



PATIENT

Maui Roman

PRESENTING CLINICAL SIGNS

Had some issues with anal glands and now colon is releasing an iron smell, checking colon . Hx of allergies , pododermatitis

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

BREED

Cane Corso

SEX

M

Normal size and margination were 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 8.7 cm in length. The right kidney measured 9.0 cm in length.

AGE

3

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

125

The left adrenal gland was mildly subnormal in size given patient size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

INTERPRETED BY

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

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

Jenn

Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Rockaway Animal
Hospital

Gastrointestinal

REFERRING VET

Dr Maniar

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid with no signs of obstruction or foreign material.

INVOICE 23631

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.

DATE

01/20/2026

The visualized colon exhibited normal visible wall. The colon contained formed fecal matter.



PATIENT

Pancreas

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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.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Cane Corso

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal visible colon and overall gastrointestinal tract.
- Subnormal left adrenal gland, non-visualized right adrenal gland.

SEX

M

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3

No evidence of visceral specifically visible colon pathology. A screening cortisol level may be considered if clinical signs suggestive of Addison's disease are present.

WEIGHT

125

INTERPRETED BY

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(Canine and Feline)

IMAGING PERFORMED BY

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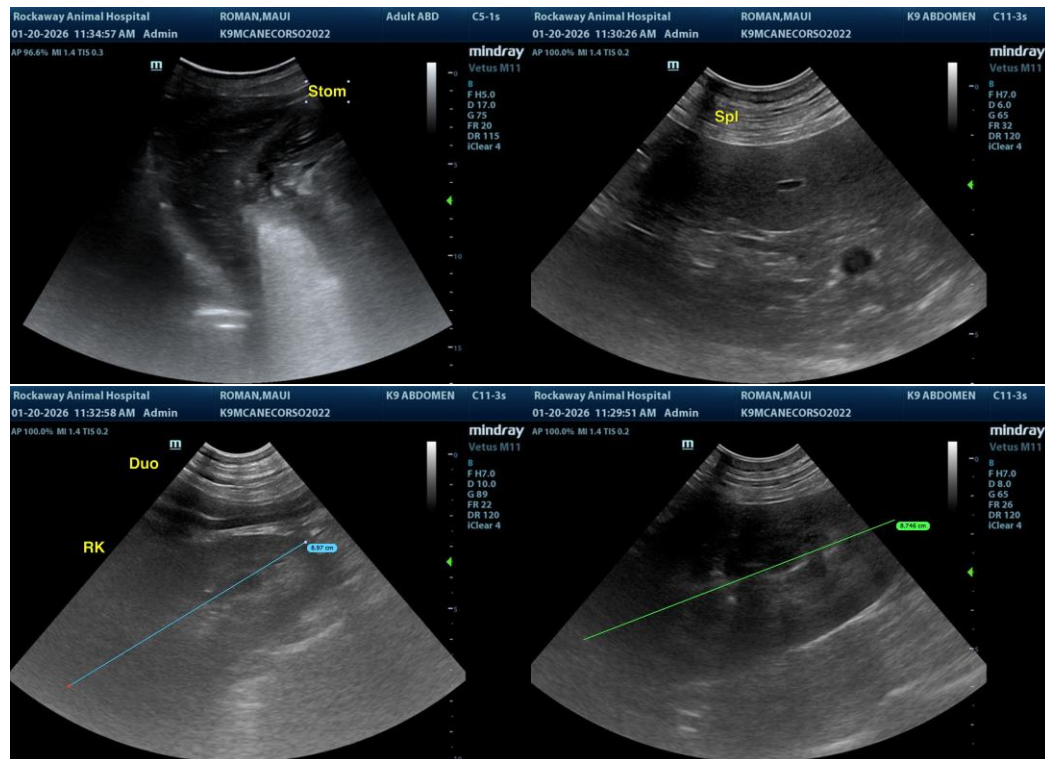
Dr Maniar

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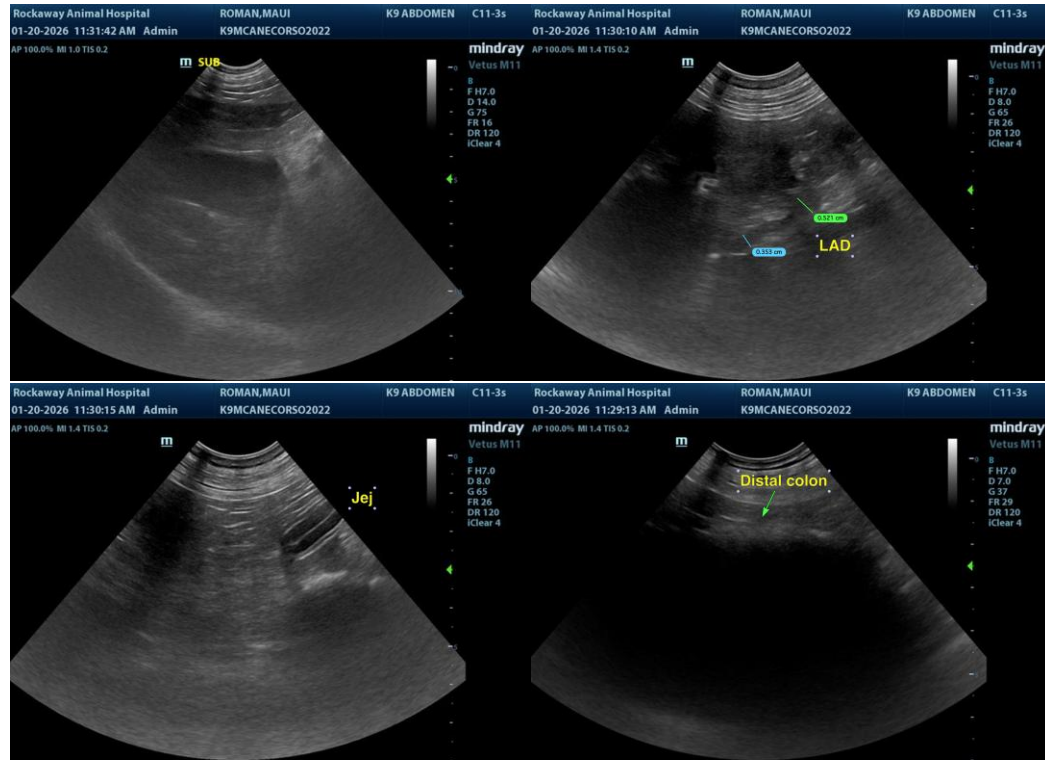
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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