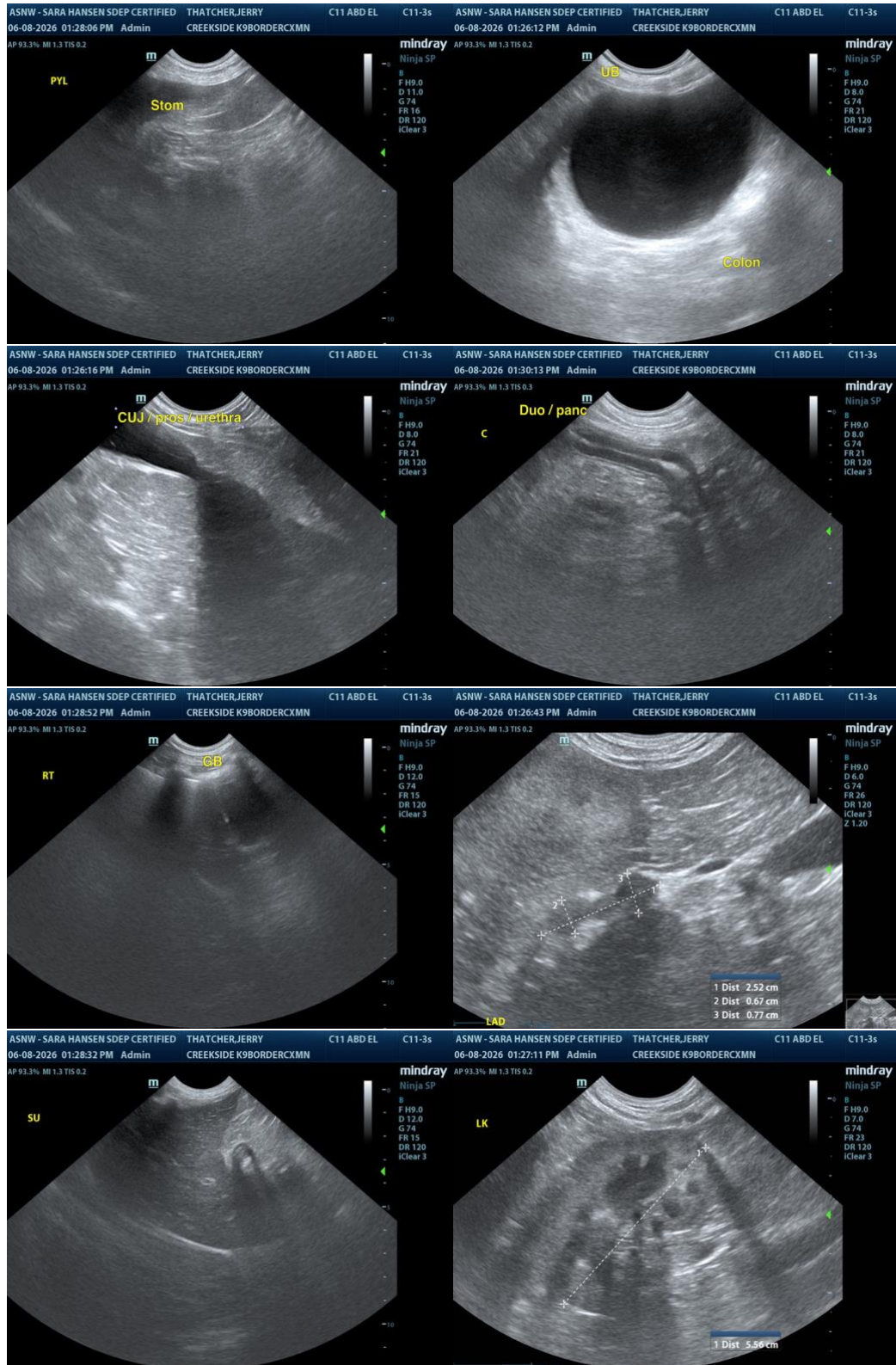
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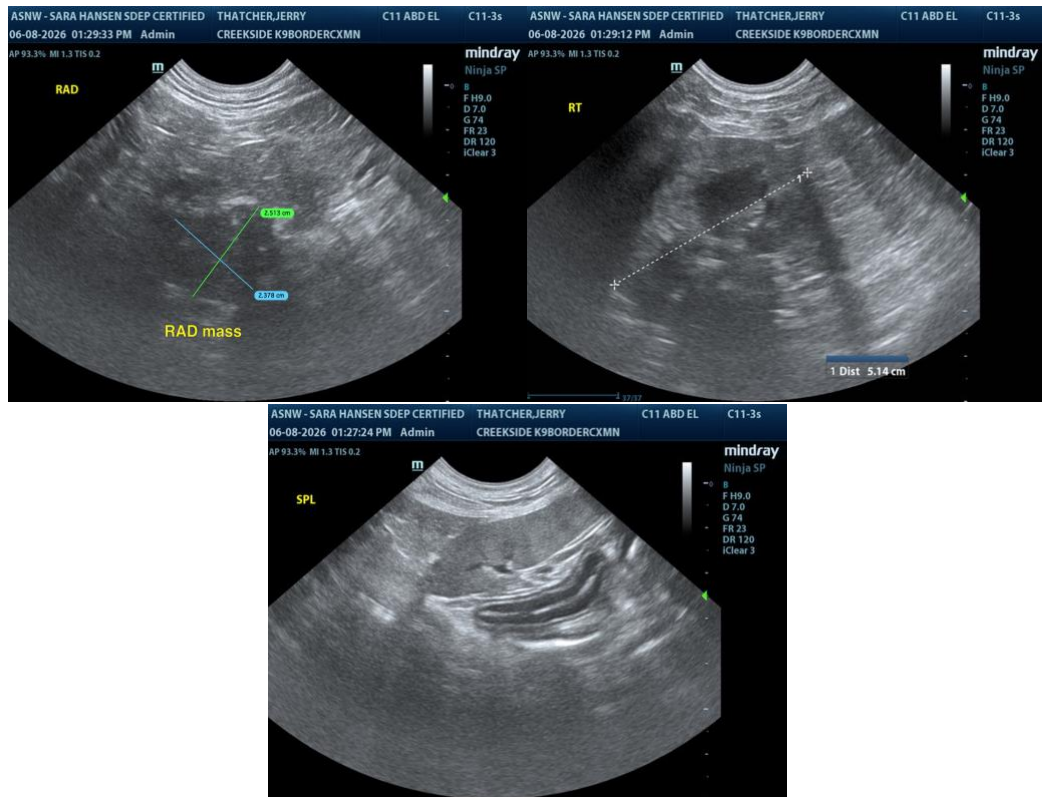
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)