



PATIENT

Molly Keller

SPECIES

Canine

BREED

Lab Mix

SEX

Female Spayed

AGE

14 y 3 m

WEIGHT

48.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Amy Isaac

INVOICE

13017

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Decreased appetite over the last 2 weeks, owner having a hard time getting pet to eat anything the last few days. 1 possible episode of vomiting (vomit in house but multidog household). No diarrhea. Occasional coughing when drinking water. Weight loss. Appears to still have moderate amount of energy per owner when on walks. Normal senior labs in October 2025 and normal UA 12/29/25. On amlodipine for hypertension and has had Librela in the past, 2 seizures in 1 day several months ago but none since.

Abnormal PE/Chem/CBC/UA Results: mm pale pk/dry. CRT less than 2 sec. Abdomen is slightly tender. 4-pound weight loss over several weeks. CBC show marked anemia 18% and nonregenerative. Rest of labs NSF other than mild increase in amylase. Chest rads appear NSF, no pleural effusion or evidence of hemothorax/mass/etc. Mild increase in respiratory rate and effort.

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 changes 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. Minor evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 5.8 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 0.69 cm width in the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole.

Spleen

The spleen was normal in size with areas of caudal asymmetrical capsule contour with potential for areas of capsule fibrosis or splenic infarcts. The spleen exhibited a mild heterogeneous, hypoechoic nodule measuring 1.0 cm in diameter.

Liver

The liver presented subjective borderline to possible mild enlargement in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-



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organized, echogenic, nonmineralized 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 contained minor retained gastric fluid.

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 lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-enlarged spleen exhibiting mild, non-homogeneous, subtle nodular parenchyma and asymmetrical capsule margination
- Borderline to mild hepatomegaly
- Non-organized gallbladder debris (non-mucocele)
- Chronic renal changes exhibiting minor pyelectasia
- Normal gastrointestinal tract with mild hypomotile stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Age-related or benign splenic changes which may include hyperplasia, hematopoiesis, capsule fibrosis, previous splenic infarcts, etc. are favored with splenic neoplastic criteria thought less likely yet not definitively excluded. The borderline to mild hepatomegaly is most suggestive of benign criteria, i.e. vacuolar changes. Potential for mild hypomotile gastritis possible. A definitive cause of anemia was not obvious. Further assessment may include, assuming normal clotting status yet potentially dependent upon further monitoring and stabilization of anemia, screening splenic +/- hepatic FNA cytology using 25-gauge needle. CBC pathology review and +/- infectious disease serology if clinically indicated may be considered. Given normal thoracic radiographs, a GI panel to include PLI/TLI/Cobalamin/Folate in correlation with neurological/myocardial infarction. Musculoskeletal examination to assess for additional occult disease given weight loss is recommended.



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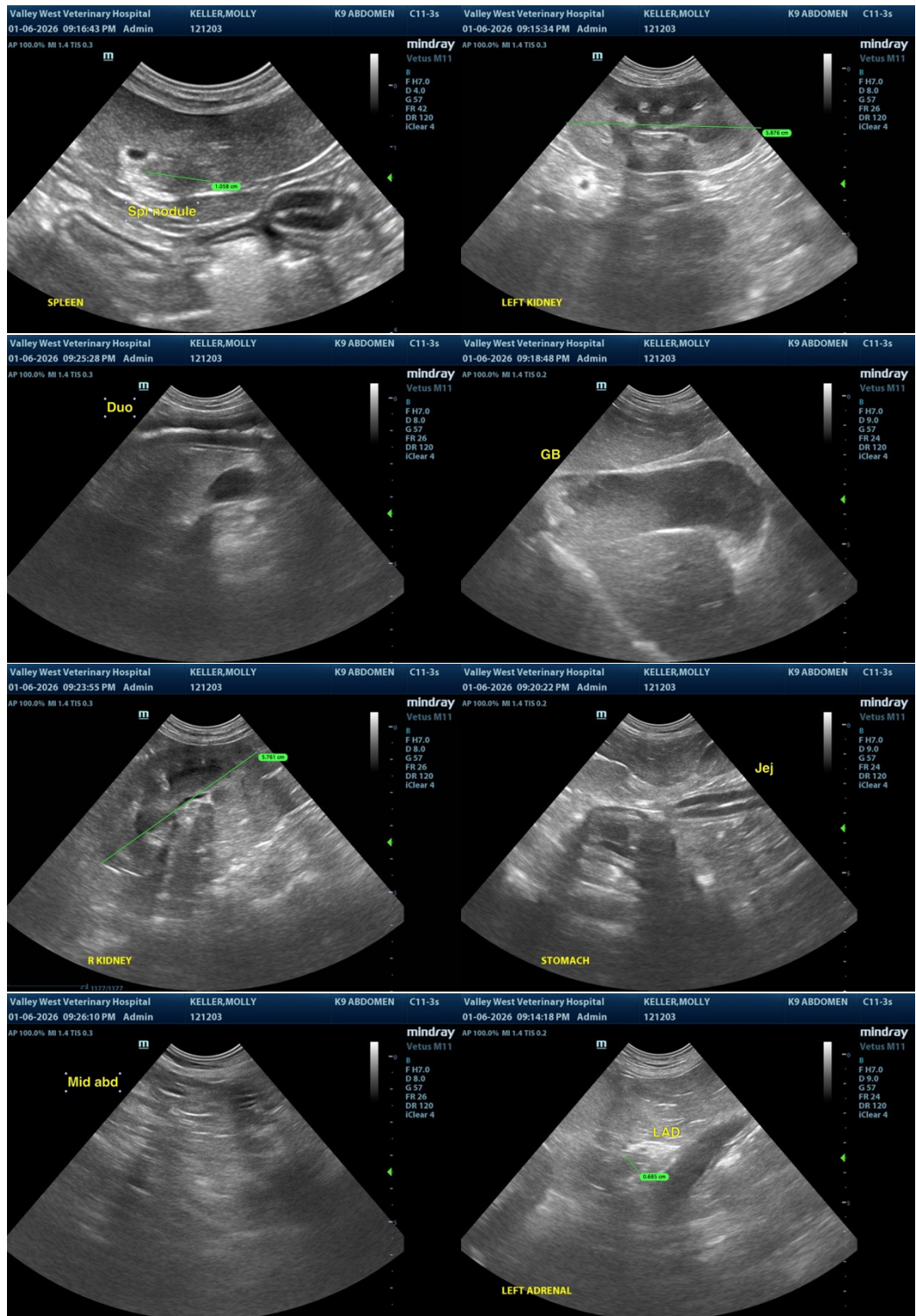
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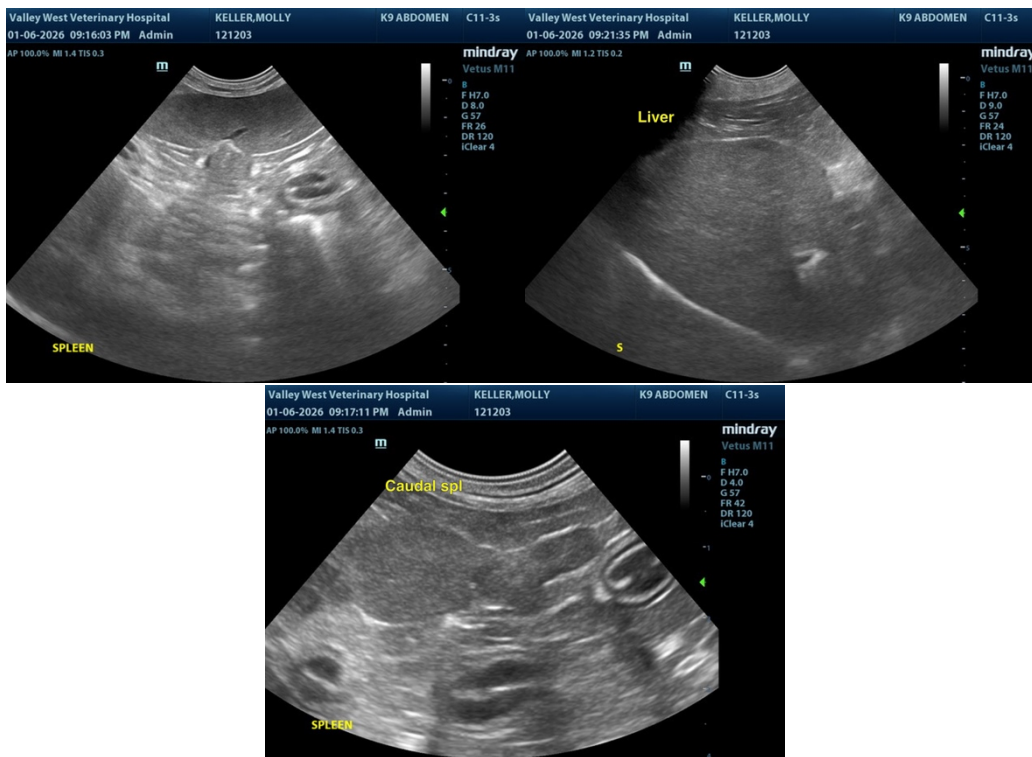
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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