



PATIENT

Domingo Gallego

SPECIES

Canine

BREED

German Shepherd/
Rottweiler

SEX

Male

AGE

6

WEIGHT

72

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Nader

INVOICE

11519

DATE

3/18/2026

PRESENTING CLINICAL SIGNS

- LETHARGY.

Abnormal PE/Chem/CBC/UA Results: PALE MM SEVERE ANEMIA, PCV 6, NOW IS 10 AFTER BLOOD TRANSFUSION MILD ELEVATED ALT, ELEVATED ALPK CBC WITH APTH. REVIEW-PENDING.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The prostate is unable to be visualized in these images.

The right kidney is normal is size (8.6 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.

The left kidney is normal is size (7.8 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.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

Spleen

The spleen is subjectively normal in size 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.

Liver

The liver appears largely normal except in one or two views where there's a very subtly focally rounded area in the mid to caudal liver, measuring approximately 7.7 cm x 8.1 cm in size. The area is very mildly heterogenous but isoechoic and may or may not represent true pathology.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.



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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The bowel that can be visualized is normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Having said that, it is difficult to fully assess bowel due to lack of detail between organs and large amounts of artifact, potentially from ingesta versus other. Therefore, subtle bowel pathology cannot be definitively ruled out.

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

Pancreas

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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- A possible emerging liver mass can't be ruled out. Having said that, as described above, normal overlying anatomy versus true pathology is equally possible as the focally rounded area isn't definitively visible in multiple views.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the anemia are in part dependent on whether or not it's regenerative versus non-regenerative, which may further guide workup. There's not a definitive intraabdominal explanation for patient's reported anemia present in these images at this time i.e. no definitively visible hemorrhage or cavitated lesions that could represent hemorrhage, etc.

Comprehensive infectious disease evaluation could be considered.

Especially, if anemia is non-regenerative, bone marrow evaluation can be considered.

Sampling of the liver could be considered if patient's coagulation status is appropriate or given the subtlety of the possible lesion, follow up imaging could alternatively be planned. Additionally, advanced imaging such as an abdominal CT scan could be considered.

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



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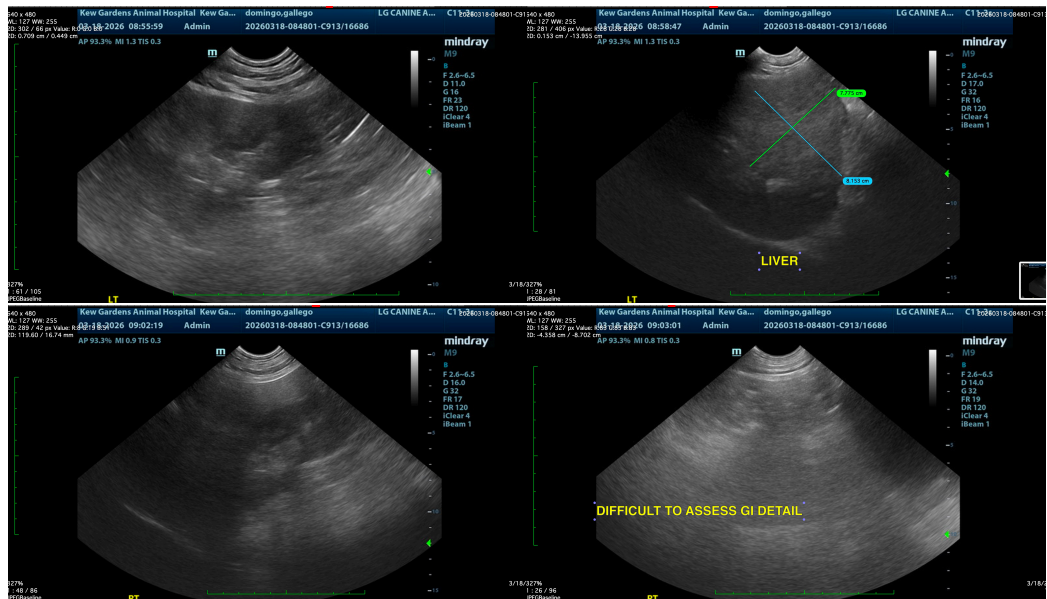
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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