



PATIENT

Michis Zapata

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

6 Months

WEIGHT

10.3

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Salazar

INVOICE

72453

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Vomiting, possible intestinal fb.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.29 cm. Right kidney measures 3.55 cm.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

The spleen measures 0.97 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.



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Free Abdomen

There are several prominent chains of mesenteric and jejunal lymph nodes with normal length to width ratios and isoechoic parenchymal detail. However, the nodes are slightly prominent and enlarged. There is no significant hyperechoic mesentery or omental fat. There is no regional free peritoneal abdominal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- The slightly prominent mesenteric and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
- Given the presence of acute gastrointestinal signs, an acute gastroenteritis or occult pancreatitis are considered most likely differential diagnoses. There is no significant gastrointestinal dilation or concern for mechanical obstruction noted at this time. Occult gastrointestinal foreign material can't be definitively ruled out. However, in the absence of any significant gastrointestinal dilation, it is unlikely to be the cause of the acute gastrointestinal signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider supportive care for acute gastrointestinal signs as clinically indicated. A spec fPLI EL could be considered to further evaluate the pancreas for active inflammation or pancreatitis.





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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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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