



## PATIENT

Echo Kerr

## SPECIES

Canine

## BREED

German Shepherd Dog

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

75 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Vincent Tavella

## HOSPITAL NAME

Williamsburg  
Veterinary Clinic

## REFERRING VET

Dr. Vincent Tavella

## INVOICE

72232

## DATE

12/1/25

## PRESENTING CLINICAL SIGNS

Patient presents for 3 day history of vomiting, hyporexia, and lethargy. No known toxicant or foreign body ingestion.

Abnormal PE/Chem/CBC/UA Results: PE: Dehydration 10-12%, abdominal distention - no pain. T= 100.8, P= 140, R = 30 Chem/CBC pending Lactate 1.7, PCV 30%, TP 6.7 g/dL, BG 125 Abdominal Fluid - Sanguinous fluid - PCV 30% Radiographs show no evidence of gastric dilation. Overall poor serosal detail creates concern for peritoneal effusion.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No obvious pathology in the area of the residual prostate.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination were 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. Non-disruptive cranial thinly walled cortical cyst present containing anechoic fluid.

The right kidney was not definitively visualized.

### 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 in width.

The right adrenal gland was not definitively visualized.

### Spleen

Significant generalized splenomegaly present with splenic folding. Asymmetrical capsule contour and generalized heterogeneous parenchyma exhibiting multiple variably sized to expansive, non-homogeneous to hypoechoic nodules/masses. Example of splenic nodule measured 1.9 cm in diameter. Example of splenic mass measured 4.8 cm in diameter.

### Liver

The visualized liver exhibited homogeneous parenchyma and subjective normal parenchymal echogenicity compared to the spleen. Maintained overall subjective symmetrical hepatic capsule contour. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach was not definitively visualized.



## PATIENT

Echo Kerr

## SPECIES

Canine

## BREED

German Shepherd Dog

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

75 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Vincent Tavella

## HOSPITAL NAME

Williamsburg  
Veterinary Clinic

## REFERRING VET

Dr. Vincent Tavella

## INVOICE

72232

## DATE

12/1/25

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio. Generalized empty intestinal lumen with minor segmental ileus.

The colon was not definitively visualized.

### **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**

Moderate volume peritoneal effusion present.

### **PRIMARY FINDINGS**

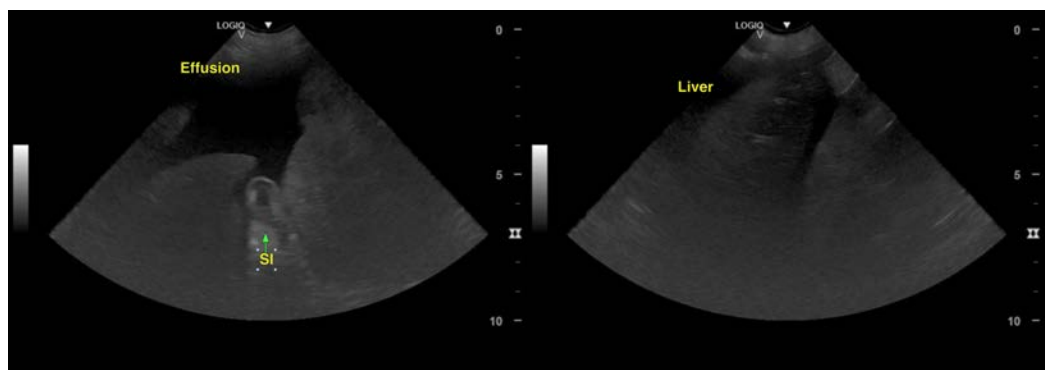
- Infiltrative neoplastic splenomegaly with multiple splenic nodules/masses.
- Sonographically normal visible liver.
- Non-visualized stomach with sonographically unremarkable visible small intestine.
- Peritoneal effusion.

### **SECONDARY FINDINGS**

- Left kidney cortical cyst.

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

Correlation with effusion analysis and, if normal clotting status, consideration for splenic FNA cytology is recommended. 3-view chest radiographs indicated if not done. Potential for non-visualized abdominal metastasis cannot be excluded. If no pathology on 3-view chest radiographs, laparotomy with splenectomy and gross inspection of the peritoneal cavity could be considered. Gastrointestinal support is indicated.





## PATIENT

Echo Kerr

## SPECIES

Canine

## BREED

German Shepherd Dog

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

75 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Vincent Tavella

## HOSPITAL NAME

Williamsburg  
Veterinary Clinic

## REFERRING VET

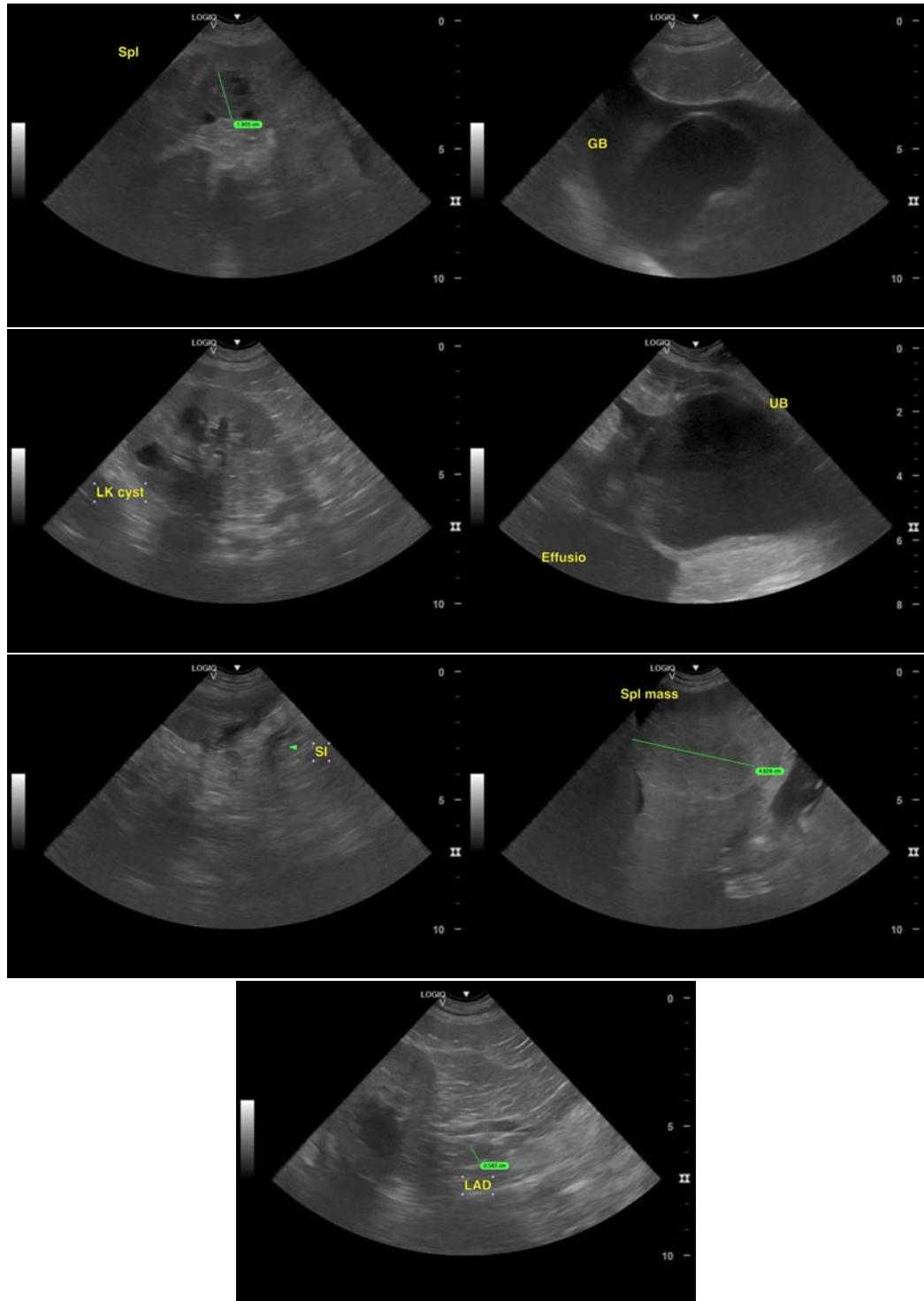
Dr. Vincent Tavella

## INVOICE

72232

## DATE

12/1/25





## PATIENT

Echo Kerr

## SPECIES

Canine

## BREED

German Shepherd Dog

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

75 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Vincent Tavella

## HOSPITAL NAME

Williamsburg  
Veterinary Clinic

## REFERRING VET

Dr. Vincent Tavella

## INVOICE

72232

## DATE

12/1/25

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