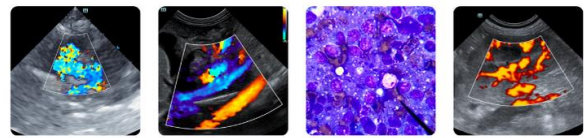




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cooper Mann	Clinical Exam Findings: Pt presented 4/10/26 for inappropriate urination. UA revealed WBC but no bacteria . Treated with course of clavamox which improved symptoms. O now noticing yellow d/c from penis (r/o smegma vs. other)
<b>SPECIES</b>	
Canine	ABNORMAL Labwork Values- UA: 20-30 wbc, rest WNL
<b>BREED</b>	Current Medications - Will administer gabapentin & trazodone prior to appointment, as well as (likely) dexmedetomidine and butorphanol for AUS sedation
German Shepherd	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	The bladder was mildly distended in size with normal tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The trigone and cystourethral junction were free of pathology. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory criteria or tumors was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
6 yrs	No obvious pathology was visualized in the area of the residual prostate.
<b>WEIGHT</b>	No evidence of pathology in the area of the aortic trifurcation.
103.6 lbs.	Normal size and margination were present in the kidneys. 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 7.7 cm in length. The right kidney measured 7.5 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to adrenal depth and patient conformation.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Sara Hansen	The spleen was subjectively mildly enlarged, extending caudally to efface the apical urinary bladder. 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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Santa Clara AH	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. The hepatic and portal vasculature were
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<b>DATE</b>	
5/27/26	



<b>PATIENT</b>	normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
Cooper Mann	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
<b>BREED</b>	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.
German Shepherd	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	<b><i>Pancreas</i></b>
<b>AGE</b>	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 were evident.
6 yrs	
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
103.6 lbs.	No overt lymphadenopathy or peritoneal effusion was present.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara AH

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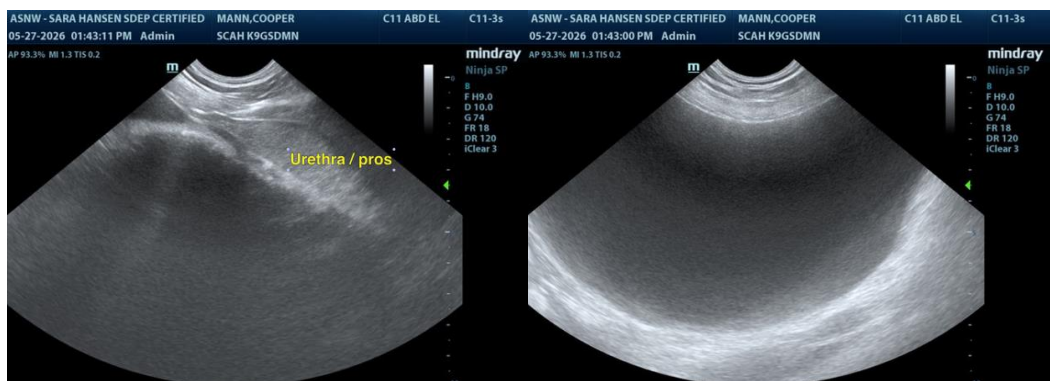
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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal mildly distended urinary bladder
- Normal visible proximal urethra and area of residual prostate
- Normal bilateral kidneys
- Splenomegaly – likely secondary to sedation, potential for splenic hyperplasia, hematopoiesis, or hypersplenism, given breed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of upper or lower urinary tract or visible residual prostate pathology. If off antibiotics for 7 days, screening urine C/S on a sterile urine sample is recommended.





**PATIENT**

Cooper Mann

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MN

**AGE**

6 yrs

**WEIGHT**

103.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara AH

**REFERRING VET**

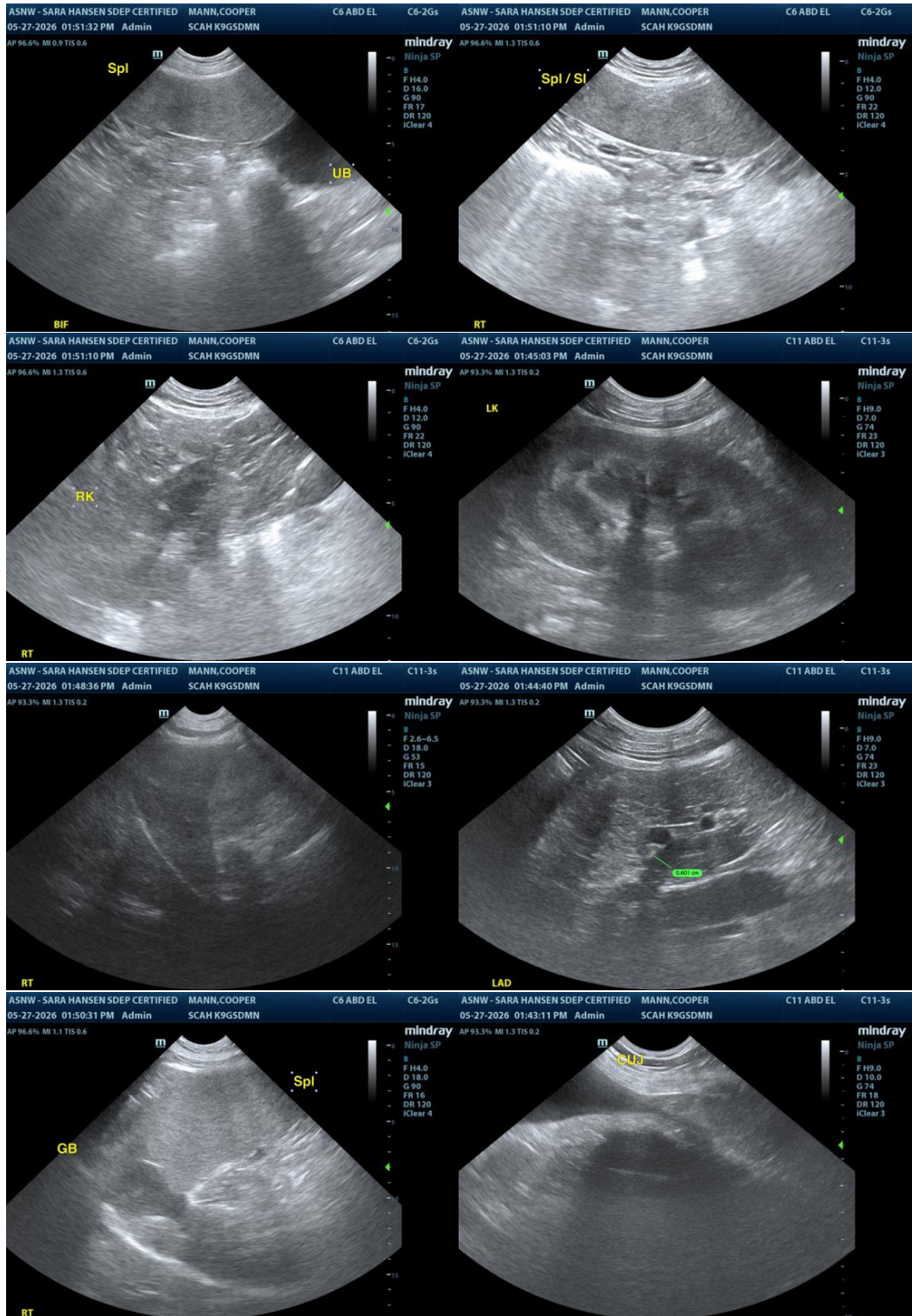
Dr. Pappas

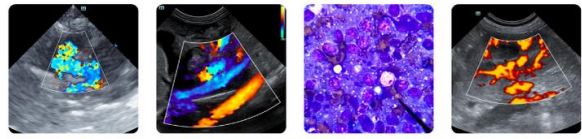
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**PATIENT**

Cooper Mann

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MN

**AGE**

6 yrs

**WEIGHT**

103.6 lbs.

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R. McKenzie Daniel,  
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PERFORMED BY**

Sara Hansen

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Santa Clara AH

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5/27/26

**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)