



PATIENT	PRESENTING CLINICAL SIGNS
Harley Sullivan	<ul style="list-style-type: none"> Unreadable ALT, increased Tbili, vomiting, weight loss.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.
Mix	
SEX	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 renal mineralization or calculi. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 cm in length.
Spayed Female	
AGE	Adrenal Glands
3	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole.
WEIGHT	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.
53	
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY	Liver & Gallbladder
Jenn	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 normal in appearance without signs of congestion.
HOSPITAL NAME	REFERRING VET
Rockaway Animal Hospital	Dr. Maniar
INVOICE	Gastrointestinal
13262	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
DATE	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.
01/20/26	Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT

Harley Sullivan

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

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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

- Hepatopathy.
- Sonographically normal gallbladder.
- Normal empty gastrointestinal tract.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include non-specific hepatitis (viral, bacterial, leptospirosis, toxin), hepatotoxicosis, i.e. copper or other without overt evidence of intra-hepatic or extra-hepatic macroscopic shunt. No evidence of post-hepatic or gastrointestinal obstruction.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology and leptospirosis titers/PCR. A definitive diagnosis may require intestinal biopsies for histopathology. Hepatogastrintestinal support, empirical therapy for non-specific hepatitis with clinical and as needed sonographic monitoring is recommended. A GI panel to include PLI, TLI, cobalamin and folate, screening cortisol level and three view chest radiographs to assess for non-hepatic disease as a potential contributing factor may be considered.





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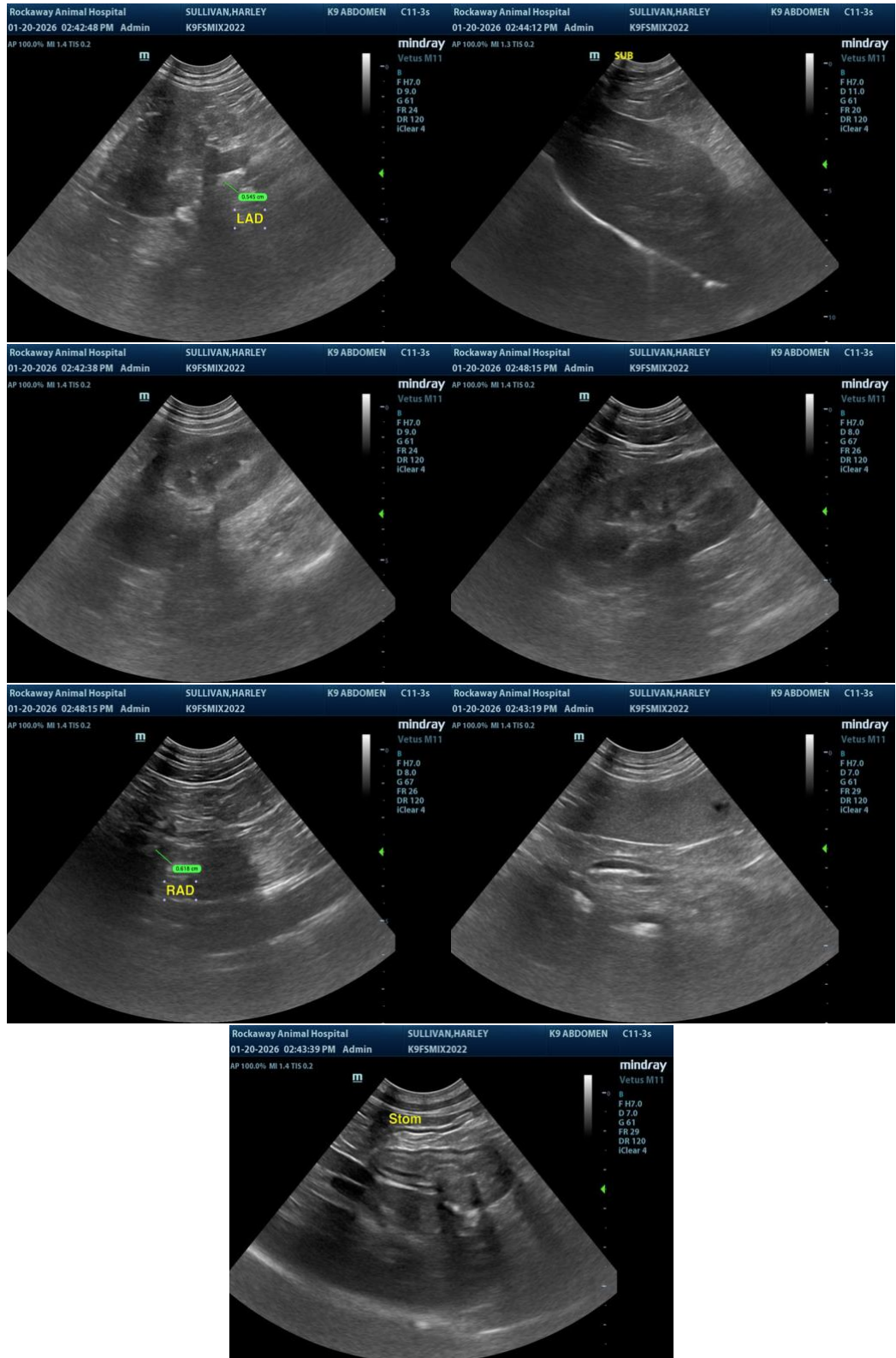
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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