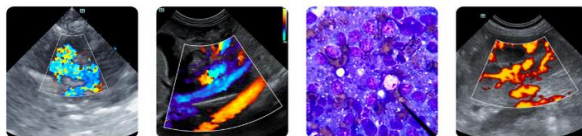




PATIENT	PRESENTING CLINICAL SIGNS
Eddy Churchill	soft tissue sarcoma pre-surgical screening with history of elevated liver enzymes and PU/PD - Abnormal PE/Chem/CBC/UA Results: CBC WNL, chem elevated albumin, 4.1 (2.7-3.9) TP 7.8 (5.5-7.5) alkp 693 (5-160)
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
German Shepherd Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
M/N	
AGE	The residual prostate was sonographically normal.
7 years	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 8.5 cm in length.
91.4	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.82 cm caudal pole width and the right adrenal gland measured 0.82 cm caudal pole width.
IMAGING PERFORMED BY	Spleen
Dr. Kellie Pesola	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.
HOSPITAL NAME	Liver/ Gallbladder
Stuga North VC	The liver was mildly enlarged 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Kellie Pesola	
INVOICE	
10551	
DATE	
1/15/26	



PATIENT	<i>Gastrointestinal</i>
Eddy Churchill	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
German Shepherd	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
Mix	<i>Free Abdomen</i>
SEX	No overt lymphadenopathy or peritoneal effusion was present.
M/N	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none">• Benign hepatopathy• Normal gallbladder• Sonographically unremarkable bilateral kidneys / adrenal glands
7 years	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
WEIGHT	There is no evidence of primarily or metastatic abdominal neoplastic criteria. The liver is suggestive of vascular hepatopathy criteria. No obvious adrenal pathology was noted as a contributing factor, yet adrenal screening or workup is warranted if clinical signs consistent with Cushing's Syndrome and concurrent decreased urine specific gravity. Correlation with urinalysis +/- Leptospirosis titers / PCR, if clinically indicated, is recommended.
91.4	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Dr. Kellie Pesola	
HOSPITAL NAME	
Stuga North VC	
REFERRING VET	
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PATIENT

Eddy Churchill

SPECIES

Canine

BREED

German Shepherd
Mix

SEX

M/N

AGE

7 years

WEIGHT

91.4

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Kellie Pesola

HOSPITAL NAME

Stuga North VC

REFERRING VET

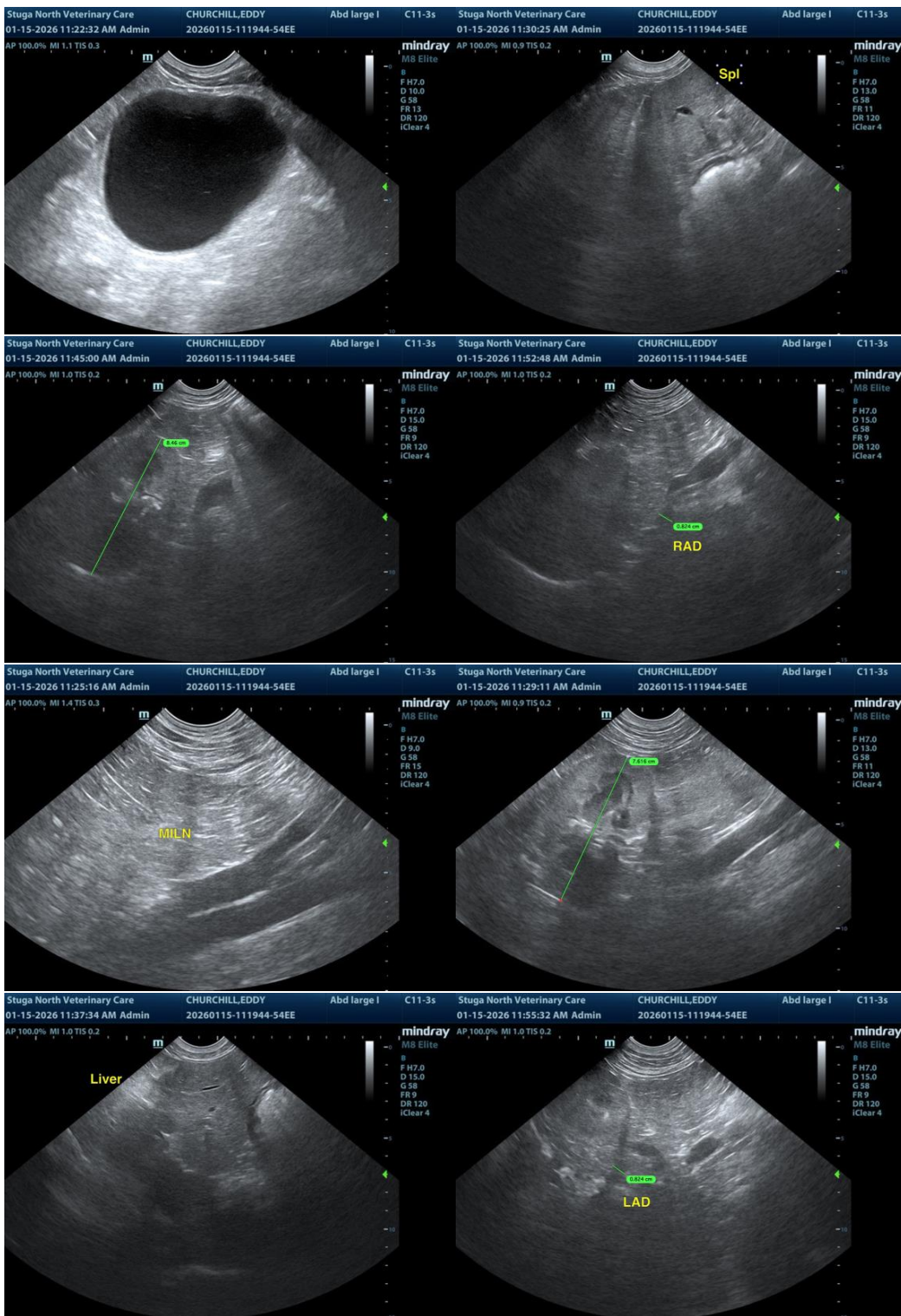
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PATIENT

Eddy Churchill

SPECIES

Canine

BREED

German Shepherd
Mix

SEX

M/N

AGE

7 years

WEIGHT

91.4

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Kellie Pesola

INVOICE

10551

DATE

1/15/26



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