



## PATIENT

Ava Broyles

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

72.1 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Dr. Rodriguez

## INVOICE

13298

## DATE

01/22/26

## PRESENTING CLINICAL SIGNS

- Hyporexia

Abnormal PE/Chem/CBC/UA Results: Pending

## 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. 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 7.4 cm in length.

The right kidney was not definitively visualized.

### *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 0.98 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

### *Spleen*

The spleen presented normal in size with symmetrical contour and subtle heterogeneous parenchyma with focal to intermittent discrete hyperechoic nonhomogenous noncapsule deforming splenic nodules with an example measuring 2.0 cm in diameter.

### *Liver & Gallbladder*

The liver presented with possible borderline enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary visualized discrete noncapsule deforming hyperechoic nonhomogenous liver nodule was present measuring 3.0 cm in diameter.

The gallbladder was non distended in size with moderate gravity dependent congealed hyperechoic biliary sludge. The common bile duct was not visualized.

### *Gastrointestinal*

The stomach presented generalized mild thickened wall exhibiting intact to mildly indistinct mural detail. The stomach contained a moderate amount of retained echogenic fluid and strongly shadowing



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content appearing to extend into the pyloric outflow. The ventral body wall measured 0.82 cm wall width.

The small intestine presented intact wall layering with maintained wall layer ratio. primarily empty lumen with focal segmental intestinal gas versus nonobstructive shadowing lumen content. No evidence of intestinal obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### **Pancreas**

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 was evident.

### **Free Abdomen**

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present. Mild perigastric hyperechoic omentum.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Mild thickened stomach exhibiting retained fluid and strongly shadowing content appearing to extend into the pyloric outflow.
- Overall empty normal small intestine with focal segmental gas versus nonobstructive shadowing intestinal content.
- Perigastric hyperechoic omentum.
- Discrete hepatosplenic nodules.

### **Secondary Findings**

- Nonorganized gallbladder debris (non-mucocele).
- Left kidney mild to moderate chronic changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The strongly shadowing gastric content is consistent with nonspecific foreign material with some degree of mechanical pyloric outflow obstruction suggested given degree of retained gastric content. The stomach wall may indicate concurrent or associated inflammatory criteria, potential for emerging to occult gastric mural neoplasia is not definitively excluded.

The discrete hepatosplenic nodules may indicate incidental benign criteria, i.e. hyperplasia, hematopoiesis, inflammation, although emerging hepatosplenic neoplasia likewise is not definitively excluded. In conjunction with patient clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract, liver and spleen with expectation toward gastrotomy. Consideration for concurrent gastrointestinal biopsies +/- hepatosplenic sampling or prophylactic splenectomy is recommended. Correlation with lab work is recommended.



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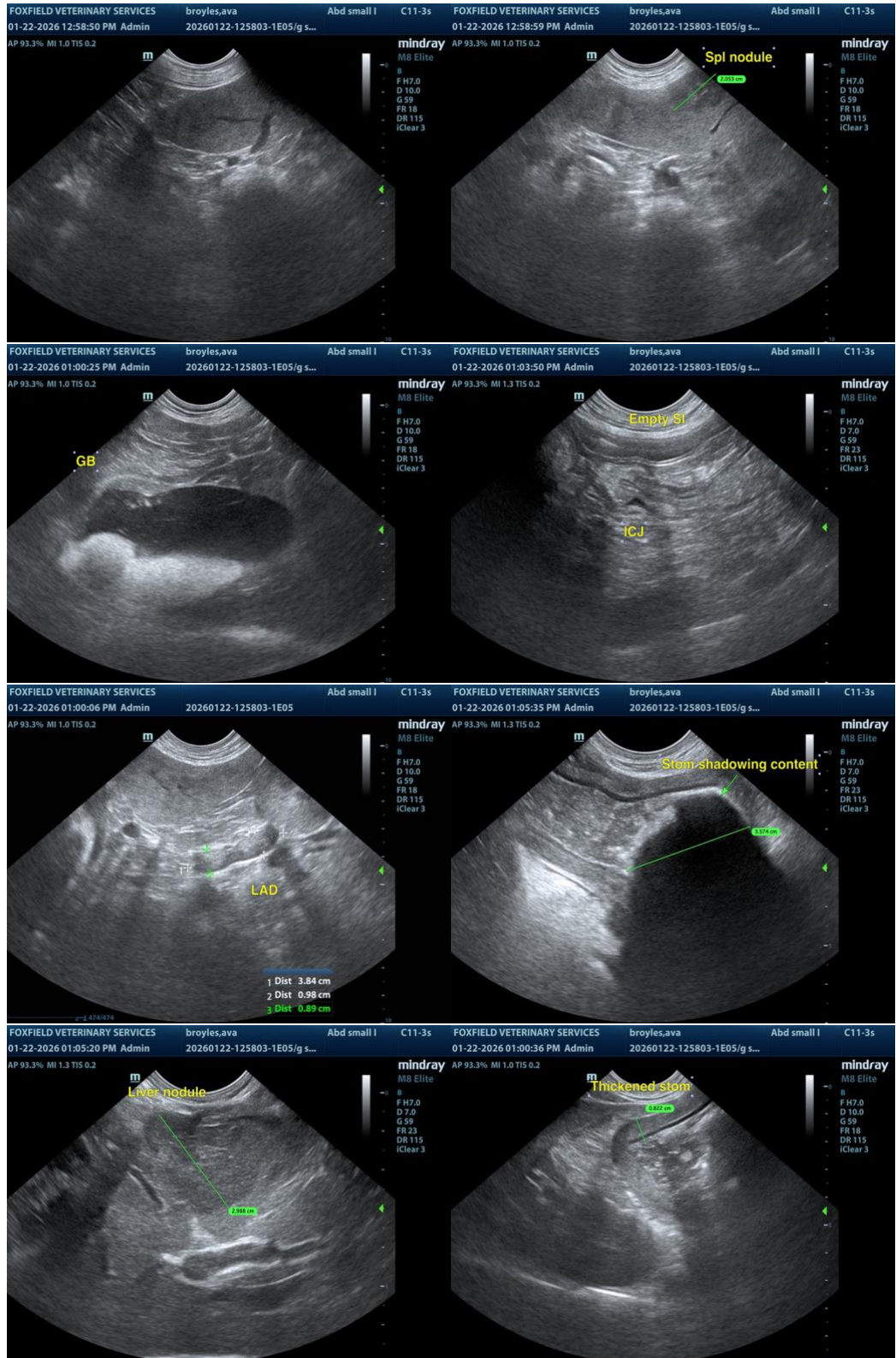
Dr. Rodriguez

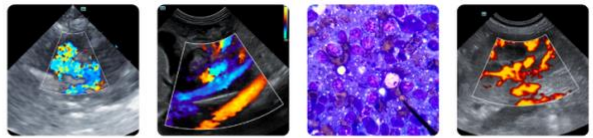
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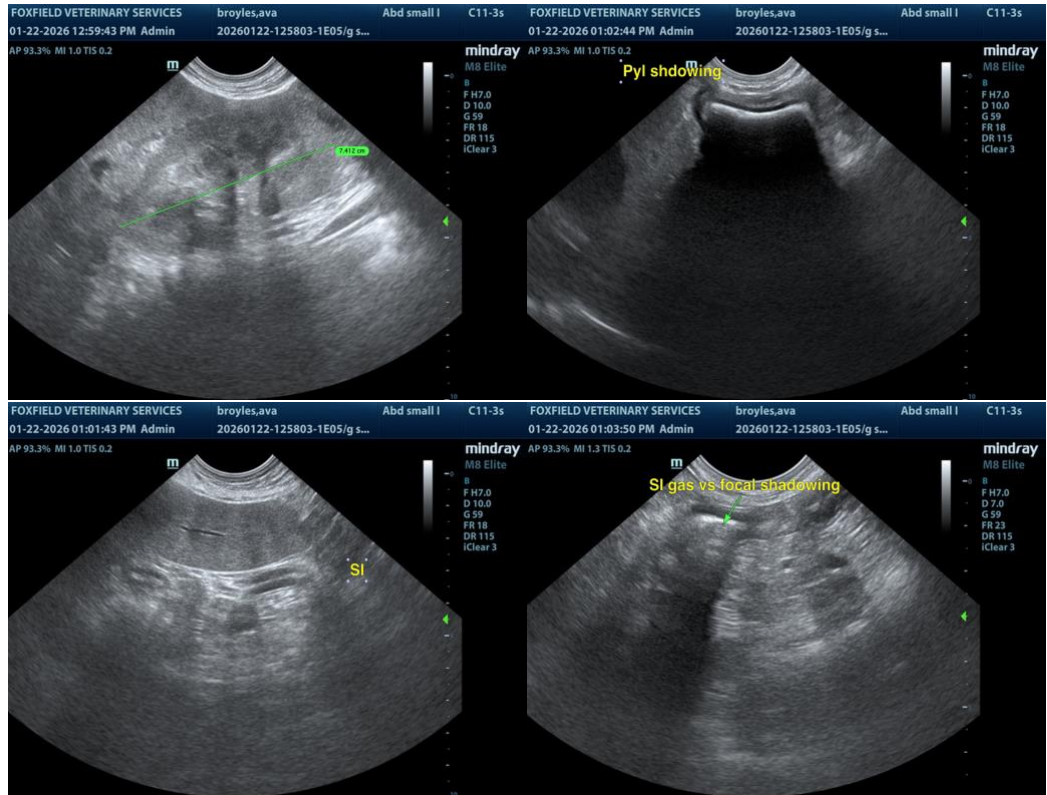
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)