



PATIENT

Stella Hussain

SPECIES

Canine

BREED

German Shepherd
 Mix

SEX

FS

AGE

10yr

WEIGHT

31.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
 Clinic

REFERRING VET

Dr Brandt

INVOICE

23674

DATE

01/26/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: PUPD, lethargic, Inappetent
- Dex suppression test pending
- Current Medications Amoxicillin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were 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 5.7 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Bilateral symmetrical borderline/mild adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland measured 0.95 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. Suspect minor perihilar medial capsule fibrosis. 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.

Liver/Gallbladder

The liver presented subjectively 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 mild non-organized debris. The cystic and common bile ducts were normal.

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 mechanical/metabolic ileus, obstruction or foreign material.



PATIENT

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

Stella Hussain

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.

SPECIES

Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

German Shepherd
Mix

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Bilateral borderline/ mild adrenomegaly
- Mild hepatomegaly- subjective benign
- Mild non-organized gallbladder debris
- Mild age-related renal changes
- Sonographically normal gastrointestinal tract

FS

AGE

10yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

No evidence of sonographic neoplastic criteria. Correlation with pending adrenal testing as well as full CBC, chemistry panel and UA is recommended.

31.5lb

If evidence of hepatic inflammation and pending adrenal testing, leptospirosis titer / PCR may be considered. Gastrointestinal support is recommended.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr Brandt

INVOICE

23674

DATE

01/26/2026



PATIENT

Stella Hussain

SPECIES

Canine

BREED

German Shepherd
 Mix

SEX

FS

AGE

10yr

WEIGHT

31.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
 Clinic

REFERRING VET

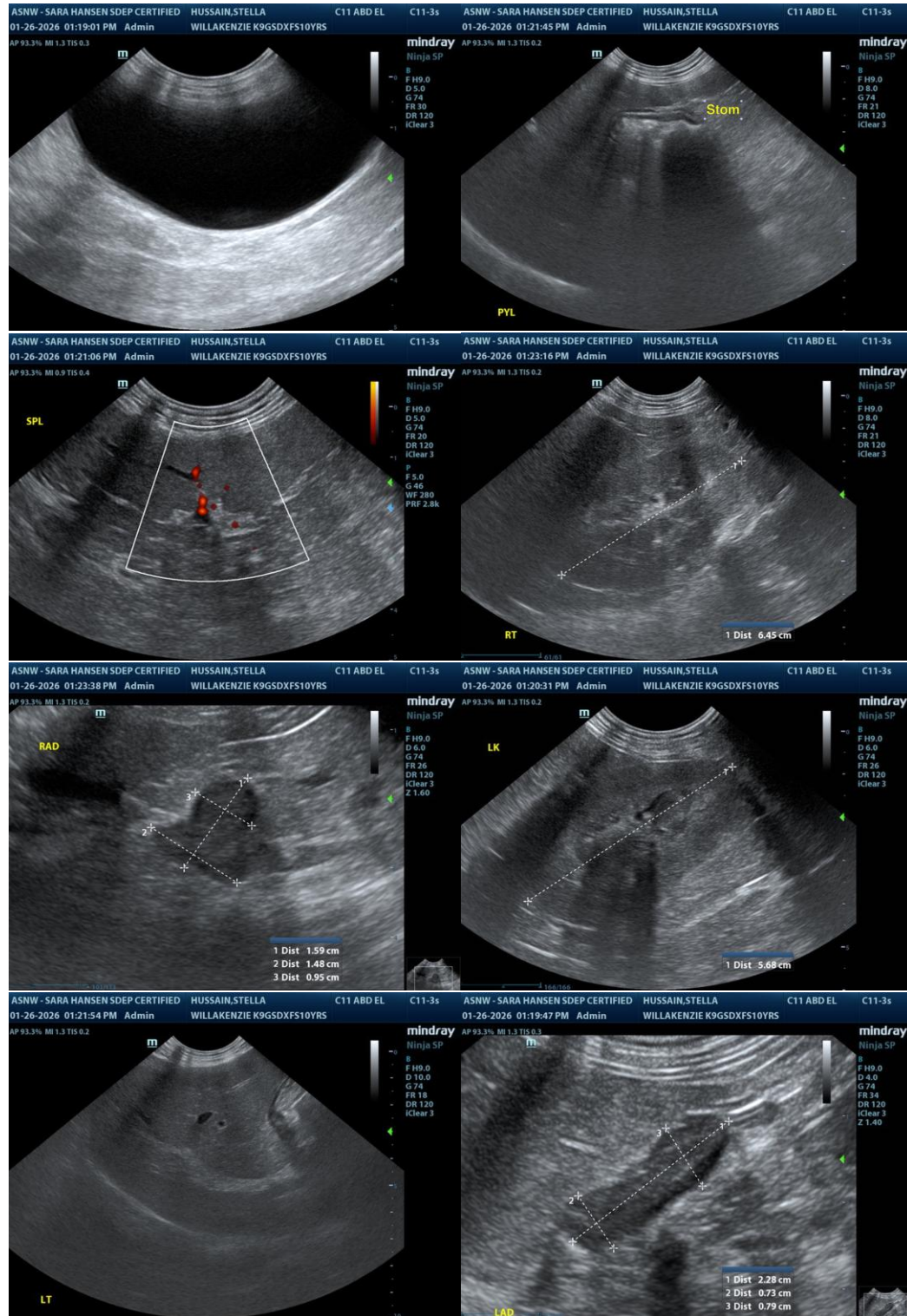
Dr Brandt

INVOICE

23674

DATE

01/26/2026





PATIENT

Stella Hussain

SPECIES

Canine

BREED

German Shepherd
 Mix

SEX

FS

AGE

10yr

WEIGHT

31.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
 Clinic

REFERRING VET

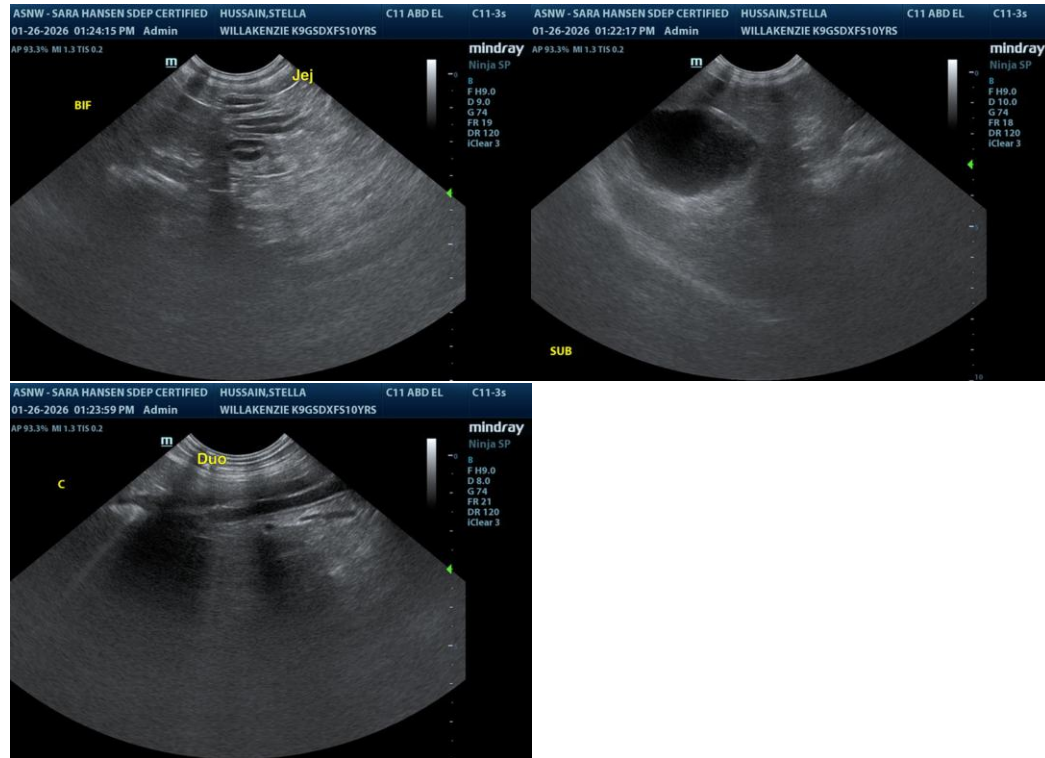
Dr Brandt

INVOICE

23674

DATE

01/26/2026



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