



**PATIENT**

Bella Rooks

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

82.2 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Alpine Animal Hospital

**REFERRING VET**

Dr. Wolf

**INVOICE**

15516

**DATE**

04/27/26

**PRESENTING CLINICAL SIGNS**

PU/PD (r/o renal disease, metabolic/endocrine (Diabetes Mellitus, hypo/hyperadrenocorticism, hyperthyroidism), UTI/pyelonephritis, pyometra, hypercalcemia, Diabetes Insipidus, primary polydipsia, other) Recommendations: Recommended sending out bloodwork and urine to check all organ functions, values, and possible UTI. O receptive. Recommended continuing to monitor P and if urination increases or energy levels decline, please call back. Communicated to O that we will call with lab results on either Monday or Tuesday

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

A large nonhomogenous to swollen lymph node in the area of the iliac trifurcation and sublumbar space with potential for lymphatic versus unspecified mass measuring approximately 7.0 cm x 4.6 cm.

Normal size and margination was present in the left kidney. 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 7.8 cm in length.

The right kidney was indistinctly visualized owing to kidney depth in conjunction with patient's size and conformation. Subjective similar appearing age-related changes compared to the left kidney.

**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 0.72 cm width in the caudal pole.

The right adrenal gland was not definitively visualized owing to adrenal depth, patient's size and conformation.

**Spleen**

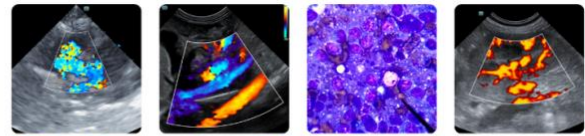
The spleen revealed generalized asymmetrical enlargement exhibiting variable nonhomogenous parenchyma including indistinctly marginated variably sized nonhomogenous to hypoechoic splenic nodules to small masses with an example measuring 4.4 cm in diameter.

**Liver & Gallbladder**

The liver was possibly borderline subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

**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.

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 evidence of additional mid to cranial abdomen mesenteric lymphadenopathy or peritoneal/retroperitoneal effusion.

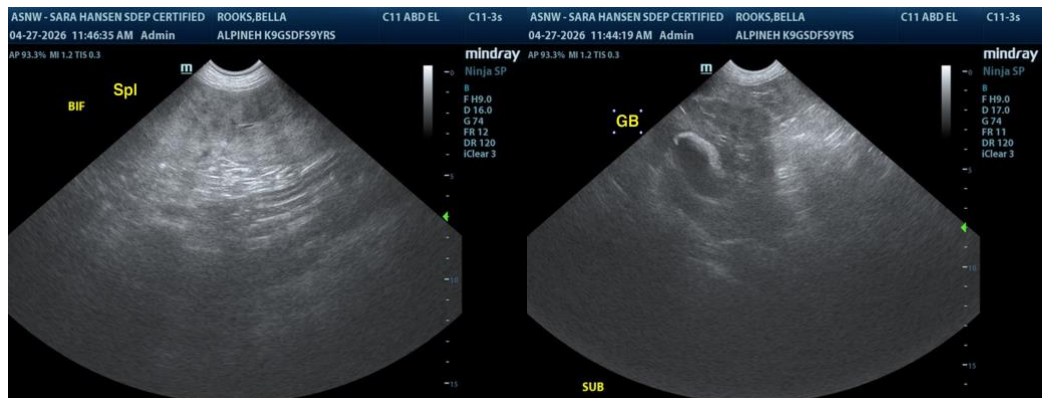
**ULTRASONOGRAPHIC FINDINGS**

- Enlarged nonhomogenous spleen with indistinct nodules/small masses.
- Enlarged nonhomogenous medial iliac/sublumbar lymphadenopathy versus lymphatic or unspecified mass.
- Subjective borderline subnormal liver size.
- Mild nonorganized gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Sonographically normal left adrenal gland.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, the spleen and medial iliac/sublumbar lymphadenopathy versus unspecified peri-iliac mass is most consistent with multicentric neoplastic criteria. No additional visualized pathology as an obvious contributing factor to the patient's clinical signs with non-visualized right adrenal gland yet no evidence of overt concurrent hepatomegaly.

Assuming normal clotting status and using a 25-gauge needle, splenic and lymph node/unspecified mass FNA cytology is warranted for further clarification. Further assessment may include bile acid profile if evidence of hepatic dysfunction or hepatopathy.





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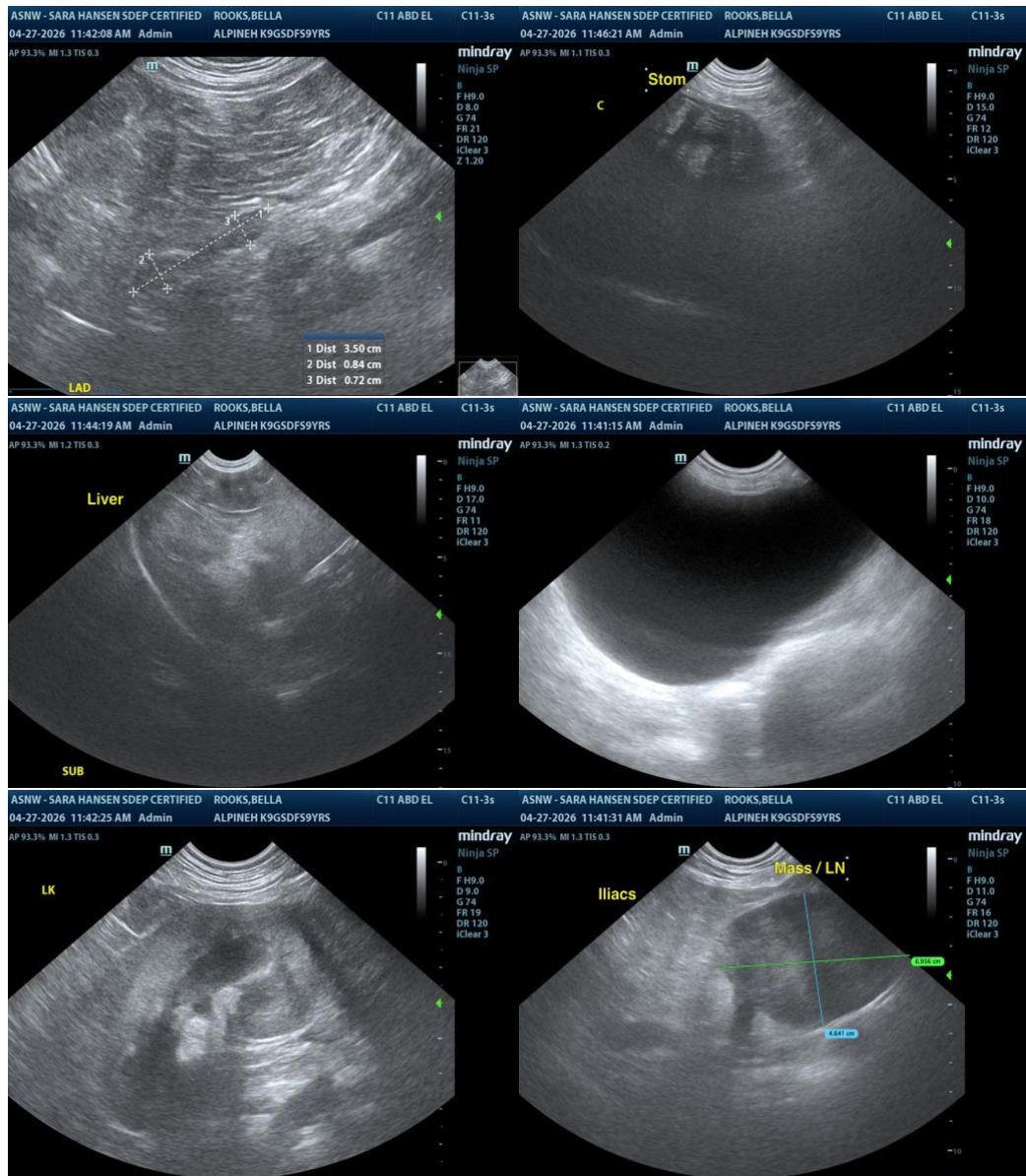
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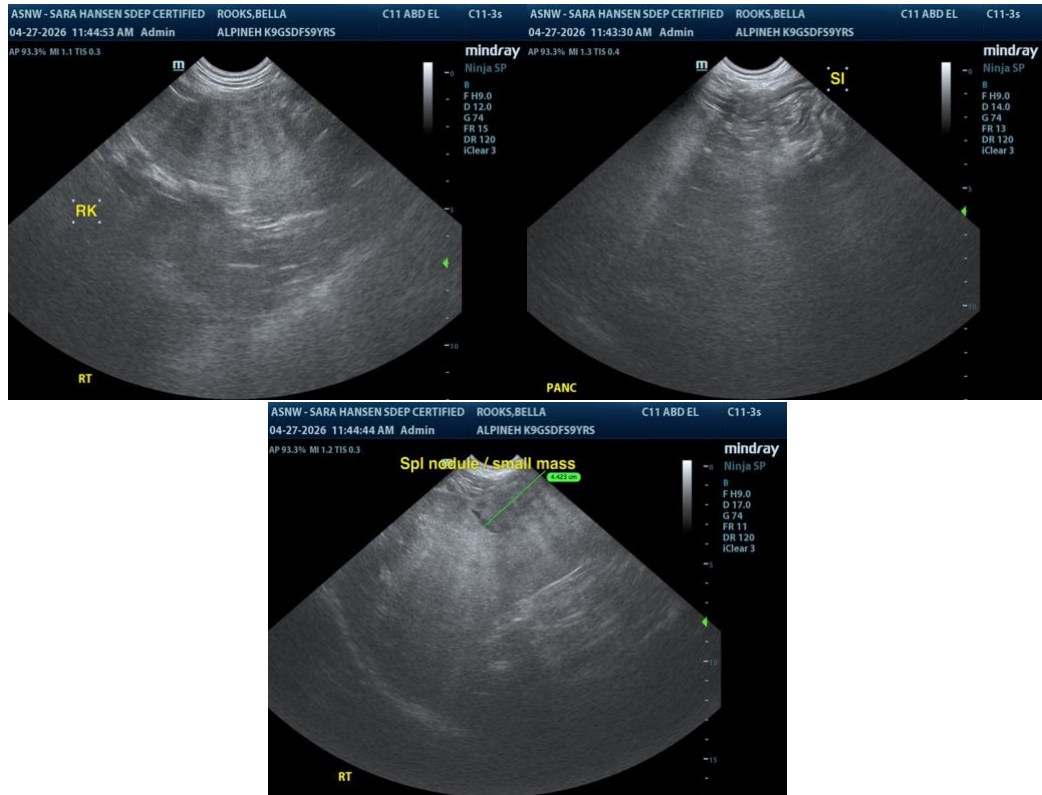
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)