



PATIENT

Zack Moyer

SPECIES

Canine

BREED

German Shepard Mix

SEX

Male Neutered

AGE

10y 6m

WEIGHT

33.5 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Annville VH

INVOICE

13072

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate progressive liver enzyme elevations and weight loss despite a good appetite. Recent LDDS that was supportive of Cushing's but unable to differentiate between ADH/PDH. Started on Vetoryl- now held with LES elevations. Continued LES elevation. Antibiotic/Denamarin trial for unknown hepatopathy. Owner reports clinical signs of panting, increased drinking and restlessness at home.

Meds: Gabapentin, Fluoxetine, Denamarin, Ciprofloxacin, Metronidazole.

Abnormal PE/Chem/CBC/UA Results: Dec 2025 (Nov 2025) - Chem: Alb 3.8-n, ALP 1873 H (1692 H), ALT 398 H (410 H), AST 65 H, GGT 14 H (11-n), D. Bili 0.2 H (0.1-n), I. Bili 0.2-n, T.Bili 0.4 H (0.3-n), Chol 293BUN 18-n, Cr 0.6-n - CBC: Hct 46.9%, plts 345, remainder NSF - Cortisol 2.2 (2-6) - USG: 1.020 - UPC 0.7 H - LDDS: Pre-Dex 2.9; 4-H post 2.7; 8-H post 2.2

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, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate 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 6.9 cm in length. The right kidney measured 7.4 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 0.64 cm width at the caudal pole. An indistinctly marginated, non-mineralized, mildly hyperechoic nodule was present in the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 1.0 cm. Mild overall right adrenomegaly measuring 0.86 cm width at the caudal pole.

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.



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Liver

The liver exhibited variable hepatomegaly primarily in the mid to left liver secondary to extensive non-homogeneous, mixed echogenic primarily mid to left liver mass measuring at least 13.0 cm in diameter. Associated mild asymmetrical hepatic capsule distortion. The mass appeared to extend into the area of the right liver and potential area of porta hepatis, caudal to the gallbladder. The right lateral to caudate liver was sonographically normal. The gallbladder was potentially displaced laterally, secondary to the liver mass. The gallbladder exhibited mild, non-organized, echogenic, nonmineralized biliary sludge. No evidence of post hepatic stasis. 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 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

Mild volume peritoneal effusion noted caudal to the liver and in between the caudal lateral spleen and left kidney. No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Liver mass occupying majority of the left to mid liver potentially extending into area of the porta hepatis
- Non-organized, mild gallbladder debris (non-mucocele)
- Mild volume peritoneal effusion
- Normal gastrointestinal tract
- Age-related renal changes
- Mild, irregular nodular right adrenal gland, normal left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the liver mass is most consistent with neoplastic criteria. Assuming normal clotting status, FNA cytology could be considered for initial assessment. Right adrenal hyperplasia, functional vs non-functional adenomatous change, emerging primary or metastatic adrenal tumor, all potentials. Monitoring of systemic BP for evidence of hypertension which may suggest mixed adrenal pathology given patient history or possible pheochromocytoma is suggested.



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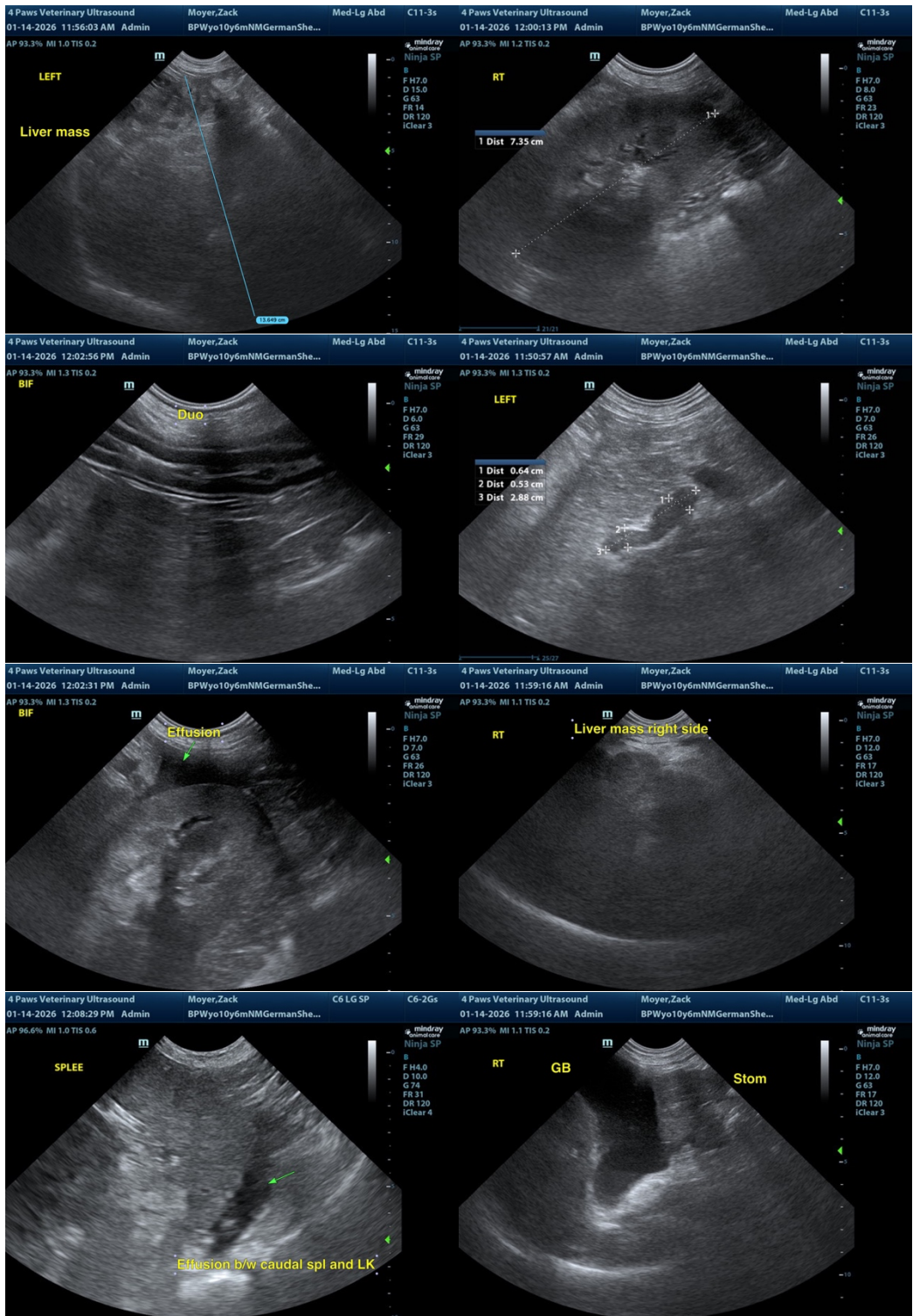
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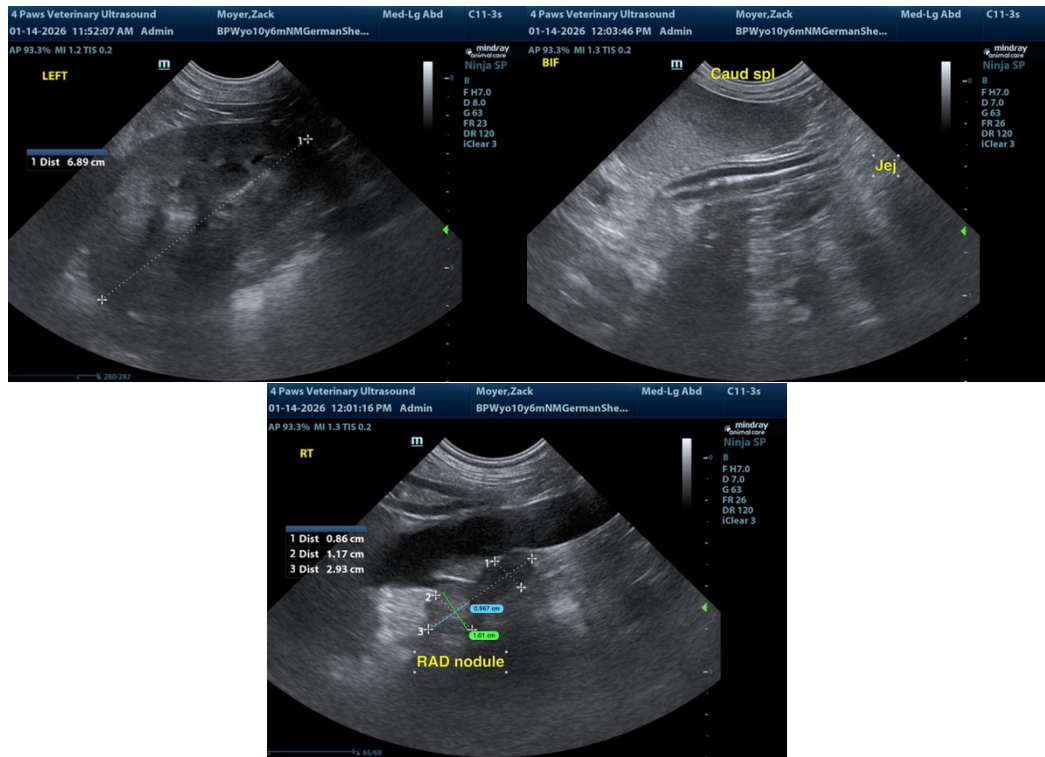
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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