



PATIENT

Stella Kaiser

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

12

WEIGHT

78

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Harrs

INVOICE

12072

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Diarrhea lethargy not wanting to walk

Abnormal PE/Chem/CBC/UA Results: ALT 188 ALP 1684 GGT 15

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 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.

Normal size and margination was 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 8.7 cm in length. The right kidney measured 7.6 cm in length with probable mild underestimation of right kidney size.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole.

The right adrenal gland exhibited mild flattened caudal pole, symmetrical contour and homogenous parenchyma. The right adrenal gland measured 0.49 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. 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.

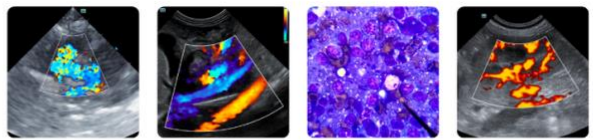
Liver

The liver revealed hepatomegaly and mild nonhomogenous remodeled parenchyma. A solitary indistinctly visualized mild centrally echogenic to peripherally hypoechoic mid to ventral hepatic nodule was present measuring 2.4 cm in diameter.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and effusion was present.

Gastrointestinal

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



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing nonshadowing intestinal ingesta with no signs of ileus, obstruction or foreign material.

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The visualized colon exhibited normal intact visible wall and nondistended size containing semi formed to soft fecal matter.

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy exhibiting intraparenchymal nodule- vacuolar versus inflammatory hepatopathy, nodular hyperplasia, lipogranuloma, nonobstructive cholestasis, neoplasia with potential emerging target lesion are all potentials.
- Partial to emerging gallbladder mucocele.
- Sonographically normal spleen.
- Normal gastrointestinal tract with mild gastrointestinal ingesta and semi formed to soft fecal matter in the colon- ingesta consistent with food echogenicity/chyme.
- Age-related renal changes.
- Subjective subnormal caudal right adrenal gland- nonspecific.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic parenchyma and (if accessible) nodule FNA cytology is warranted for further clarification. Hepatosupportive medications with serial monitoring of the gallbladder if evidence of progressive hepatopathy/cholestasis and potential consideration for prophylactic cholecystectomy and hepatic biopsies is recommended. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level is warranted. Concurrent gastrointestinal support is recommended. Musculoskeletal and neurological examination is suggested if not done.

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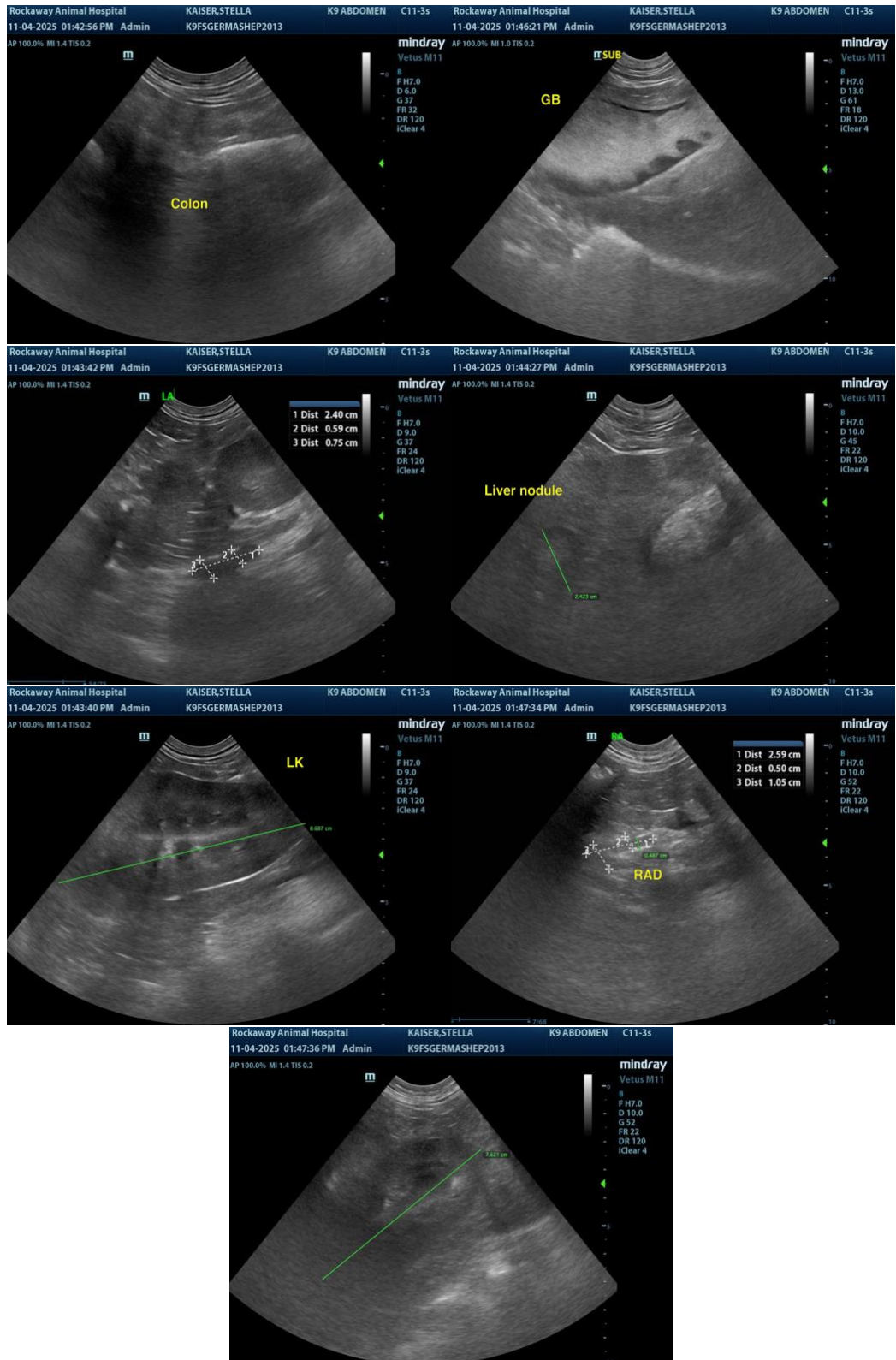
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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