



## PATIENT

Mouse McCarty

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Female Spayed

## AGE

15

## WEIGHT

21

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

13110

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

History:

- re check Hx of GI issues, gastroenteritis prev u/s 10/27. Owner reports doing well at home.

## 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 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. Focal areas of medullary mineral present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

### 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 0.68 cm width in the caudal pole. The right adrenal gland measured 0.64 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

The liver presented mildly enlarged in size with normal vascular volume. 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 minor, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

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.



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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.

The colon walls presented mild thickened descending colon wall yet prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with lumen dilation. Descending colon wall measured 0.28 cm width.

### Pancreas

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### Free Abdomen

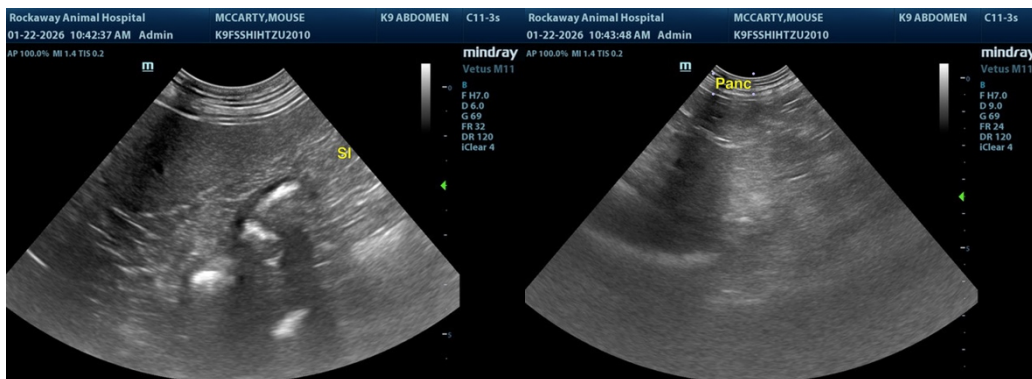
No overt lymphadenopathy or peritoneal effusion was present.

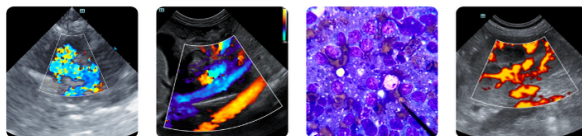
## ULTRASONOGRAPHIC FINDINGS

- Static benign hepatopathy pattern
- Minor gallbladder debris (non-mucocele)
- Static chronic renal changes with mild medullary mineral
- Static mild bilateral adrenomegaly – nonspecific
- Sonographically normal gastrointestinal tract with mild colitis pattern
- Mild heterogeneous remodeled pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued gastrointestinal support is recommended. Adrenal screening or workup could be considered if clinical signs consistent with adrenal disease and concurrent evidence of vacuolar or cholestatic hepatopathy. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for chronic pancreatitis or non-structural small intestinal disease.





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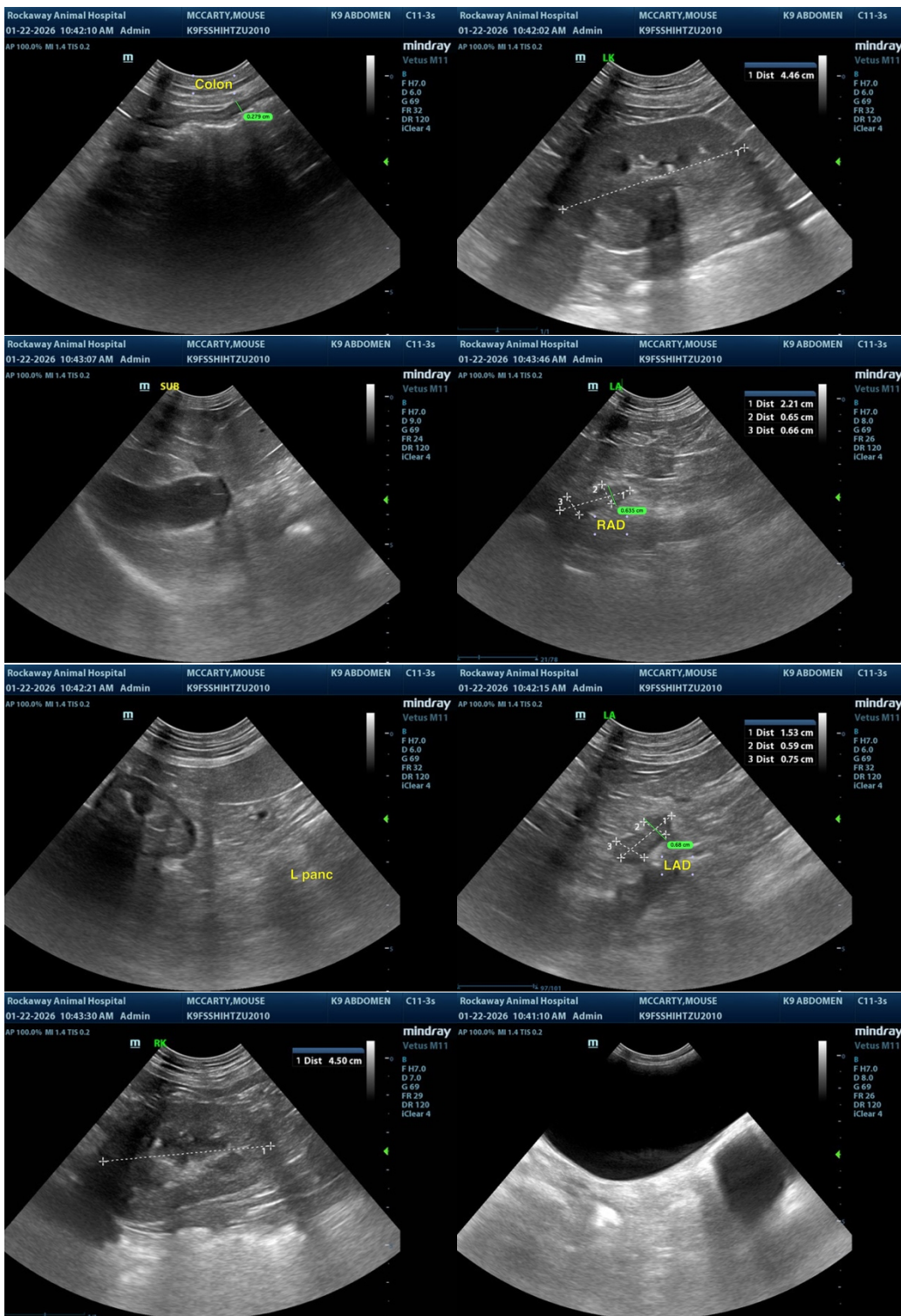
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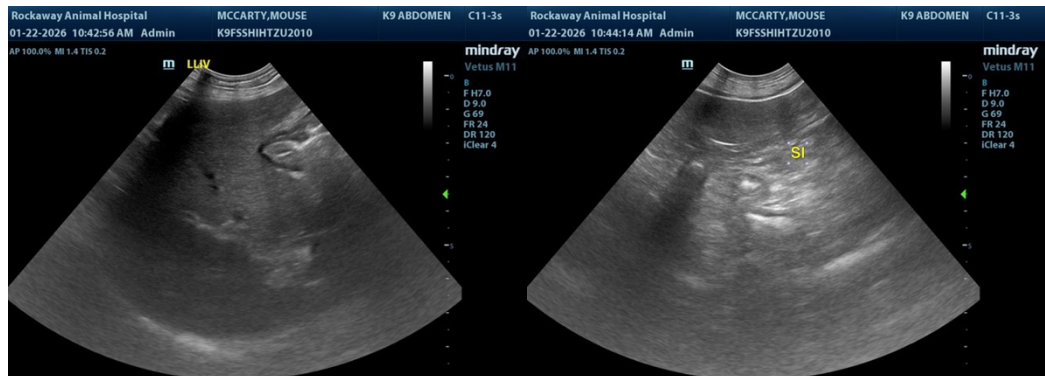
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)