



## PATIENT

Skye Tedesco

## SPECIES

Canine

## BREED

German Shepherd

## SEX

FS

## AGE

12yr

## WEIGHT

66lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Trae Cutchin

## HOSPITAL NAME

Friendship Springs  
Veterinary Care

## REFERRING VET

Trae Cutchin

## INVOICE

24657

## DATE

04/29/2026

## PRESENTING CLINICAL SIGNS

Acute onset lethargy over the weekend, slowly improving.

Abnormal PE/Chem/CBC/UA Results: Examination is unremarkable except for mild pallor but pink oral mucosal membranes. CBC shows a notable stress leukogram with mild anemia, either non-regenerative or too soon to tell. Platelets may be slightly decreased to 100K. Patient has mild hypokalemia, slight hyperalkaline phosphatemia, slightly decreased usg at 1.023. Remainder of labs is unremarkable. Abdominal fluid is identified during the ultrasound and has been sampled. The fluid is hemorrhagic in appearance grossly, but cytology and fluid analysis is pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 6.6 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left /right adrenal glands were not definitively visualized, owing to increased periadrenal omental artifact.

### Spleen

The spleen exhibited subjective normal size, maintained symmetrical contour and primarily homogenous parenchyma. Intermittent to multiple hypoechoic nodules were present, an example measured 1.0 cm in diameter.

### Liver/Gallbladder

Generalized hepatomegaly. Areas of mildly asymmetrical hepatic capsule contour. Homogenous to lobar non-homogenous parenchyma with intermittent to multiple non-homogenous hepatic intraparenchymal nodules. An example of a nodule measured 2.7 cm in diameter. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate, non-dependent variably congealed yet non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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.

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. The duodenum wall measured 0.47 cm width. The jejunum wall measured 0.43 cm width.

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 overt mesenteric lymphadenopathy was present.

Moderate to significant volume echogenic peritoneal effusion.

Perihepatic to perisplenic non-homogenous hyperechoic omentum.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Non-congested hepatomegaly with intra-parenchymal nodules
- Hypoechoic splenic nodules
- Perisplenic / perihepatic non-homogenous hypoechoic omentum
- Moderate to significant volume echogenic peritoneal effusion
- Age-related renal changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primary concern for multi-centric hepatosplenic neoplasia is indicated. Perisplenic to perihepatic non-homogenous reactive omentum with potential for adhesions or concurrent regional neoplastic omental seeding is possible. Correlation with clinical history and assessment for possible trauma or coagulopathy is recommended, full coagulation profile and correlation with pending effusion cytology and analysis is recommended.

If normal clotting status and using 25g needle, hepatosplenic FNA cytology warranted for further clarification. Three view chest radiographs and ideally brief sonographic assessment of the heart to assess for evidence of cardiac neoplastic criteria or pericardial effusion is recommended.



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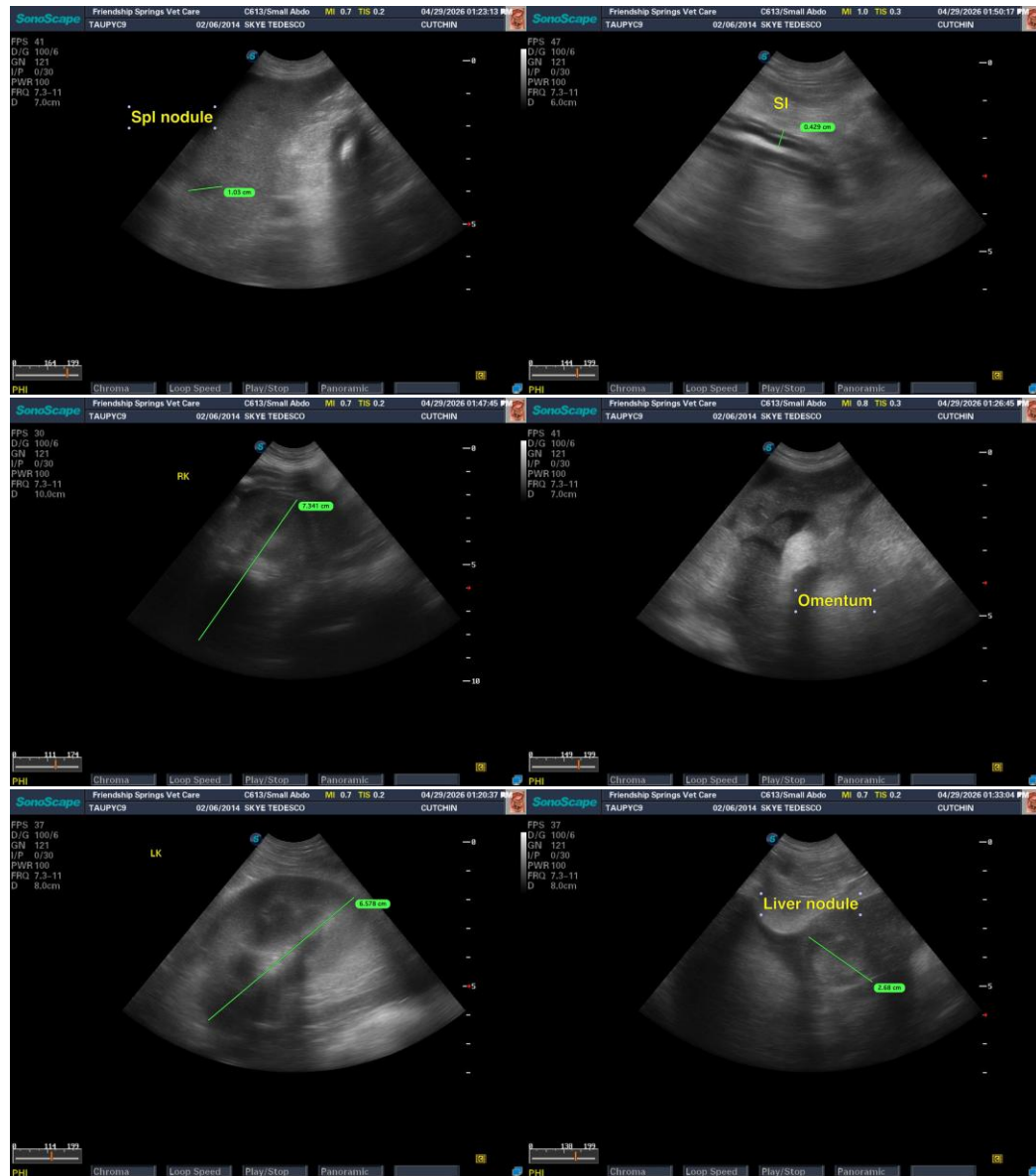
Trae Cutchin

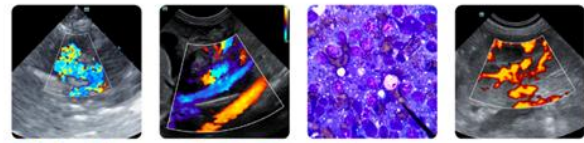
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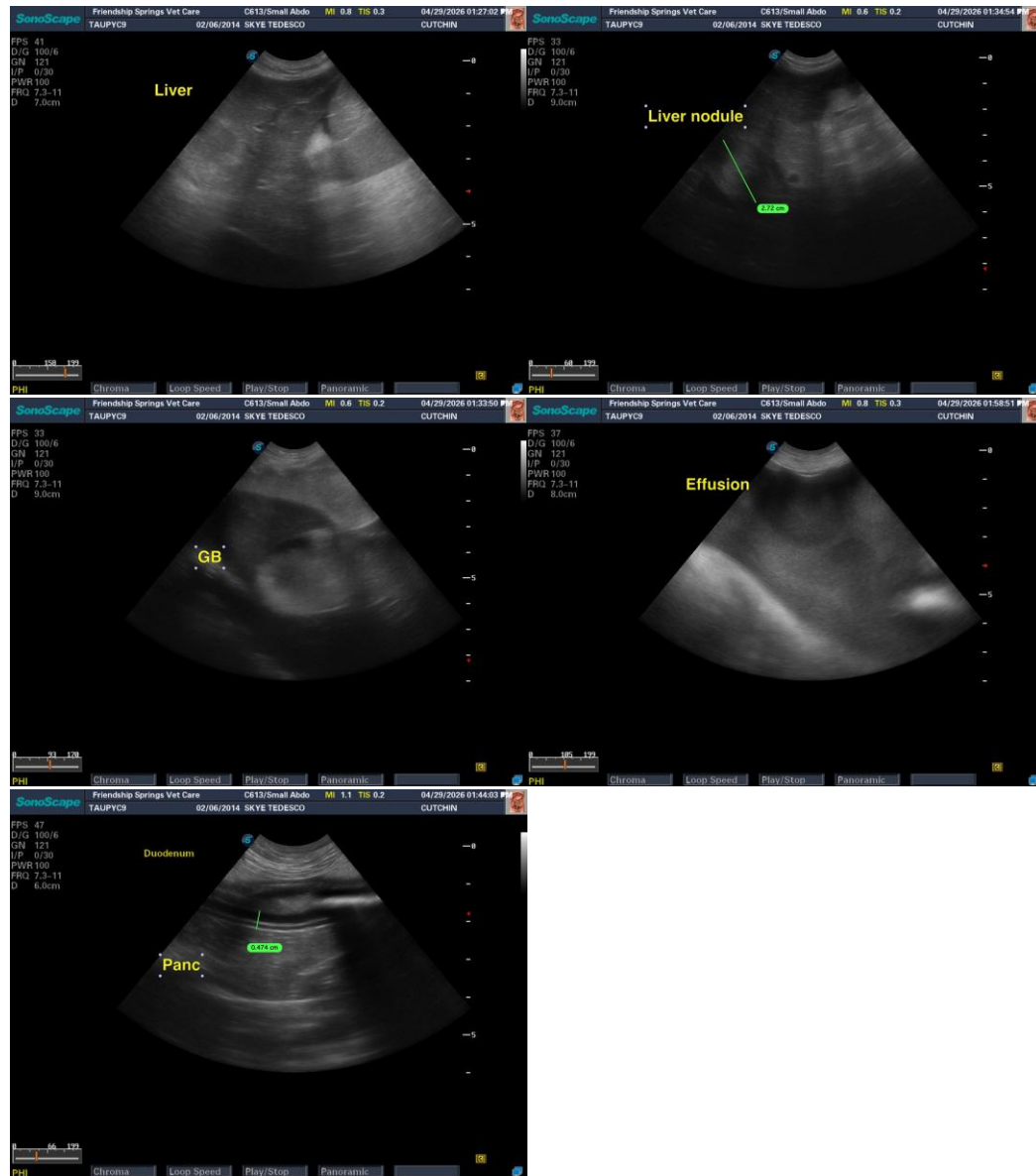
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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