



PATIENT PRESENTING CLINICAL SIGNS

Rocky Koc History:

SPECIES

Canine

- V+, Decreased appetite, wt loss
- Current meds: Cerenia, Mirtazapine, Doxycycline

BREED

Rottweiler

Abnormal PE/Chem/CBC/UA Results: RBC 5.3, HCT 33.2, HGB 12.6, WBC 2.67, PLT 18, Neuts and lymphs low SDMA 16, Na 141, Chol 104, TP 4.3, Alb 1.9, Glob 2.3, ALP 1412, ALT unreadable, Amylase 1829, Lipase 2848

SEX

Male Neutered

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

8 y

The urinary bladder was mildly distended with normal tone. The 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 changes were noted.

WEIGHT

79.3 lbs

No obvious pathology in the area of the residual prostate.

No overt medial iliac or sublumbar lymphadenopathy or masses.

INTERPRETED BY

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

Normal size and margination was 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 7.2 cm in length. The right kidney measured 7.3 cm in length.

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased peri-adrenal omental artifact.

HOSPITAL NAME

Oakland AH

Spleen

The spleen was asymmetrically enlarged in size with evidence of splenic folding and primarily maintained homogeneous parenchyma. Solitary, mildly expansive, indistinctly margined to non-homogeneous mass was present measuring 3.3 cm in diameter.

REFERRING VET

Dr. Pellicano

Liver

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13113

DATE

1/23/26

The liver exhibited generalized hepatomegaly with rounded contour, homogeneous parenchyma and mild coarse echotexture. Normal vascular volume without hepatic congestion. No obvious visualized hepatic mass or nodules present. The gallbladder was non-distended in size. The gallbladder wall was minorly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. Anechoic bile was present. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was not visualized.



PATIENT

Gastrointestinal

Rocky Koc

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

SPECIES

Canine

Generalized increased intestinal mucosa echogenicity with diffuse mucosa speckling to echogenic mucosal striations were present. Intestinal wall layering was maintained with mild altered 1:3 muscularis / mucosa ratio. Mild, segmental, non-obstructive ileus to the level of the colon. The appearance of the small intestine is most consistent with protein losing enteropathy or lymphangiectasia. There was no evidence of infiltrative or neoplastic intestinal disease which is considered unlikely but cannot be ruled out without full thickness or endoscopic biopsies.

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The colon exhibited overtly normal intact visible wall, empty visualized proximal and transverse colon with mild descending colon distention. Non-formed fecal matter present.

AGE

8 y

Pancreas

The area of the pancreas was sonographically normal.

WEIGHT

79.3 lbs

Free Abdomen

Generalized omental hyperechogenicity with mild to moderate volume peritoneal effusion present. Focal to intermittent, mildly enlarged to swollen, non-homogeneous mesenteric lymph nodes were present with an example measuring 2.9 cm in diameter.

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Heart

Rapid view of the heart revealed normal left and right heart chamber size with subjective adequate LV function.

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

ULTRASONOGRAPHIC FINDINGS

- Irregular folded splenomegaly with mildly expansive splenic mass
- Non-congested hepatopathy with minor edematous gallbladder
- Gastroenterocolonopathy exhibiting intestinal mucosal speckling and non-formed fecal matter in colon
- Focal to intermittent, non-homogeneous mesenteric lymphadenopathy
- Non-cardiogenic peritoneal effusion and generalized hyperechoic omentum

HOSPITAL NAME

Oakland AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Pellicano

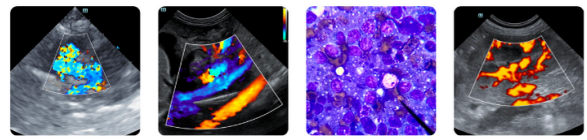
Although sampling is required for further clarification, the primary concern for multicentric neoplasia given presence of splenic mass is warranted. Multicentric inflammatory disease, protein losing enteropathy, nonobvious pancreatitis and nonspecific peritonitis, also potentials. Further assessment may include, assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology in correlation with effusion analysis cytology, +/- C/S and leptospirosis titer/PCR may be considered if clinically indicated pending sampling considered essential for further clarification. Hepato-gastrointestinal support and empirical therapy for intestinal protein loss may be considered. Extremely guarded prognosis.

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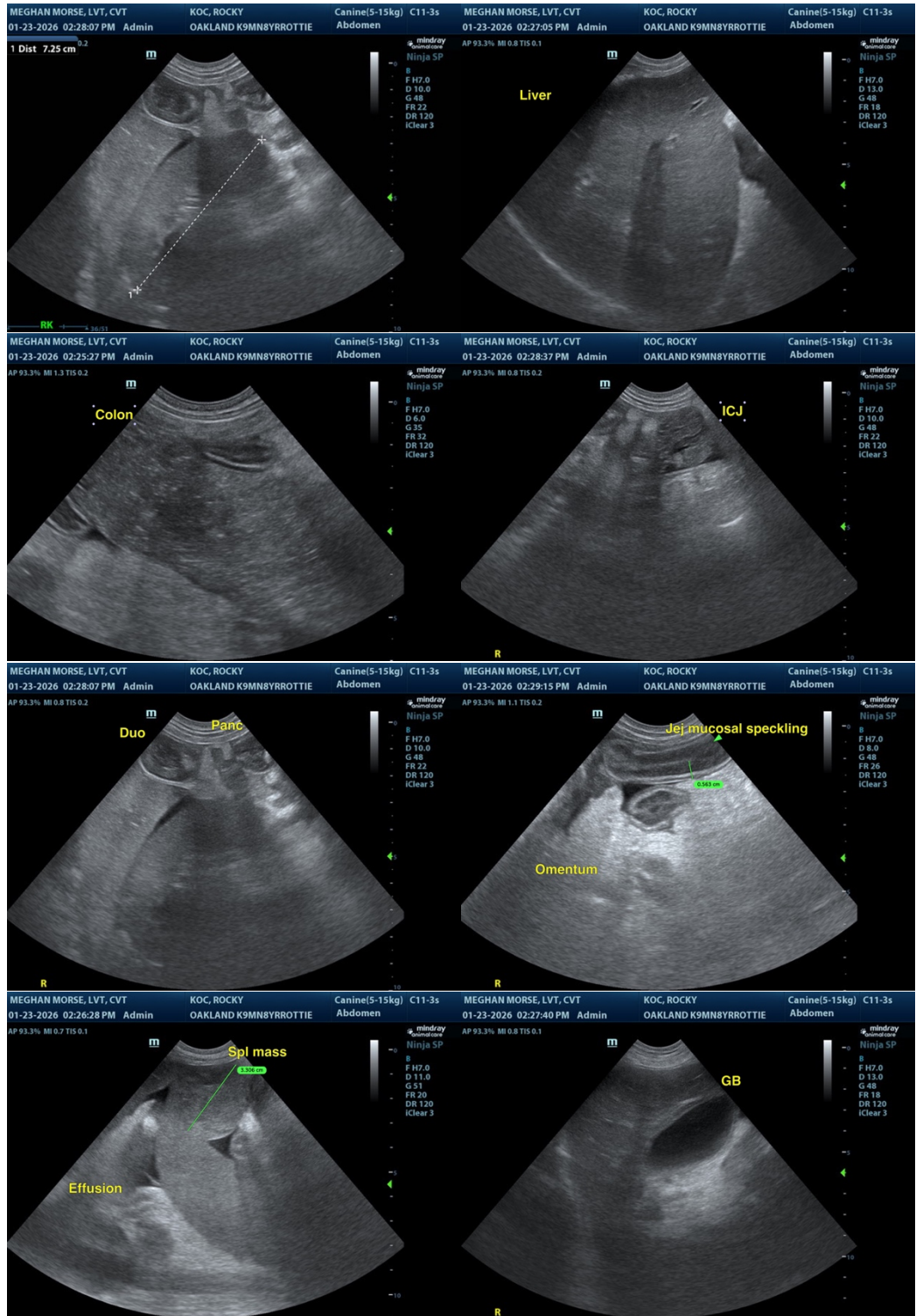
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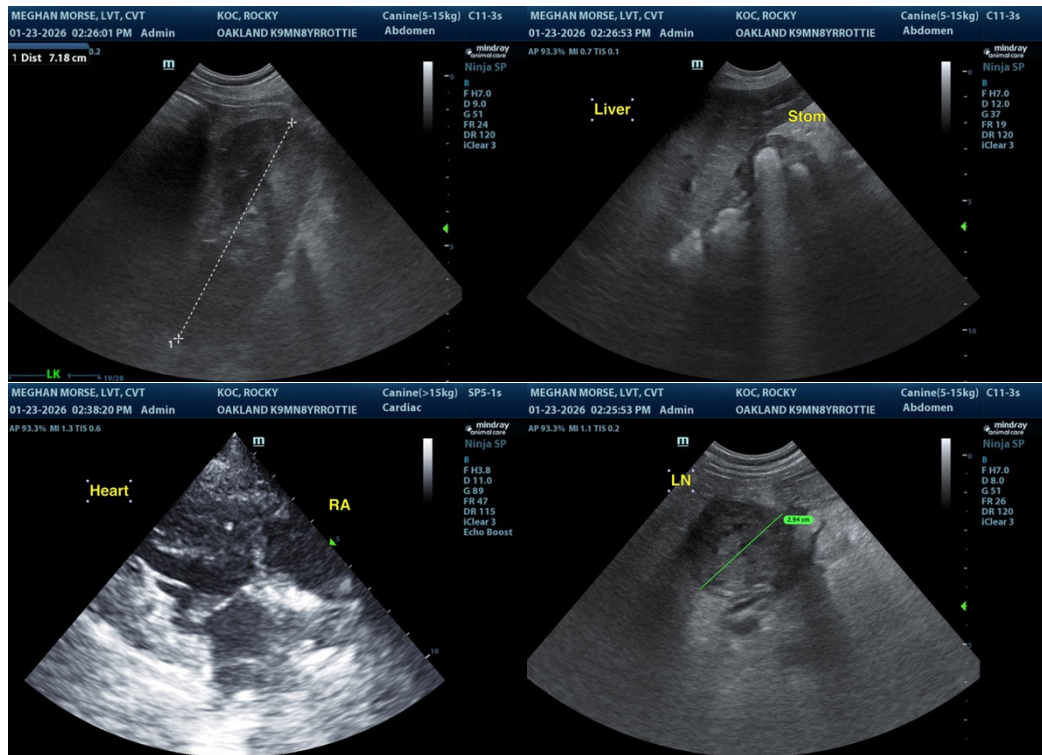
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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