



PATIENT

Piper Mendez

SPECIES

Canine

BREED

Fox Terrier

SEX

Spayed Female

AGE

14

WEIGHT

16.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12938

DATE

01/03/2026

PRESENTING CLINICAL SIGNS

Hx of diarrhea with blood for one month decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Lipase 657

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 change were noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Medullary renolithiasis was present in the bilateral kidneys with no evidence of pyelectasia. The left kidney measured 4.4 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm width in the caudal pole. The right adrenal gland measured 0.42 cm width in the caudal pole.

Spleen

The spleen presented normal in size with asymmetrical medial capsule contour and probable areas of medial capsule fibrosis. Intermittent variably sized yet noncapsule deforming nonhomogenous hyperechoic splenic nodules were visualized with an example measuring 0.98 cm in diameter.

Liver

The liver presented borderline 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. Intermittent to multiple discrete hyperechoic intraparenchymal nodules were present.

The gallbladder was non distended in size with mild to moderate nonorganized 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.

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 jejunum wall measured 0.30 cm wall width.



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The descending colon wall presented mild to variably thickened wall. Soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.45 cm wall width.

Pancreas

The pancreas was normal in size and contour with isoechoic mildly 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

Primary Findings

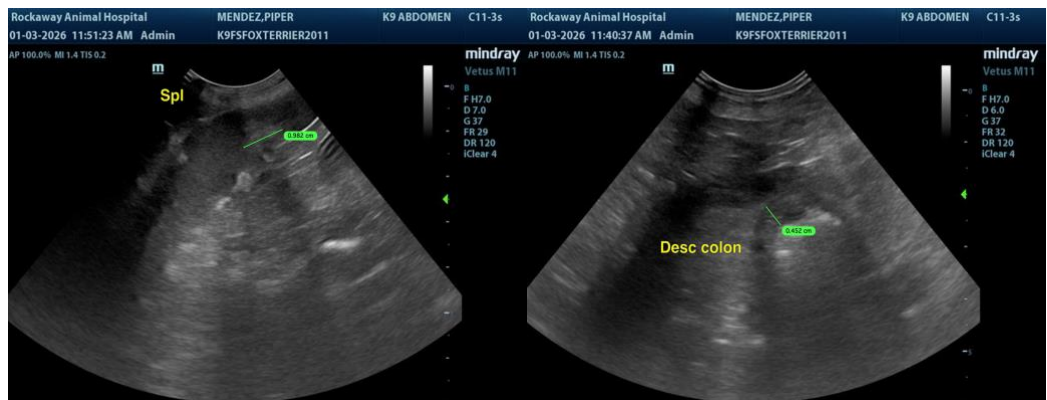
- Colitis with generalized soft to nonformed fecal matter.
- Sonographically unremarkable gastrointestinal tract.
- Mild heterogeneous remodeled pancreas.
- Mildly enlarged subtle nodular liver.
- Nonorganized gallbladder debris (non-mucocele).
- Chronic renal changes with renolithiasis.

Secondary Findings

- Age-related spleen with probable benign myelolipoma and medial capsule fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Generalized nonspecific gastroenterocolonopathy in conjunction with chronic pancreatitis may present without sonographic evidence of gastrointestinal mural changes or active pancreatitis criteria. Fresh fecal analysis, a GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level are recommended. Gastrointestinal support and empirical therapy for colitis is warranted with clinical monitoring and sonographic reassessment if continued or progressive gastrointestinal signs. Age-related or benign hepatic changes are probable. Monitoring of hepatic enzymes with hepatogastrointestinal medications if evidence of hepatopathy or cholestasis and sonographic monitoring if evidence of progressive hepatopathy is recommended. Urinary work up is recommended if not recently done.





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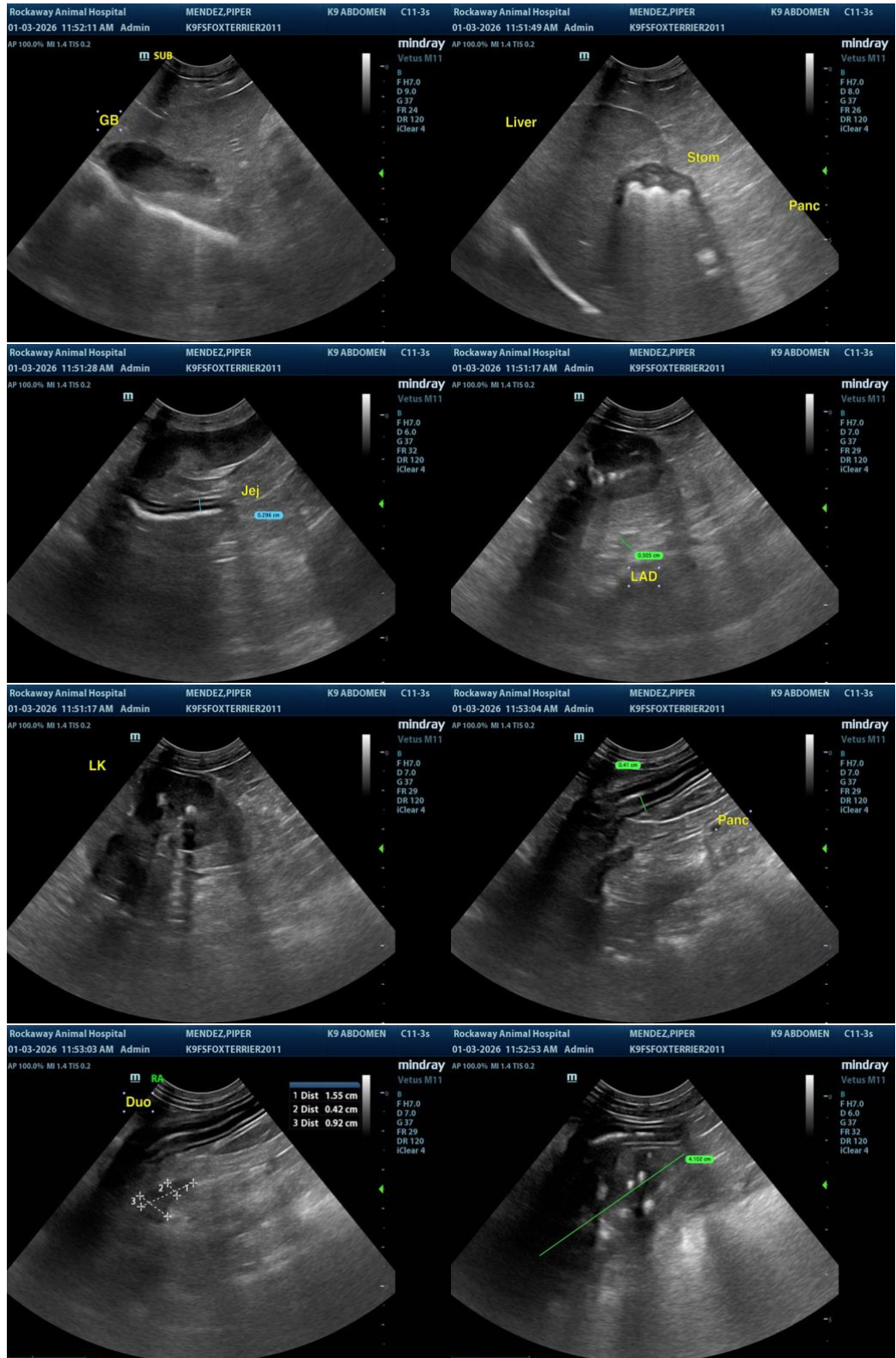
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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