



**PATIENT**

Chewy Garner

**SPECIES**

Canine

**BREED**

German Shepard

**SEX**

Female Spayed

**AGE**

12y

**WEIGHT**

55 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hanse

**HOSPITAL NAME**

Echo Hollow VH

**REFERRING VET**

Dr. Diaz

**INVOICE**

13227

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

History:

- Acute vomiting with blood and diarrhea
- R/O GI vs. Extra-GI etiologies
- Suspect abdominal neoplasia vs. foreign body vs. gastric ulcer.
- ABNORMAL Lab work Values: CPL 56 +/- 60, RDW 11.7, NEU# 13.2, WBC 14.5
- Current Medications: Cerenia 60mg, Sucralfate 1mg, Hills k/d food

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.2 cm in length.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized exhibiting normal size, mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The left adrenal gland subjectively measured 0.47 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient confirmation and adrenal depth.

**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 presented subjective normal in size. Homogeneous mildly increased hepatic parenchyma echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, discrete, hypoechoic intraparenchymal hepatic nodules were present with an example measuring 1.8 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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**Gastrointestinal**

The stomach presented normal visible intact wall layering with a normal wall layer ratio. The lumen of the stomach contained subjective mild gas distention prohibiting full evaluation of the gastric interior without evidence of visualized retained fluid, ingesta or foreign material. Stomach wall measured 0.48 cm width.

The visualized segments of the small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty and mild segmental gas.

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

**Pancreas**

The area of the pancreas presented sonographically normal.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific acute gastroenterocolitis pattern
- Mild, hyperechoic liver with discrete, hypoechoic intraparenchymal nodules
- Sonographically normal area of pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given no reported hepatic enzyme elevations, the liver including the discrete intraparenchymal nodules are nonspecific with considerations including favored vacuolar or age-related changes. Discrete areas of hyperplasia or hematopoiesis, potential inflammation with emerging to occult hepatic neoplasia thought less likely. No visualized evidence of gastroenterocolic neoplastic criteria, mechanical obstruction or foreign material. Low-grade chronic to emergent pancreatitis at times may present sonographically normal. Dietary indiscretion, infectious disease, enterotoxin, acute non-structural inflammatory bowel, occult parasitism, occult Addison's disease, less likely gastrointestinal neoplasia, all potentials. Gastrointestinal support and empirical therapy for nonspecific gastroenterocolitis or acute hemorrhagic diarrhea syndrome with clinical monitoring is recommended. Assuming normal clotting status, hepatic parenchyma and if accessible, nodule FNA cytology could be considered for further clarification.



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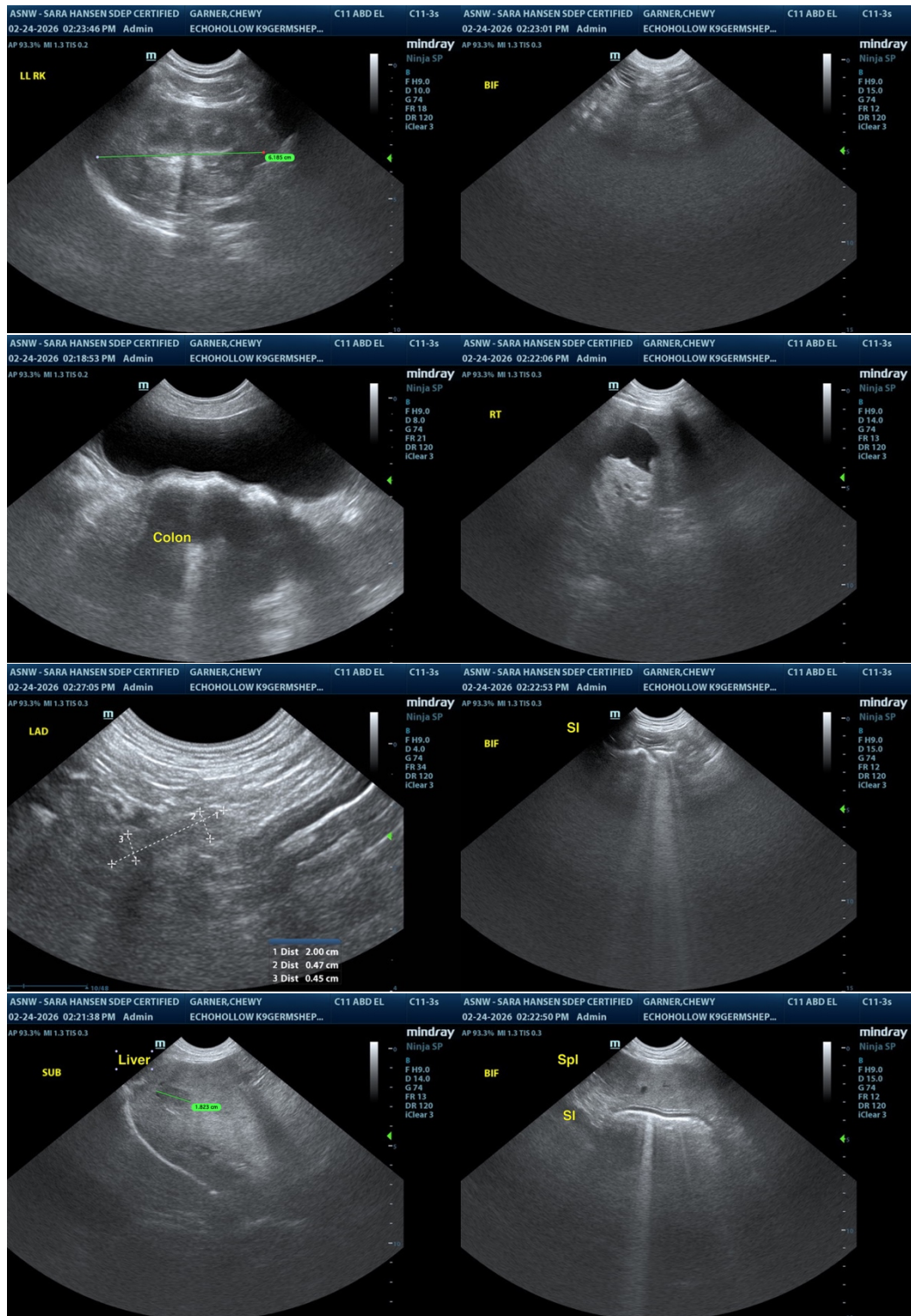
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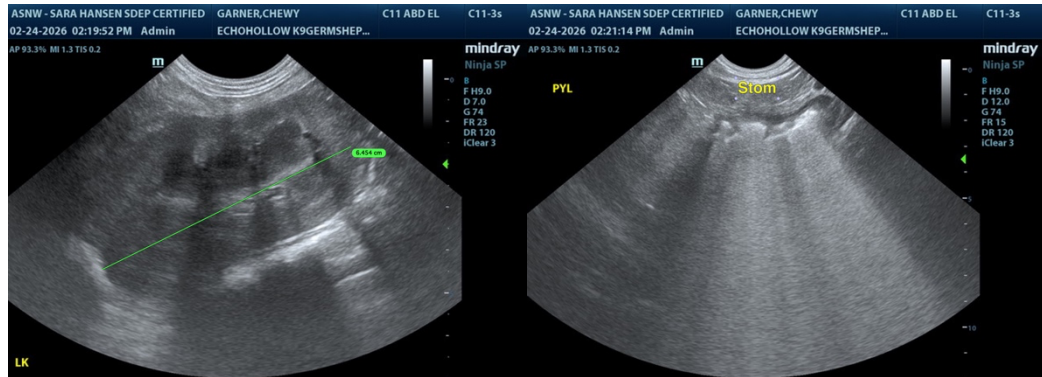
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

[info@SonoPath.com](mailto:info@SonoPath.com)