



PATIENT	PRESENTING CLINICAL SIGNS
Guero Chavarriaga	abd discomfort diarrhea Hx of intestinal inflammation
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone and cystourethral junction 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.
Chi	
SEX	No obvious pathology in the area of the residual prostate or proximal urethra.
Neutered Male	
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 3.1 cm in length. The right kidney measured 3.1 cm in length.
3	
WEIGHT	Adrenal Glands
6.4	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole.
INTERPRETED BY	No obvious pathology in the area of the right adrenal gland.
R. McKenzie Daniel, DVM, DABVP	Spleen
IMAGING PERFORMED BY	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.
Jenn	
HOSPITAL NAME	Liver
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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Maniar	
INVOICE	The stomach presented intact nonthickened wall. The stomach contained mild anechoic fluid. No evidence of foreign material or obstruction to pyloric outflow. Gastric body wall measured 0.22 cm wall width.
12165	
DATE	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without evidence of mechanical/metabolic ileus to the level of the colon. Small intestine wall measured 0.25 cm wall width.
11/10/25	



PATIENT

Guero Chavarriaga

The colon walls presented mildly irregular thickened descending colon yet nondistended in size. Soft fecal matter consistent with patient's history, was present in the colon lumen with lumen dilation. Descending colon wall measured 0.32 cm wall width.

SPECIES

Canine

Pancreas

The area of the pancreas was sonographically normal.

BREED

Chi

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

- Hypomotile stomach- suspect mild hypomotile gastritis.
- Sonographically unremarkable empty small intestine.
- Descending colitis.
- Normal area of pancreas.

AGE

3

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6.4

Generalized gastroenterocolitis of unknown etiology with considerations including dietary intolerance/indiscretion, infectious disease, enterotoxin, overall nonstructural inflammatory bowel, occult parasitism, occult Addison's disease, mild pancreatitis (which may present sonographically normal) are all potentials. No evidence of neoplastic criteria or gastrointestinal obstruction.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

Further assessment may include fresh fecal analysis, a GI panel to include PLI, TLI< cobalamin and folate and screening cortisol level. Empirically, hydrolyzed diet or similar with probable long term dietary therapy, if not currently instituted, high colon count probiotic, empirical deworming despite fecal testing, cobalamin supplementation (pending assessment of cobalamin level) and as needed gastroprotectants may prove beneficial. As needed sonographic monitoring is indicated if nonresponsive, recurrent or progressive gastrointestinal signs.

IMAGING PERFORMED BY

Jenn



HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

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Neutered Male

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Rockaway Animal
Hospital

REFERRING VET

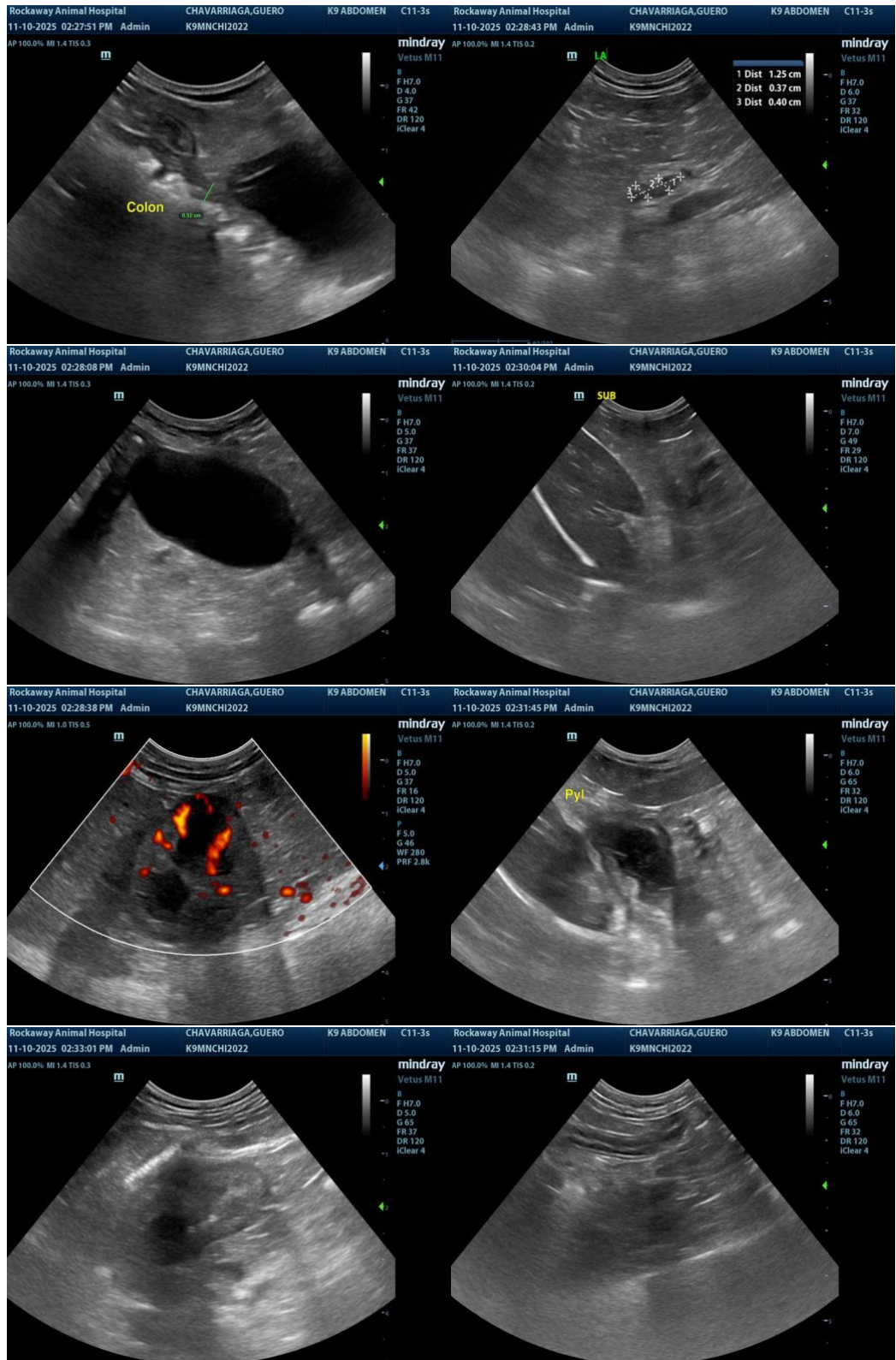
Dr. Maniar

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PATIENT

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SPECIES

Canine

BREED

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SEX

Neutered Male

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6.4

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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