



PATIENT

Koda Gallagher

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

38.4 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

East Bradford
Veterinary Hospital

REFERRING VET

Dr. Meghan McGrath
DVM

INVOICE

13526

DATE

02/02/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate chronically progressive liver enzyme elevations (ALT/ALP). Over the past week, O has noted PU/PD which worsened over the weekend. Is actively seeking out water sources throughout the house. Normal appetite. Urination appears normal (no straining or hematuria observed). Occasional loose stools, no V/C/S. No changes in energy. PMH: Possible UTI (client uncertain) and Previous dental infection in October with tooth extraction (tooth 108) and dental cleaning
- Current medications: Heartgard, Nexgard, Cosequin, fish oil

Abnormal PE/Chem/CBC/UA Results: 1/27/26 (prec Oct 2025) - CBC: Hct 46%, Plts 476 H, Mild neutrophilia (11,100 H), remainder NSF - Chem: Alb 3.6-n, ALT 435 H (prev 151 H), ALP 1016 H (prev 495 H), normal renal values, remainder NSF - T4: 1.2-n - UA: USG 1.023, pH 5.5, Trace Protein, inactive sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible proximal urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

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 7.4 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged exhibiting nonhomogenous parenchyma with nondisruptive hyperechoic nonmineralized nodules. No overt vascular invasion was present. The left adrenal gland measured 4.9 cm x 2.5 cm.

The right adrenal gland was mildly subnormal in size with symmetrical contour and homogenous parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

Spleen

The spleen presented normal in size with primarily symmetrical contour and homogenous parenchyma. A solitary mildly expansive nonhomogenous mid-lateral small splenic mass was present measuring 3.6 cm in diameter.

Liver & Gallbladder

The liver was normal in size in the left, mid and medial right liver. An asymmetrical expansive nonhomogenous right caudal liver mass was present exhibiting potential areas of intra-mass cysts or



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cavitary lesions measuring approximately 10.0 cm x 8.0 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme.

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 ileus, obstruction or foreign material.

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.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective normal left and right heart chamber dimensions and adequate systolic function.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic mass with intra-mass cysts- vacuolar/cholestatic hepatopathy, inflammatory disease, hyperplasia, granuloma, neoplasia i.e. carcinoma or mixed hepatic pathologies possible.
- Splenic mass- hyperplasia, hematopoiesis, inflammation, granuloma, primary or metastatic splenic tumor possible.
- Bilateral subnormal adrenal glands- hyperplasia, functional versus non-functional adenomatous change, primary or metastatic adrenal tumor possible.
- Subjective normal echocardiogram.

Secondary Findings

- Age-related renal changes.
- Mild urinary bladder lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status using 25-gauge needle, hepatosplenic mass FNA cytology is warranted for further clarification. Adrenal workup if clinical signs are consistent with Cushing syndrome as well as serial monitoring of systemic blood pressure for evidence of hypertension which may allude to left pheochromocytoma is indicated. Further renal staging to include urine C/S and



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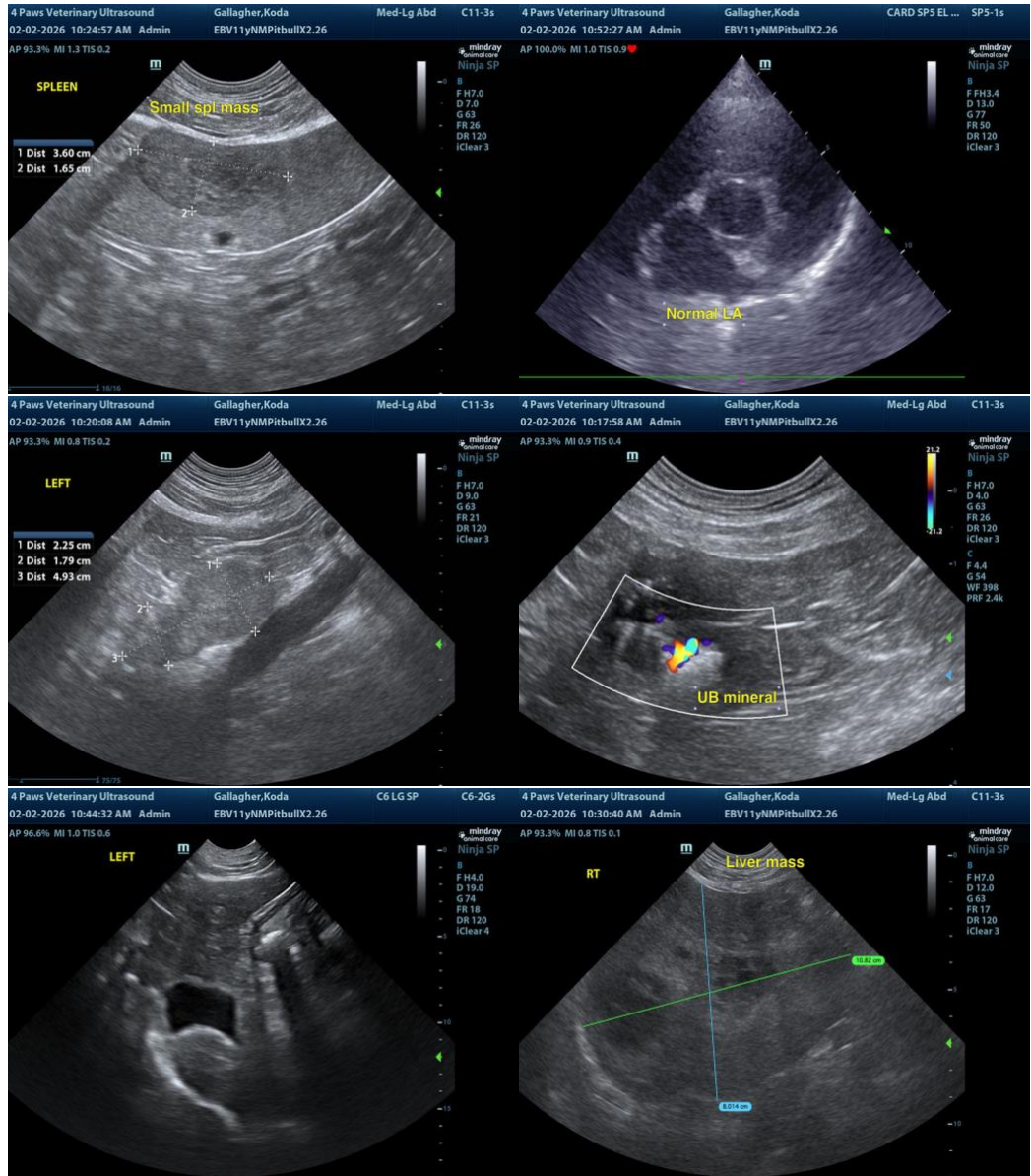
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protein: creatinine ratio on sterile urine sample may be considered. Abdominal CT is recommended if surgical options are a potential versus serial sonographic monitoring.





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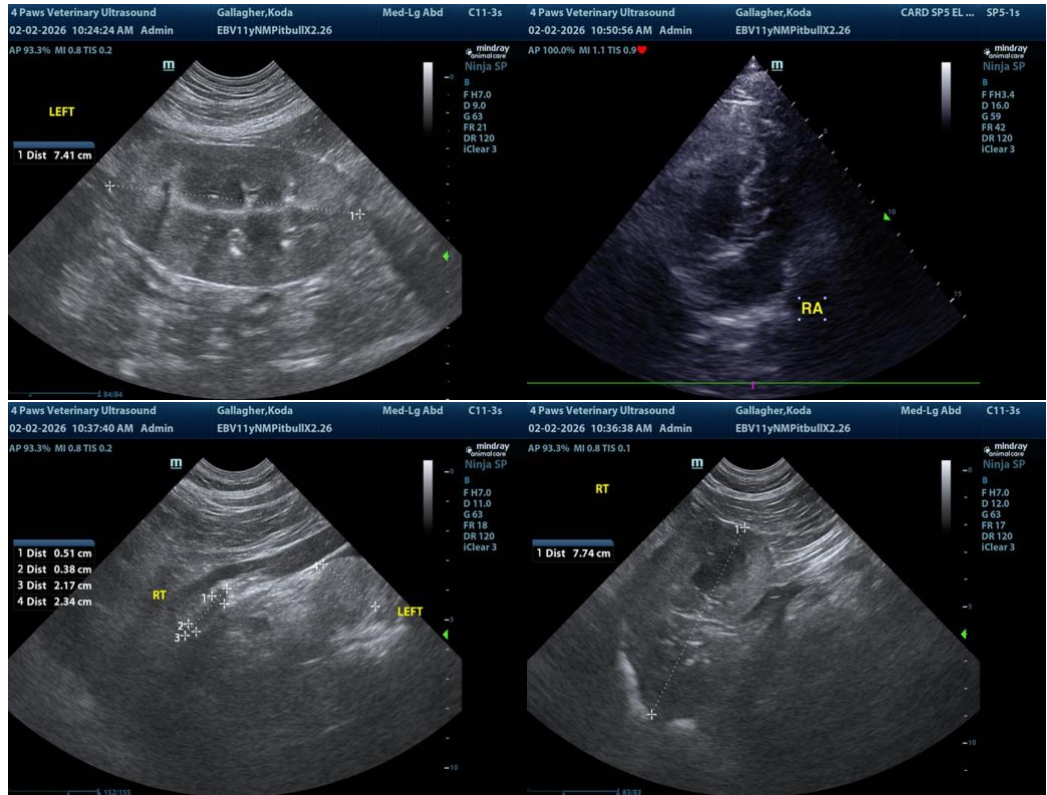
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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