



PATIENT

Nina Clark

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

10

WEIGHT

55

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Linda Grau

INVOICE

11032

DATE

6/17/26

PRESENTING CLINICAL SIGNS

anorexia, diarrhea, tenesmus

Abnormal PE/Chem/CBC/UA Results: underconditioned, painful abdomen, pale mm, wbc 19.45, ALT 222, ALP 477, GGT 27, Bili 1.9, lipase 4135

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone, containing anechoic urine with mild urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No obvious visualized masses or overt lymphadenopathy were noted in the area of the iliac trifurcation.

Normal size and margination were present in the kidneys, with the right kidney primarily visualized in the transverse plane. 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.

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 0.65 cm width in the caudal pole. The right adrenal gland was 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. Possible mild splenic folding was noted.

Liver/Gallbladder

The liver presented marked hepatomegaly exhibiting asymmetrical contour and diffuse, marked nonhomogeneous parenchyma exhibiting solitary to multifocal, indistinctly marginated liver masses. An example of an indistinct liver mass measured 5.1 cm in diameter. The gallbladder was nondistended with mildly thickened, hyperechoic wall containing anechoic bile with mild nonorganized yet congealed bile debris. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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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.

The visualized colon was empty in appearance with intact wall layering.

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 were evident.

Free Abdomen

Mild volume peritoneal effusion was present. Perihepatic to mild generalized increased omental echogenicity was noted.

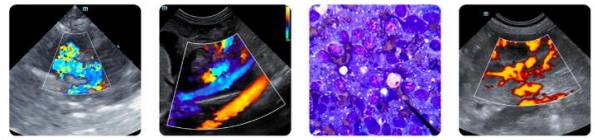
ULTRASONOGRAPHIC FINDINGS

- Marked asymmetrical hepatomegaly exhibiting severe nonhomogeneous parenchyma with hepatic masses
- Nondistended mildly thickened gallbladder with nonorganized bile debris (non mucocele)
- Sonographically normal mildly folded spleen
- Normal gastrointestinal tract with empty visible colon
- Mild volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the liver is consistent with neoplastic criteria. There is no evidence of post hepatic obstruction. Effusion secondary to hepatic pathology / portal hypertension with potential for multicentric to diffuse neoplasia, such as carcinomatosis, is possible.

Further assessment may include hepatic FNA cytology and effusion analysis, assuming normal clotting status. Concurrent gastrointestinal support and empirical therapy for potential colitis is recommended. An unfavorable prognosis is indicated.



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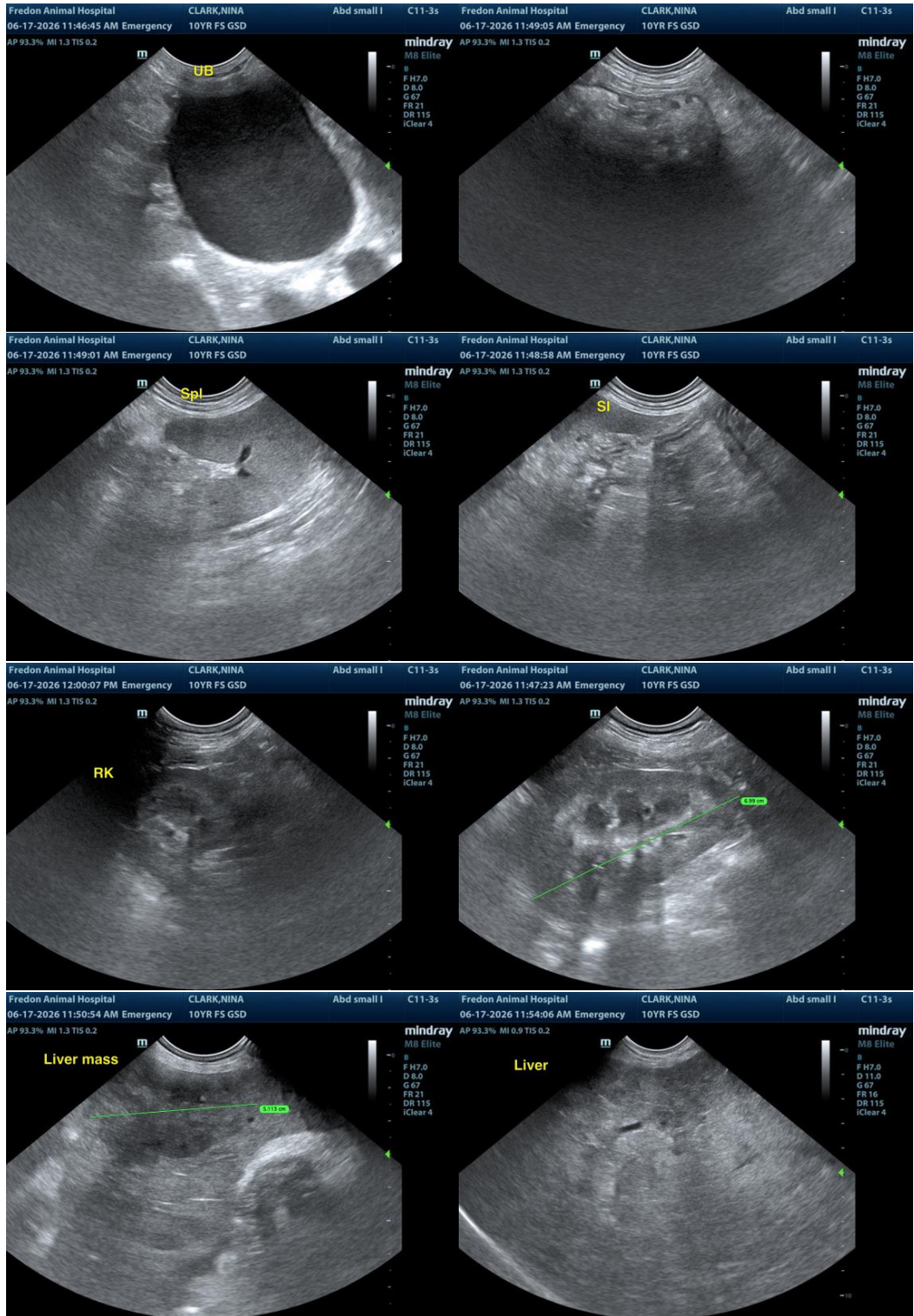
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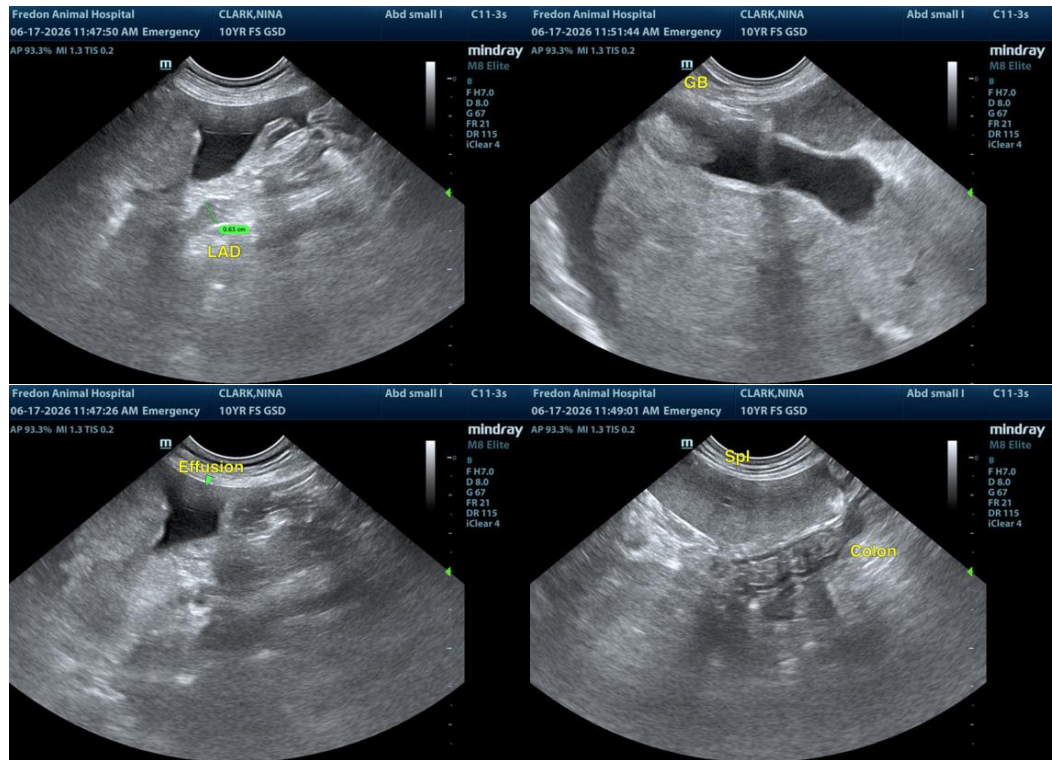
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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