



**PATIENT**

Bow Liberti

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

M

**AGE**

10yr

**WEIGHT**

102lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Harmony AH

**REFERRING VET**

Dr Epple

**INVOICE**  
23743

**DATE**

02/02/2026

**PRESENTING CLINICAL SIGNS**

- decreased activity/motility
- inc. HR
- no murmur
- receiving Doxycycline

Abnormal PE/Chem/CBC/UA Results: Anaplasma (+); 1/27:26-Alt 135; Alp 447; Mono 4.14

**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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney indistinct caudolateral non homogenous cortical nodule present measuring 2.3 cm in diameter. The left kidney measured 9.5 cm in length. The right kidney measured 9.4 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. Non homogenous variable echogenic focal to intermittent small intraprostatic cysts and focal indistinct hyperechoic prostatic parenchyma The prostate measured 3.7 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.9 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.0 cm width at the caudal pole.

**Spleen**

The spleen exhibited normal size with mild medial and lateral asymmetrical capsule contour and mild non homogenous splenic parenchyma. Solitary to possible several mild expansive non-homogenous splenic nodules some with associated mild primarily symmetrical splenic capsule distortion were present, an example measured 2.1 cm in diameter.

**Liver/Gallbladder**

The liver presented 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



**PATIENT**

Bow Liberti

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

**BREED**

German SH Pointer

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.

**SEX**

M

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

**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.

**AGE**

10yr

**Free Abdomen**

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

**WEIGHT**

102lb

Transdiaphragmatic view of the caudal thorax revealed pleural effusion with suspect indistinct non homogenous caudal thoracic mass lesion measuring ~ 8 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Mildly enlarged non-homogenous focally hyperechoic cystic prostate gland-benign prostatic hyperplasia, prostatitis, potential for emerging prostatic neoplasia possible
- Chronic renal changes with indistinct left kidney cortical nodule -granuloma, emerging primary or metastatic neoplasia
- Splenic nodules -hyperplasia, hematopoiesis, granulomas, inflammation, emerging primary or metastatic splenic neoplasia
- Hepatopathy- vacuolar hepatopathy, inflammatory disease, hyperplasia, non-obstructive cholestasis, no overt sonographic hepatic nodules or masses suggestive of primary or hepatic neoplastic criteria
- Transdiaphragmatic pleural effusion and indistinct caudal thoracic mass lesion

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Harmony AH

**REFERRING VET**

Dr Epple

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using 25ga needle, hepatic parenchyma and accessible splenic nodule FNA cytology warranted for further clarification. Correlation with concurrent echocardiogram recommended.

**INVOICE**  
23743

**DATE**  
02/02/2026



**PATIENT**

Bow Liberti

If non-cardiogenic pleural effusion, concurrent pleural effusion analysis cytology +/- C/S and FNA cytology of indistinct caudal thoracic mass lesion is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

M

**AGE**

10yr

**WEIGHT**

102lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Harmony AH

**REFERRING VET**

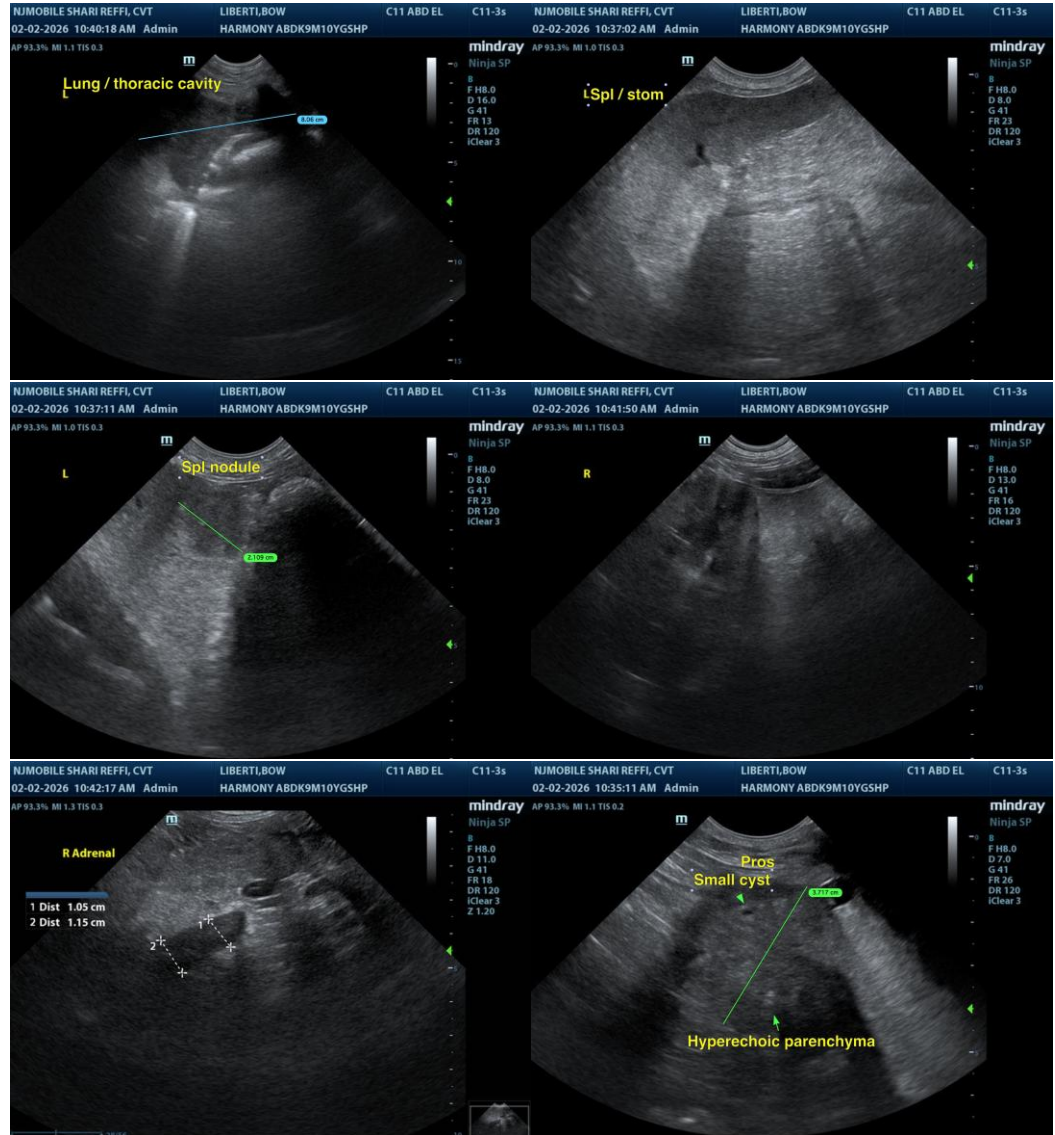
Dr Epple

**INVOICE**

23743

**DATE**

02/02/2026





**PATIENT**

Bow Liberti

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

M

**AGE**

10yr

**WEIGHT**

102lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Harmony AH

**REFERRING VET**

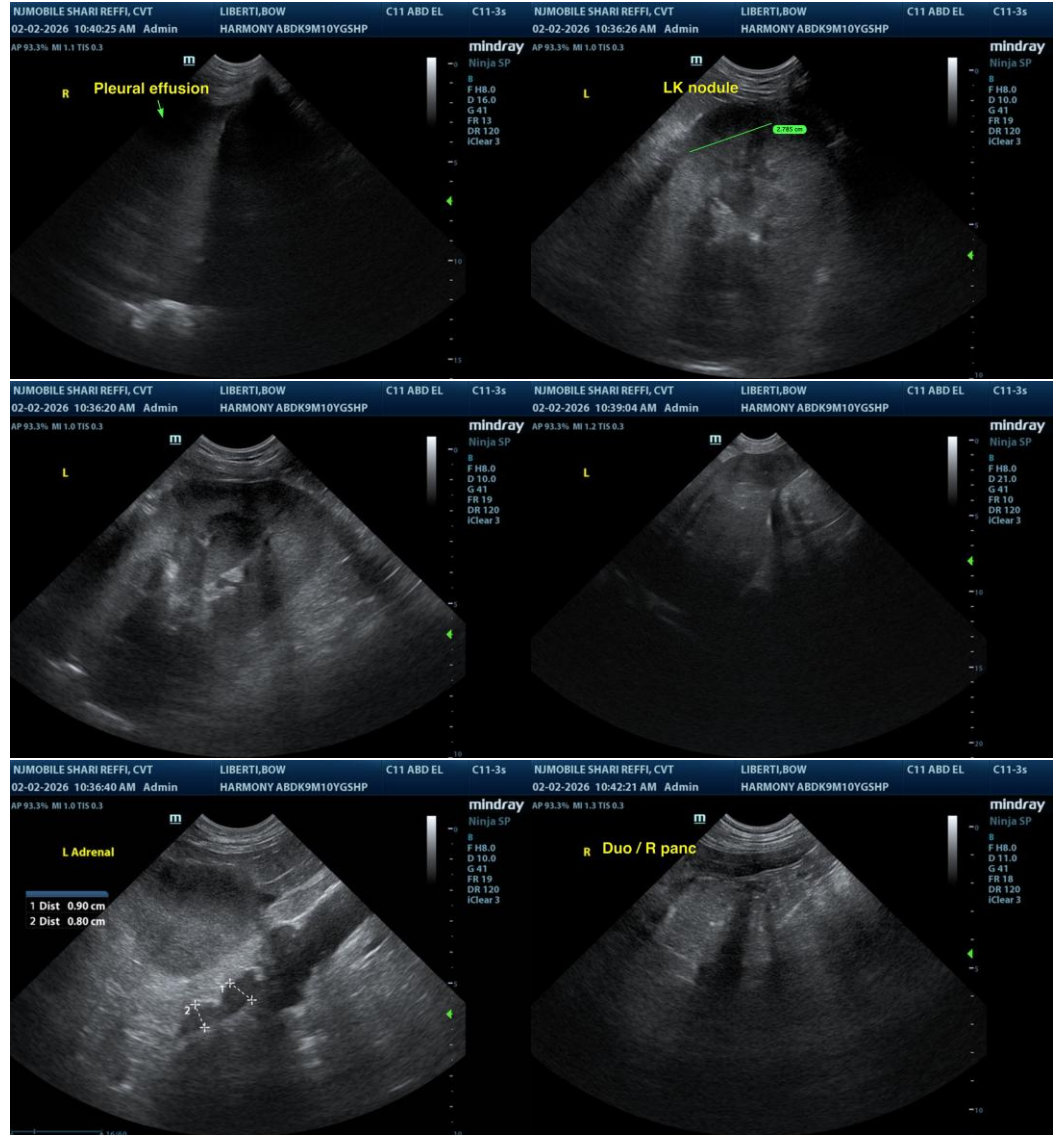
Dr Epple

**INVOICE**

23743

**DATE**

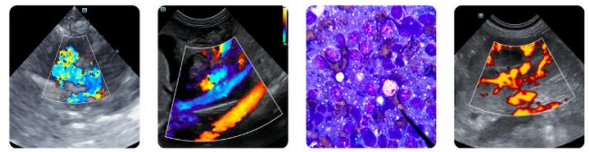
02/02/2026



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](mailto:info@sonopath.com)



**PATIENT**

Bow Liberti

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

M

**AGE**

10yr

**WEIGHT**

102lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Harmony AH

**REFERRING VET**

Dr Epple

**INVOICE**

23743

**DATE**

02/02/2026