



PATIENT

Coco Gonzalez

SPECIES

Canine

BREED

German Shepherd Mix

SEX

FS

AGE

12yr

WEIGHT

63.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Ukachi Ugorji, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Ukachi Ugorji, DVM

INVOICE

23493

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

Coco is a 12-year-old FS German Shepherd mix presenting for recheck abdominal ultrasound to monitor a potential emerging gallbladder mucocele, blood pressure recheck, recheck blood work, laser, and nail trim. Owner reports no recent epistaxis. Coco was fasted this morning; Gabapentin and Amlodipine were given at 7:30 AM in a pill pocket. Ursodiol was not given this morning due to fasting but has been administered routinely. No additional concerns reported regarding appetite, thirst, urination, or defecation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney cortical infarcts were present. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.67 cm caudal pole.

The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen was normal in size with primarily symmetric capsule contour and mild asymmetrical perihilar medial capsular contour. Previously noted perihilar non-disruptive hyperechoic nodules along with static pinpoint hyperechoic parenchyma foci were present.

Liver/Gallbladder

The liver exhibited generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate static non-organized gallbladder debris with areas of centralized to peripheral entrapped probable mucus. No evidence of pericholecystic inflammation. 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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to intermittent hyperechoic mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Static appearing hepatomegaly with mild parenchymal remodeling.
- Static immature gallbladder mucocele
- Static splenic myelolipoma and benign hyperechoic parenchymal foci
- Normal gastrointestinal tract.
- Similar appearing pancreatic remodeling.
- Static chronic renal changes with cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant progressive pathology. Continued hepatosupportive medications with sonographic reassessment of the liver and gallbladder if progressive hepatopathy, cholestasis, or cranial abdomen/subxiphoid discomfort on palpation arise.



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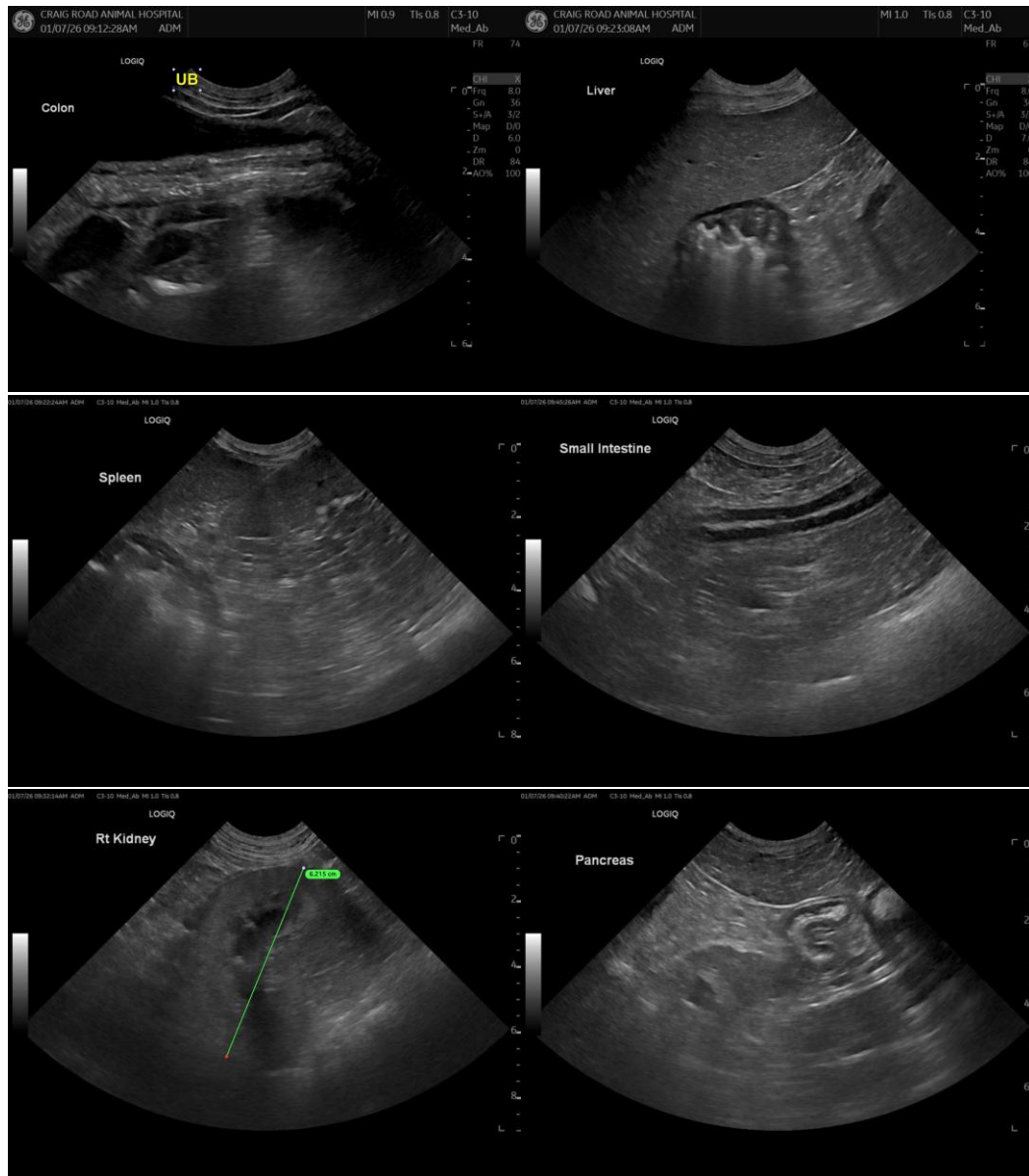
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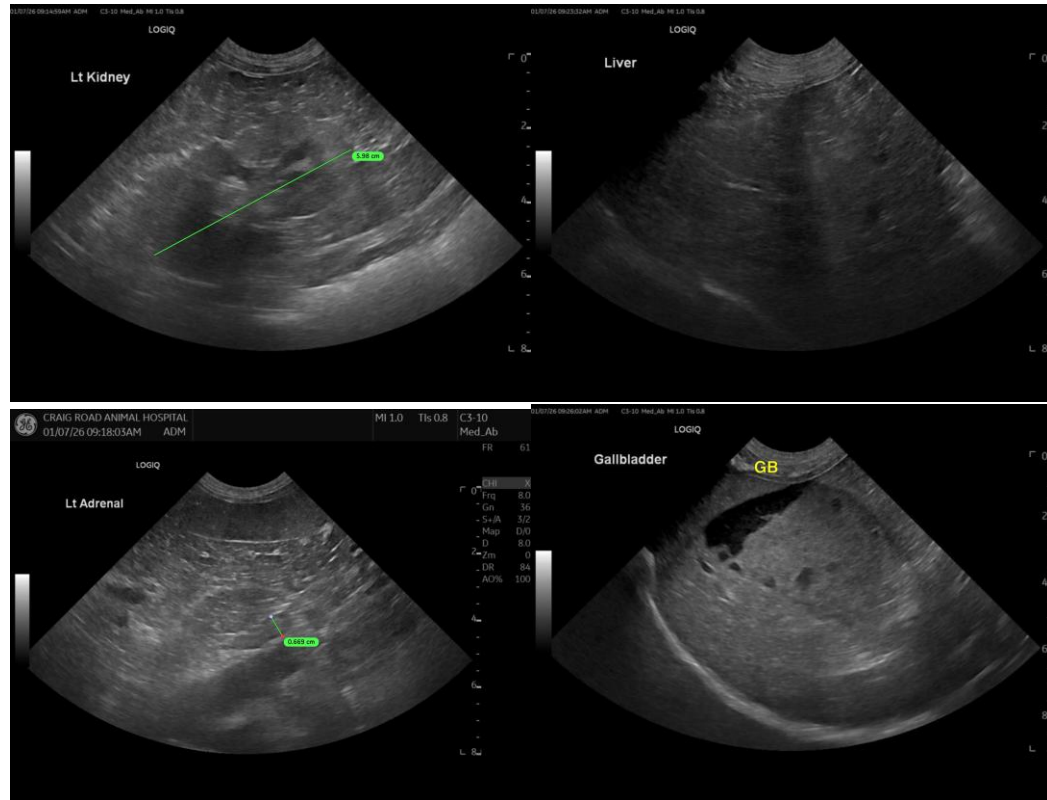
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com