



PATIENT

Tova Andriolo

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

10yr

WEIGHT

69lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge Animal
Hospital

REFERRING VET

Whitney Vaccari, DVM

INVOICE

24248

DATE

03/17/2026

PRESENTING CLINICAL SIGNS

Presented on Sunday the 15th to the ER and tricavit effusion was seen.

Pericardial tap removed 360ml of dark/hemorrhagic blood, thoracocentesis removed 690mls of red-tinged fluid from pleural space.

Since tap on Sunday patient has been doing well.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable aside from mild ALT elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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. The left kidney measured 7.5 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was mildly enlarged with primarily symmetrical capsular contour and mild non-homogenous parenchyma with an indistinctly marginated mildly non-homogenous hypoechoic non-capsule deforming cranial splenic mass measuring 3.3 cm in diameter.

Liver/Gallbladder

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. No visualized masses or nodules were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

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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.

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Free Abdomen

No overt lymphadenopathy was present.

Generalized normal omental echogenicity was present.

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Mild pockets of peritoneal effusion and indistinctly visualized yet subjective persistent mild volume transdiaphragmatic pleural effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary

- Splenomegaly with indistinct cranial splenic mass
- Subjective mild congested liver
- Mild age-related renal changes
- Persistent minor to mild peritoneal and transdiaphragmatic pleural effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild congested liver may be secondary to sedation yet may be residual congestion owing to previous cardiac tamponade given previous or possible persistent pericardial effusion. The small to indistinct cranial splenic mass, although non-specific, is most concerning for neoplastic criteria, i.e. hemangiosarcoma, round cell neoplasia or other. Splenic hyperplasia, hematopoiesis, inflammation or breed-associated hypersplenism are also potentials.

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Further assessment may include assuming normal clotting status, splenic parenchyma and mass FNA cytology. Ideally, correlation with pericardial and pleural effusion analysis cytology +/- C/S if evidence of inflammatory component in search of definitive diagnosis or evidence of neoplasia is recommended, if not done.

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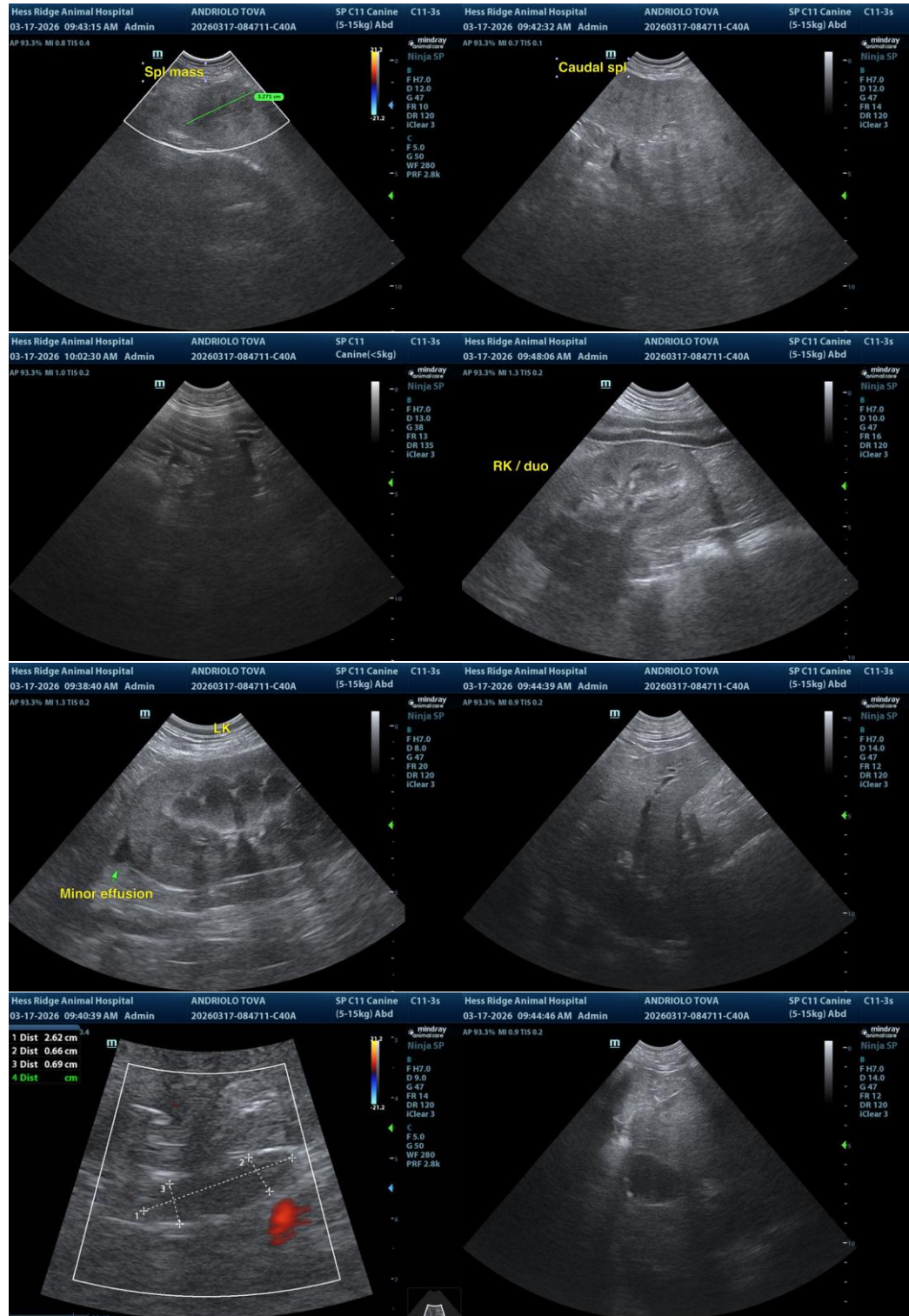
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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