



PATIENT	PRESENTING CLINICAL SIGNS
Colt Ryan	Decreased appetite, bilirubinuria on UA. was cryptorchid as a pup, since neutered May 2025. was treated for possible UTI with clavaseptin in April 2025 May 2025 increased ALT and GGT on pre-neuter BW
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: May 2025 ALT 76, GGT 4. TBili normal at 5 Nov 19 2025 UA: USG 1.070, Bili 3 mg/dL, urobili 8mg/dL
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
GSD	Urinary System
SEX	The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Neutered Male	
AGE	The prostate is unable to be visualized in these images.
1.5 Years	The right kidney is normal is size (5.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
WEIGHT	
31 kg	The left kidney is normal is size (6.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The adrenal glands are unable to be visualized in these images.
IMAGING PERFORMED BY	Spleen
Dr. Goeres	The spleen is subjectively normal in size (1.7 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
HOSPITAL NAME	Liver
Kelowna Veterinary Hospital	Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
REFERRING VET	
Dr. Little	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
INVOICE	Gastrointestinal
72021	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.
DATE	
11/20/25	



PATIENT

Colt Ryan

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

GSD

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Neutered Male

Free Abdomen

AGE

1.5 Years

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

WEIGHT

31 kg

ULTRASONOGRAPHIC FINDINGS

- An obvious cause for the subtle liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out. Vascular anomalies cannot be ruled out, especially in a young dog.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A recheck full general metabolic health screen is recommended to include CBC/Chem panel and electrolytes.

IMAGING PERFORMED BY

Dr. Goeres

Pending results of that evaluation, bile acids may be warranted if patient's total bilirubin is not increased.

HOSPITAL NAME

Kelowna Veterinary Hospital

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.

REFERRING VET

Dr. Little

INVOICE

72021

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PATIENT

Colt Ryan

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

31 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

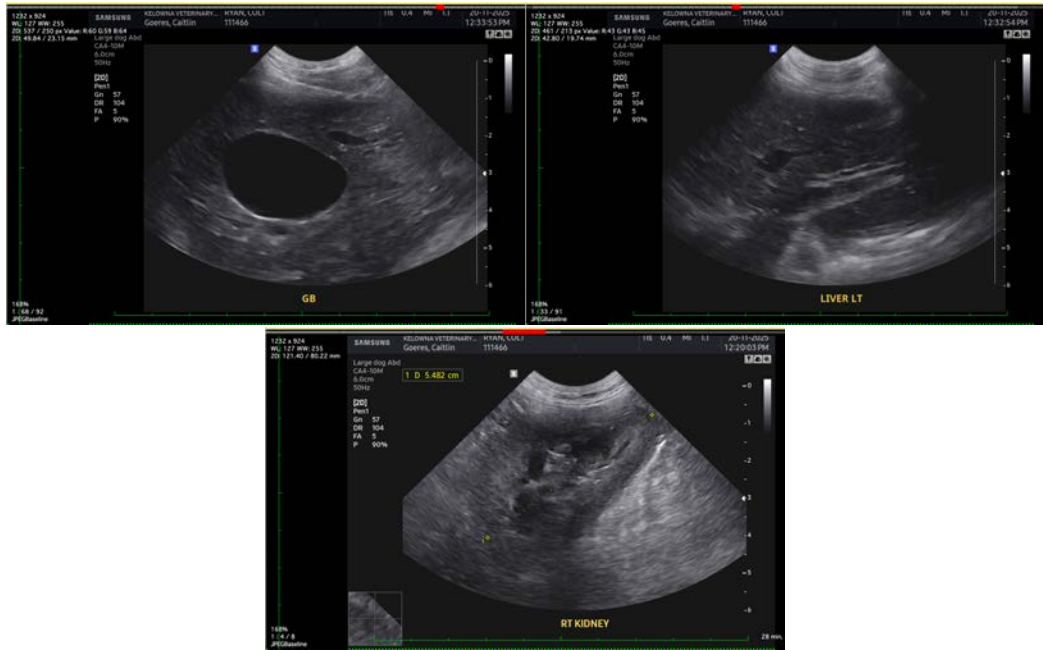
Dr. Little

INVOICE

72021

DATE

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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.

Beth Johnson, DVM, DACVIM
info@sonopath.com