



PATIENT

Stella Phillips

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

10

WEIGHT

63.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Schiess

INVOICE

23520

DATE

01/13/2026

PRESENTING CLINICAL SIGNS

PU/PD elevated liver values intermittent shaking R/O Cushings vs gallbladder vs primary liver dz , weight loss Noticed stomach is very full with material O said dog has been fasted Possibility she could have gotten into foreign material over the weekend .

Abnormal PE/Chem/CBC/UA Results: ALT 245 ALP 1355 GGT 15 remainder WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.91 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in 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/Gallbladder

The liver presented 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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact visualized wall layering. The stomach exhibited moderate distention with variably echogenic to strongly shadowing gastric content measuring ~ 4 cm in diameter. The



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shadowing content appeared to extend into the area of the pyloric outflow. No evidence of pyloric mural pathology.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Distended stomach with strongly shadowing variably echogenic content
- Normal empty small intestine
- Hepatopathy-subjective benign
- Non-organized gallbladder debris (non-mucocele)
- Age related renal changes with medullary mineral
- Bilateral mild adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported fasting, the distended stomach with strongly shadowing content highly suggests gastric foreign material intermixed with retained shadowing ingesta. No evidence of small intestinal obstructive pattern. An adrenal workup is warranted if clinical signs consistent with Cushing disease are present and concurrent decreased USG.

IMAGING PERFORMED BY

Jenn

Hospitalization with 12 hour fast and sonographic reassessment for evidence of persistent shadowing content or gastric emptying vs direct exploratory laparotomy in correlation with abdominal radiographs are recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor to the weight loss and prior to surgical consideration. Gastric biopsies at the time of surgery, if indicated, are suggested to assess for non-structural intestinal disease.

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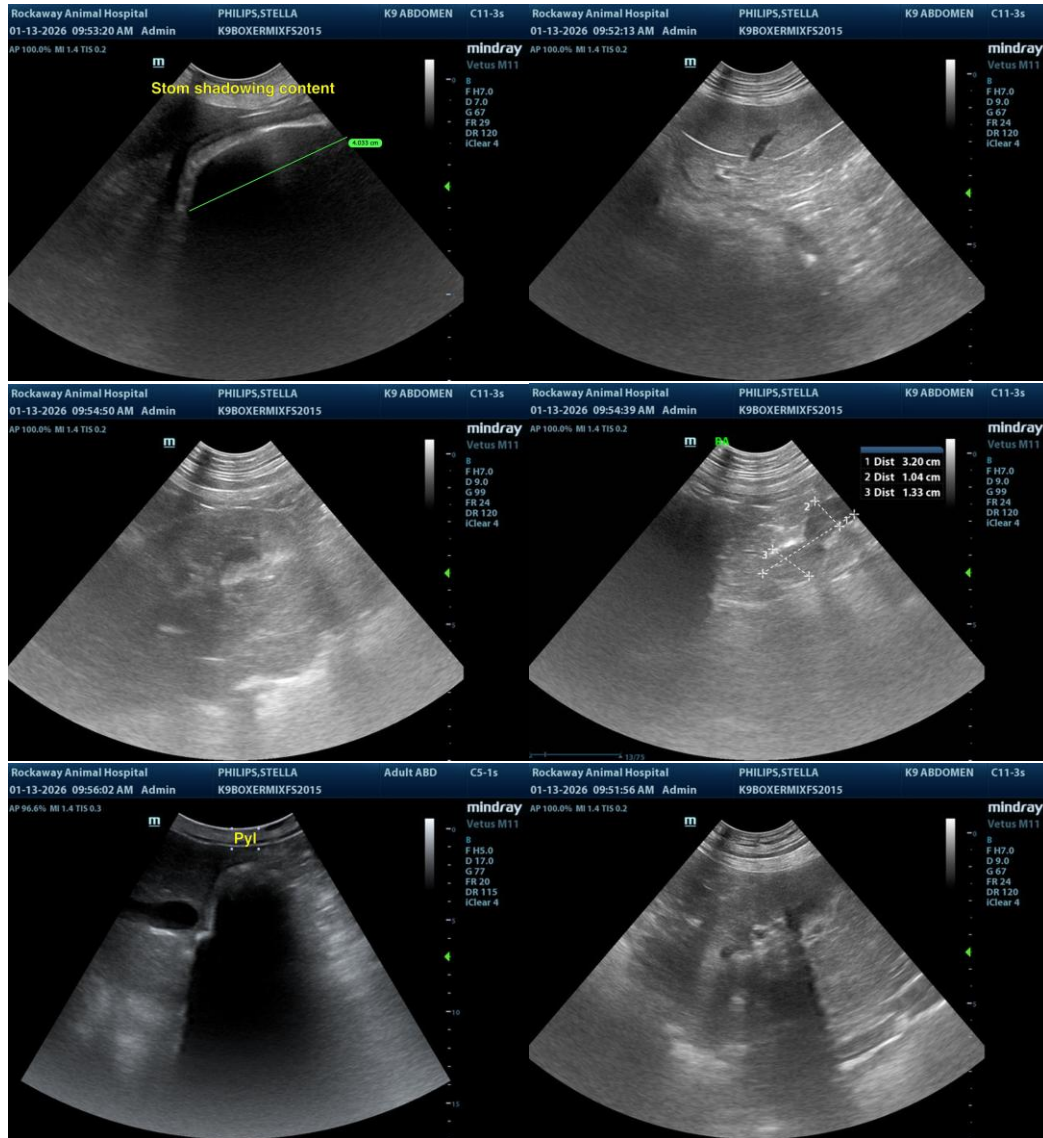
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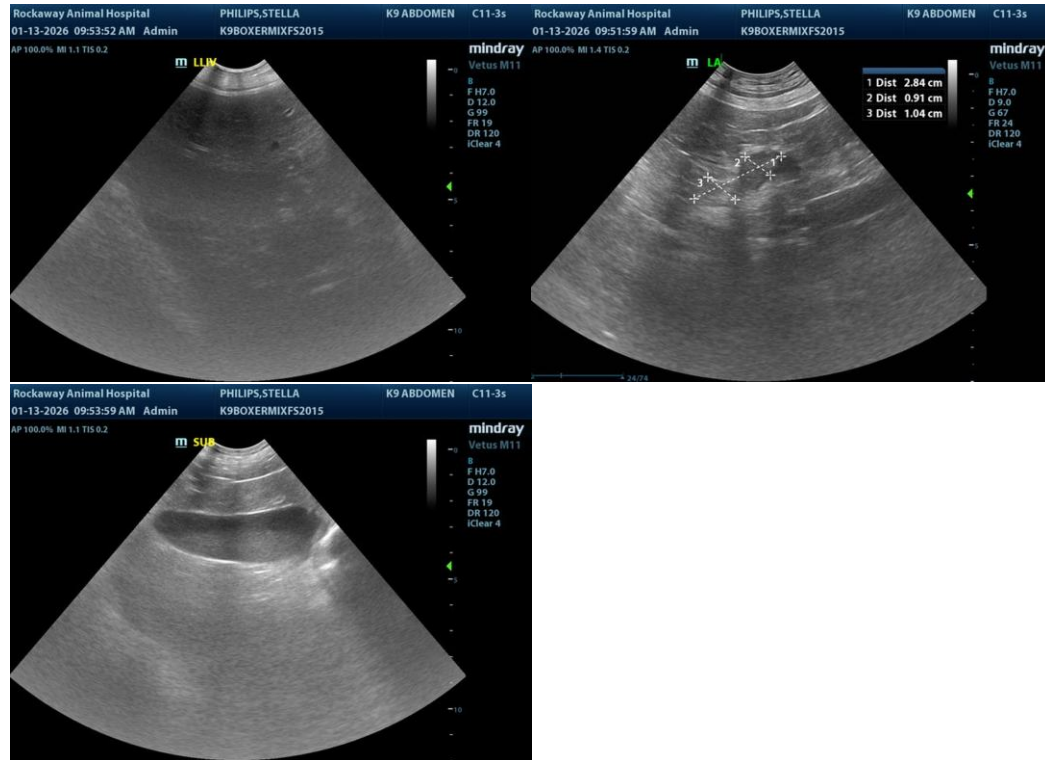
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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