



PATIENT

Maverick Ness

PRESENTING CLINICAL SIGNS

10 day history of intermittent hyporexia to anorexia with intermittent vomiting bile and lethargy. Chronically has softer stool.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 5-6% dehydrated Abdominal: Tense and uncomfortable on palpation, unable to assess due to being tense Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, mild muscle wasting along dorsum rDVM: CBC: HCT 36.8% L, WBC 20.34K H, neut. 16.47K H, mono 1.83K H Chem: SDMA 18 H, crat, 2.1 H 4DX: anaplasma positive (historic) Radiographs: stomach empty, suspected rock in intestine - not obstructed, mineralized material near kidney - r/o kidney mineralization vs. GI tract, liver slightly enlarged

BREED

GSD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

AGE

9yr

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation, hydronephrosis, or visualized left hydroureter. Minor medullary mineral present. The left kidney measured 8.4 cm in length.

WEIGHT

36.5kg

The right kidney exhibited moderate to significant hydronephrosis with concurrent right hydroureter extending caudally for visible 2-3 cm. The right kidney measured 8.8 cm in length.

INTERPRETED BY

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

An asymmetrically enlarged hypoechoic medial iliac lymph node was present measuring 3.1 cm x 1.4 cm.

The area of the residual prostate appeared normal and free of pathology.

IMAGING PERFORMED BY

Lindsay Powell, CVT

Adrenal Glands

The right adrenal gland was not definitively visualized.

An irregularly expansive non-homogenous mass was present in the area of the left adrenal gland with suspect vascular invasion measuring at least 9 cm x 4.2 cm but possibly larger as the mass margins were indistinct. The mass was visualized from both the left and right abdominal views and appeared medial to adjacent to the left kidney.

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Spleen

The spleen was subjectively mildly enlarged with symmetrical contour and mild non-homogenous parenchyma. No visualized masses or nodules were present.

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Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and mild, non-organized, primarily gravity dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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 overt lymphadenopathy or peritoneal/ retroperitoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Irregular expansive non-homogenous mass area of the left adrenal gland
- Left kidney, chronic renal changes without evidence of pyelectasia / hydronephrosis
- Right kidney, significant hydronephrosis with concurrent proximal right hydroureter
- Mild enlarged non-homogenous spleen
- Overall sonographically normal empty gastrointestinal tract
- Mildly swollen medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstruction or foreign material. The mass in the area of the left adrenal gland is most consistent with adrenal origin and neoplastic criteria with suspect vascular invasion. A definitive area of right ureter obstruction was not obvious yet suspected potentially associated with the mass or other non-obvious obstructive criteria, i.e. stricture, non-visible calculus, alternative mass, etc.

Assessment of systemic BP for evidence of hypertension, which may allude to pheochromocytoma is recommended. Assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification. However, extensive pathology is present which may preclude curative surgical options.



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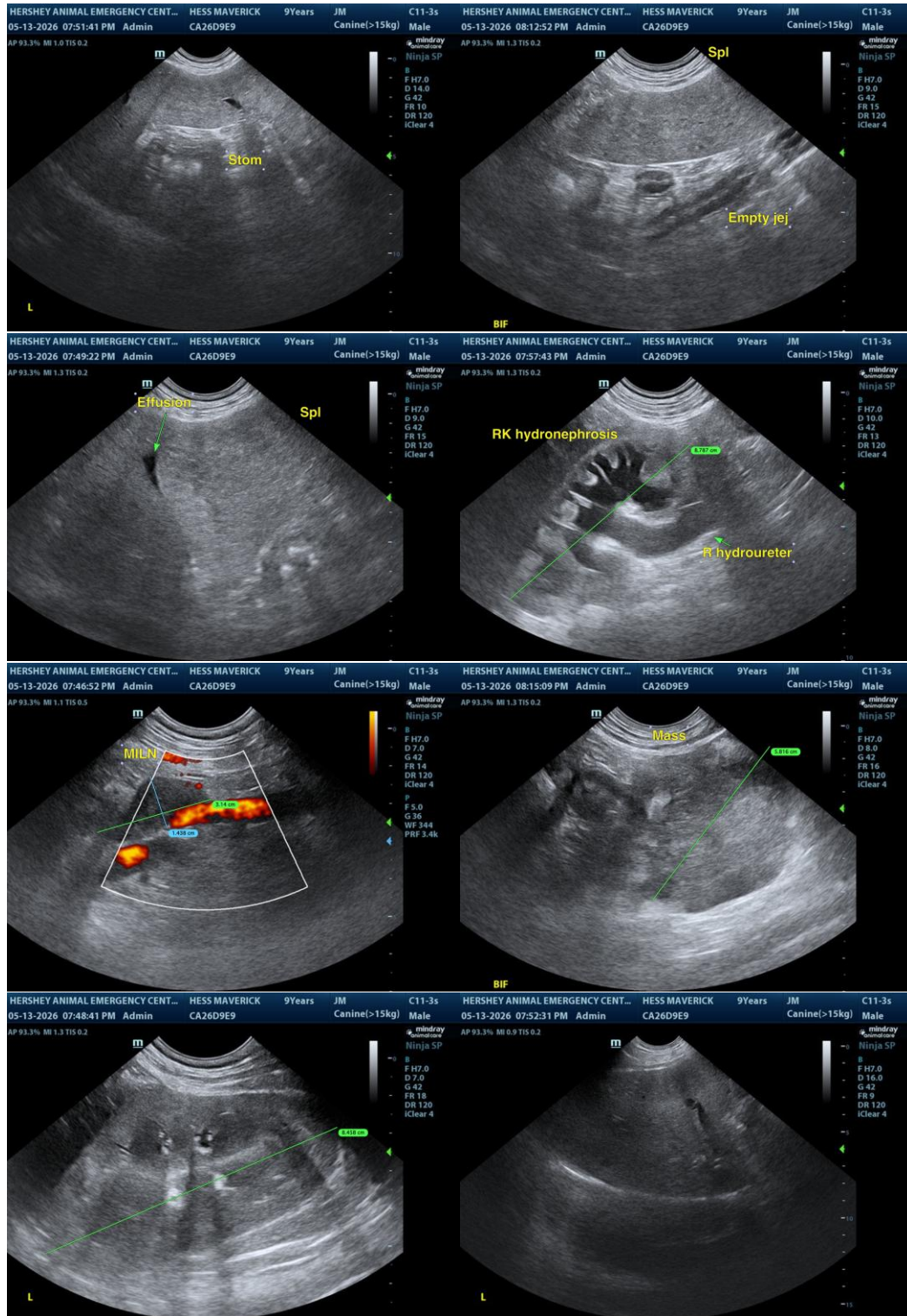
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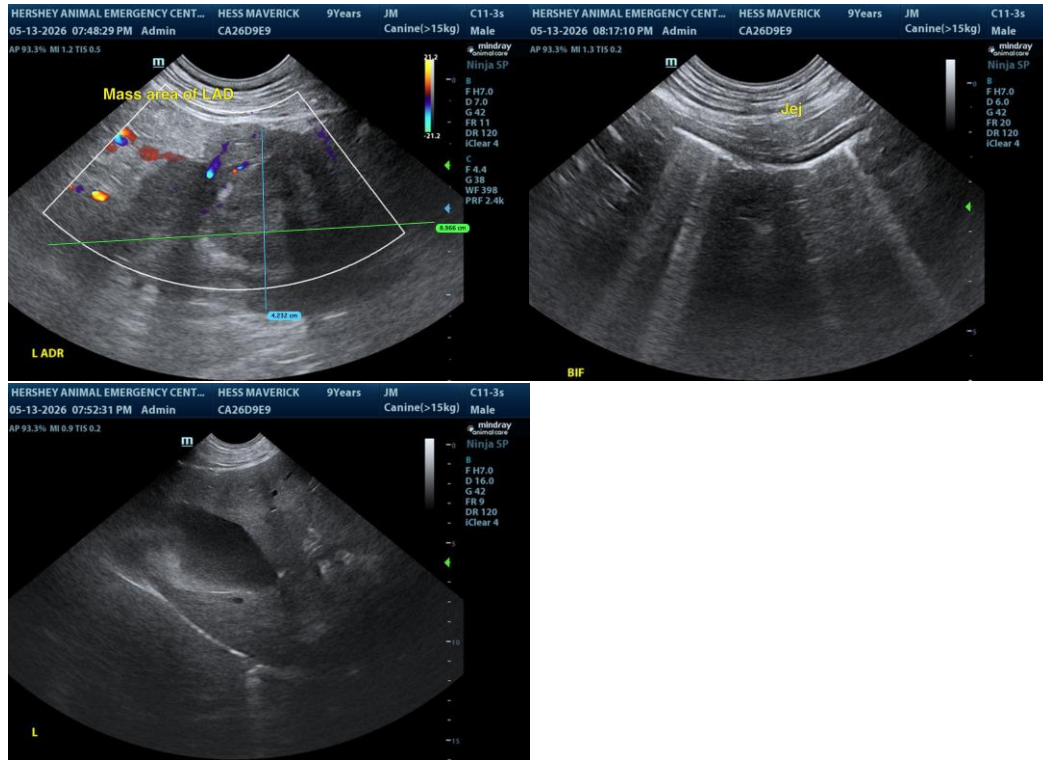
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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