



PATIENT

Kulfi Mehta

SPECIES

Canine

BREED

Poodle Mix

SEX

Female Spayed

AGE

6

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

13058

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: acute onset vomiting /anorexia with newly elevated liver values

Current meds: IVF Cerenia Panto Unasyn Denamarin

Abnormal PE/Chem/CBC/UA Results: Increased Neuts ALT 291 ALP 585 GGT 12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.7 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole.

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.

Liver

The liver presented mild to moderate enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with gravity dependent, congealed, hyperechoic, non-organized, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact mildly thickened wall layering. The stomach was non-distended in size containing a mild amount of non-shadowing fluid and chyme. Gastric body wall measured 0.62 cm. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild, segmental, non-shadowing chyme and lumen gas.

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

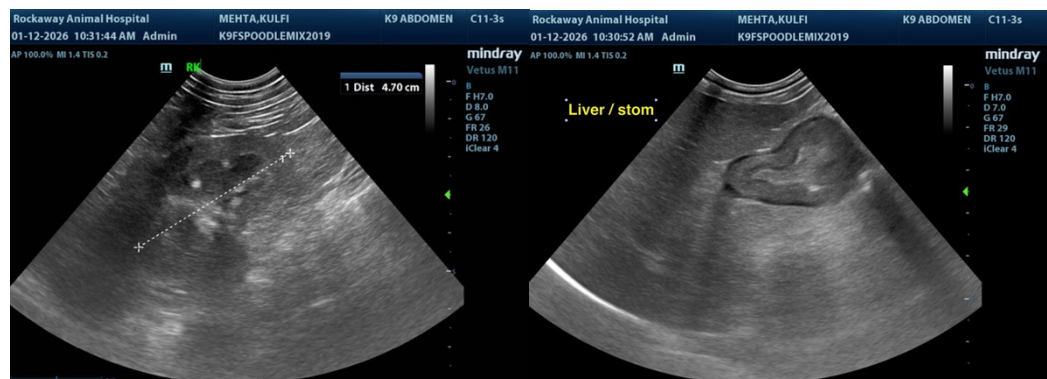
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened hypomotile stomach – consistent with mild hypomotile gastritis
- Nonspecific hepatopathy – subjective benign
- Mild, non-organized gallbladder debris (non-mucocele)
- Sonographically normal small intestine/area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include, assuming normal clotting status, FNA cytology +/- leptospirosis titer/PCR if clinically indicated, No evidence of mechanical gastrointestinal obstruction or active pancreatitis. Hepato-gastrointestinal support with clinical monitoring and sonographic reassessment if evidence of progressive hepatopathy or non-responsive gastrointestinal signs is recommended. A spec cPL could be considered to assess for mild pancreatitis which may present sonographically normal.





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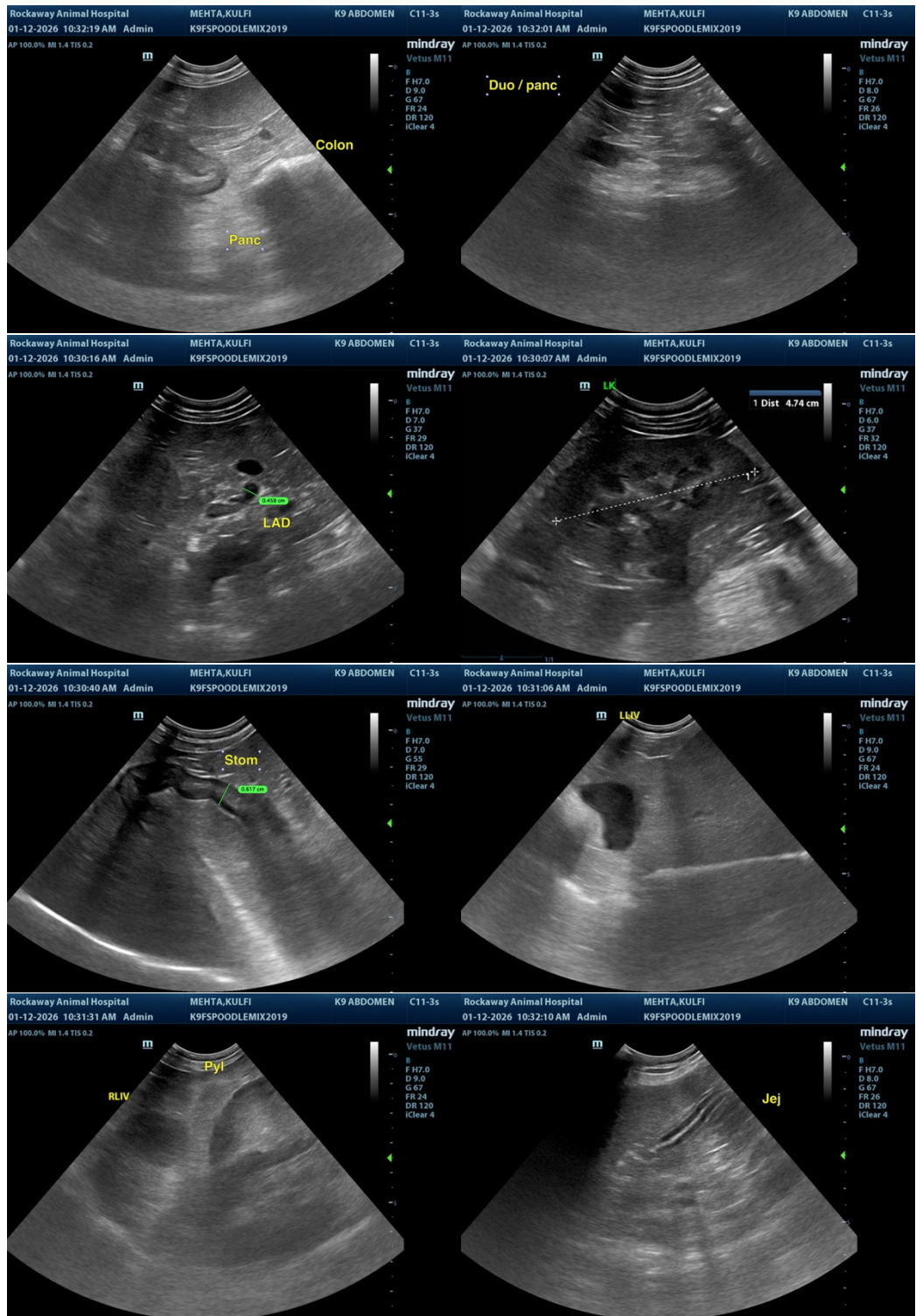
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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