



PATIENT	PRESENTING CLINICAL SIGNS
Waffles Barba	Yelping when touched, decreased appetite, shaking.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Beagle	
SEX	The area of the aortic trifurcation was free of pathology.
Spayed Female	
AGE	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 pelvic dilation. The left kidney measured 5.3 cm in length. The right kidney measured 5.1 cm in length.
10	
WEIGHT	Adrenal Glands
25	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole.
INTERPRETED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	Spleen
Jenn	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.
HOSPITAL NAME	Liver & Gallbladder
Rockaway Animal Hospital	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. An indistinct isoechoic to mild nonhomogenous hyperechoic nondisruptive deep mid liver intraparenchymal nodule was present measuring 1.3 cm in diameter.
REFERRING VET	
Dr. Maniar	
INVOICE	Gastrointestinal
13017	The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
DATE	
01/09/2026	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.



PATIENT

Waffles Barba

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

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WEIGHT

25

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

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HOSPITAL NAME

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Hospital

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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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

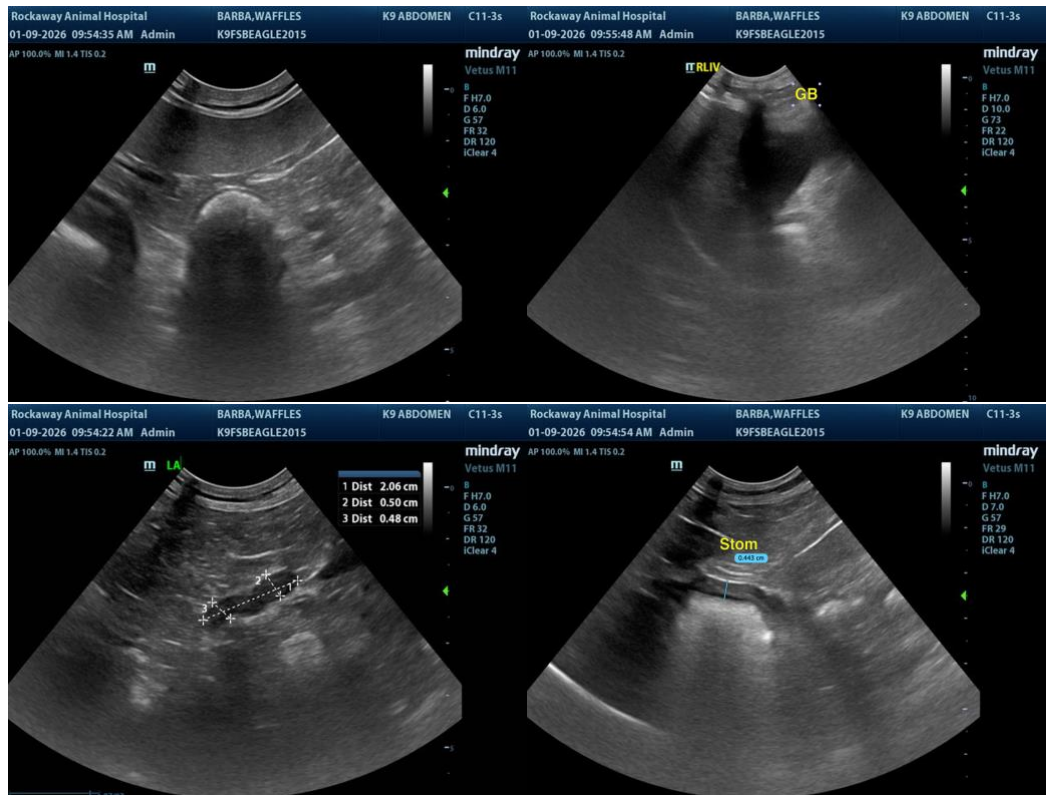
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall, sonographically normal abdomen.
- Indistinct liver nodule.
- Mild nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. The indistinct liver nodule is nonspecific with considerations including favored indistinct lipogranuloma or nodular hyperplasia, potential for emerging neoplastic liver nodule is thought less likely yet sonographic monitoring of the nodule for evidence of progression is recommended. Correlation with musculoskeletal examination is recommended. As needed gastrointestinal support is recommended.





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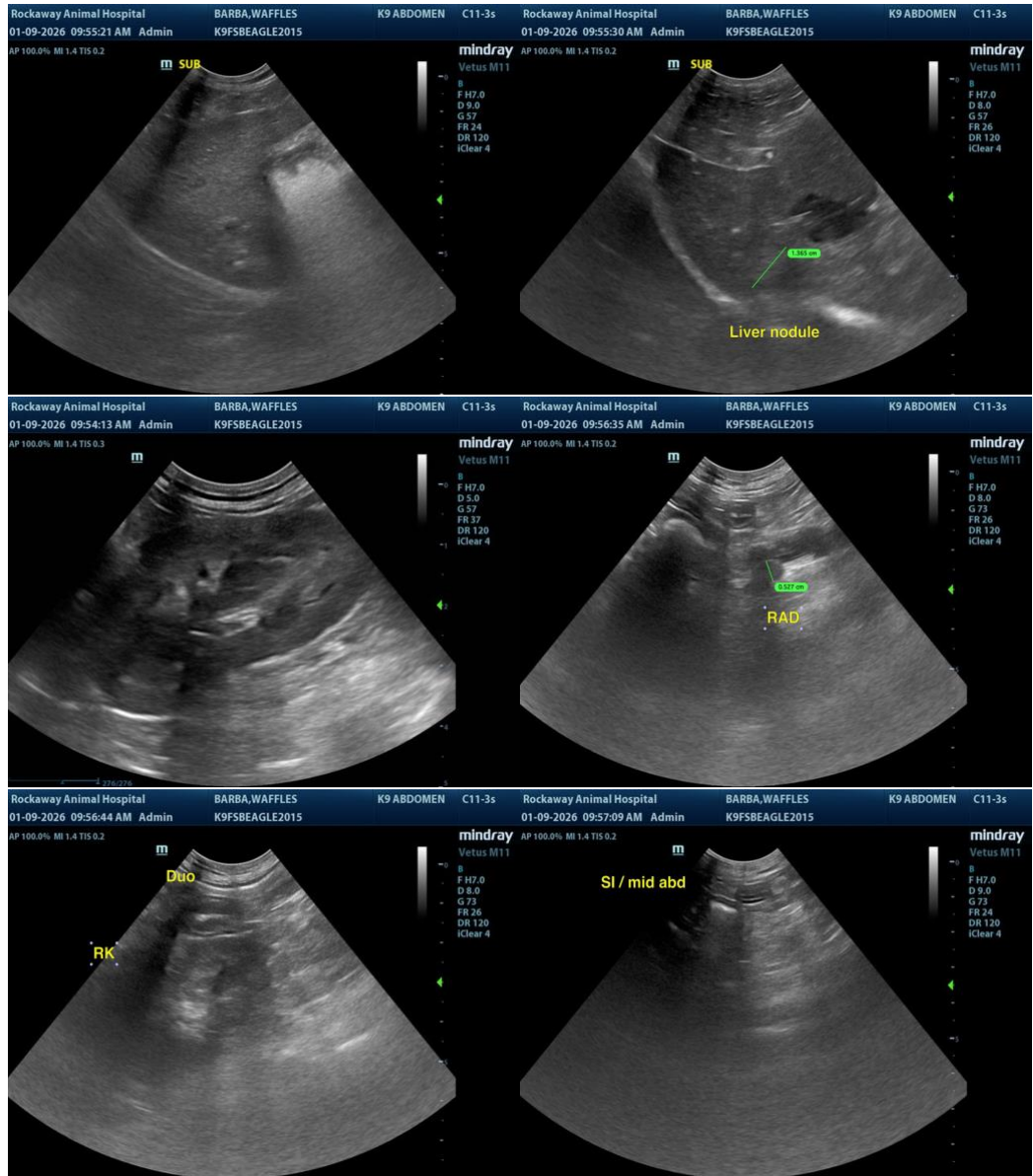
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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