

PATIENT

Juno Gallo

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

9 Years

WEIGHT

93.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Judith Mahoney

INVOICE

15410

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Submitted study contained 39 videos for review.

Sudden weight gain, lethargy over the course of a few weeks. Increased bilious vomiting. Carprofen 75 mg SID

Abnormal PE/Chem/CBC/UA Results: CHEM ALT 313 AST 91 Bilirubin - Total 0.7 Bilirubin - Unconjugated 0.4 Bilirubin - Conjugated 0.3 UA Urine Protein TRACE Bilirubin 2+ Results verified by confirmatory testing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was indistinctly visualized without overt distention and containing anechoic urine. The residual prostate and proximal urethra were not visualized. No obvious medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the left kidney. 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 7.0 cm in length.

The right kidney was not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 & Gallbladder

The liver was normal to possible mild enlargement exhibiting asymmetrical hepatic capsule contour and diffuse moderate to significant nonhomogenous parenchyma.

The gallbladder was not definitively visualized.

Gastrointestinal

The stomach was not definitively visualized.

The visualized segments of small intestine presented intact wall layering with normal wall layer ratio and empty lumen.

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

Pancreas



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The pancreas was not definitively visualized.

Juno Gallo

Free Abdomen

SPECIES

Moderate to significant volume of mild echogenic effusion was present. No visualized significant omental lymphadenopathy with generalized mild homogenous omental hyperechogenicity.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Hepatopathy exhibiting nonhomogenous parenchyma and asymmetrical contour.
- Sonographically normal spleen.
- Moderate to significant volume of peritoneal effusion.
- Sonographically unremarkable visualized small intestine.
- Normal left kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without overt evidence of hepatic congestion or reported subnormal abutment level, effusion associated with significant hepatopathy is suspected. No other sonographic evidence of additional abdominal visceral pathology as an obvious contributing factor. Effusion analysis, cytology +/- culture and sensitivity if evidence of effusion inflammatory component is recommended for further clarification.

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Further assessment may include (assuming normal clotting status) hepatic FNA cytology and bile acid profile. No obvious evidence of gastric pathology or overdistension, although not definitively visualized. Gastrointestinal support is indicated.

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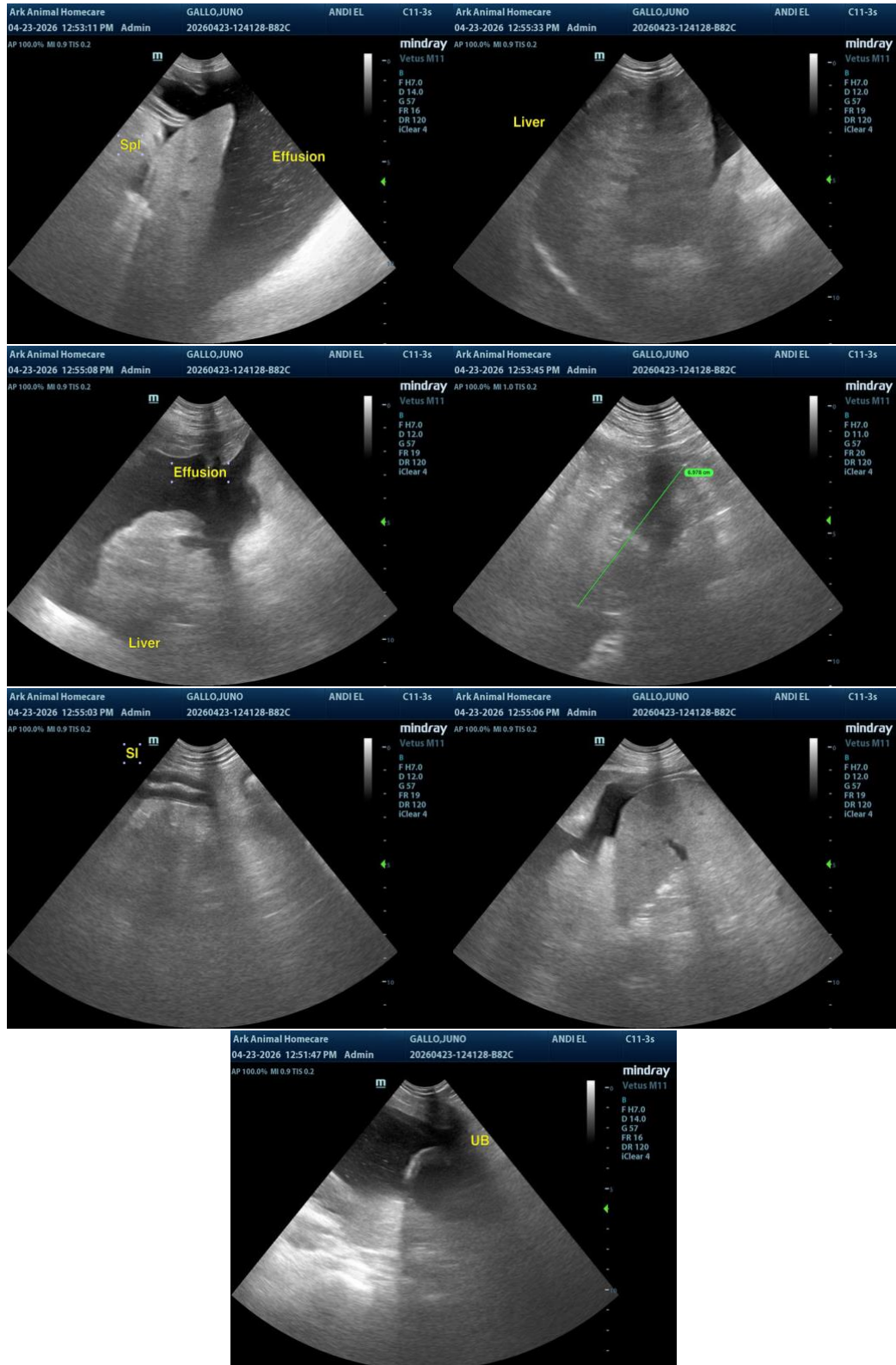
Dr. Judith Mahoney

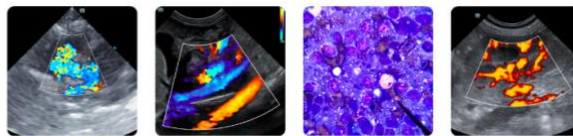
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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