

PATIENT

Winnie Stewart

SPECIES

Canine

BREED

Frenchie

SEX

FS

AGE

5

WEIGHT

21.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

10343

DATE

11/13/25

PRESENTING CLINICAL SIGNS

re check u/s from 11/12 checking status of ingesta in stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size and contour with primarily homogeneous parenchyma. Mildly expansive yet nondisruptive, subtle, nonhomogeneous, hypoechoic splenic nodule was present with mild associated symmetrical capsule distortion, measuring 0.68 cm diameter.

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. 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.

Gastrointestinal

The stomach presented intact borderline to mild thickened wall. The stomach lumen was empty without evidence of persistent retained, previously noted, ingesta. Mild lumen gas was noted. Focal to subtle hyperechoic gastric mural speckling was present. The stomach wall measured 0.58 cm width.



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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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with borderline to mildly thickened wall and subtle mural speckling - suggestive of chronic gastritis
- Splenic nodule - hyperplasia, hematopoiesis, small granuloma, or similar favored with emerging nodular neoplasia or splenic tumor thought less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of persistent retained gastric ingesta or mechanical gastrointestinal obstruction. Empirical therapy for suspect chronic gastritis or potential esophagitis, including dietary therapy and as-needed gastroprotectant Omeprazole (1.0 mg/kg SID), with clinical monitoring is recommended. FNA cytology of the splenic nodule or serial sonographic monitoring for evidence of persistence/progression is indicated.





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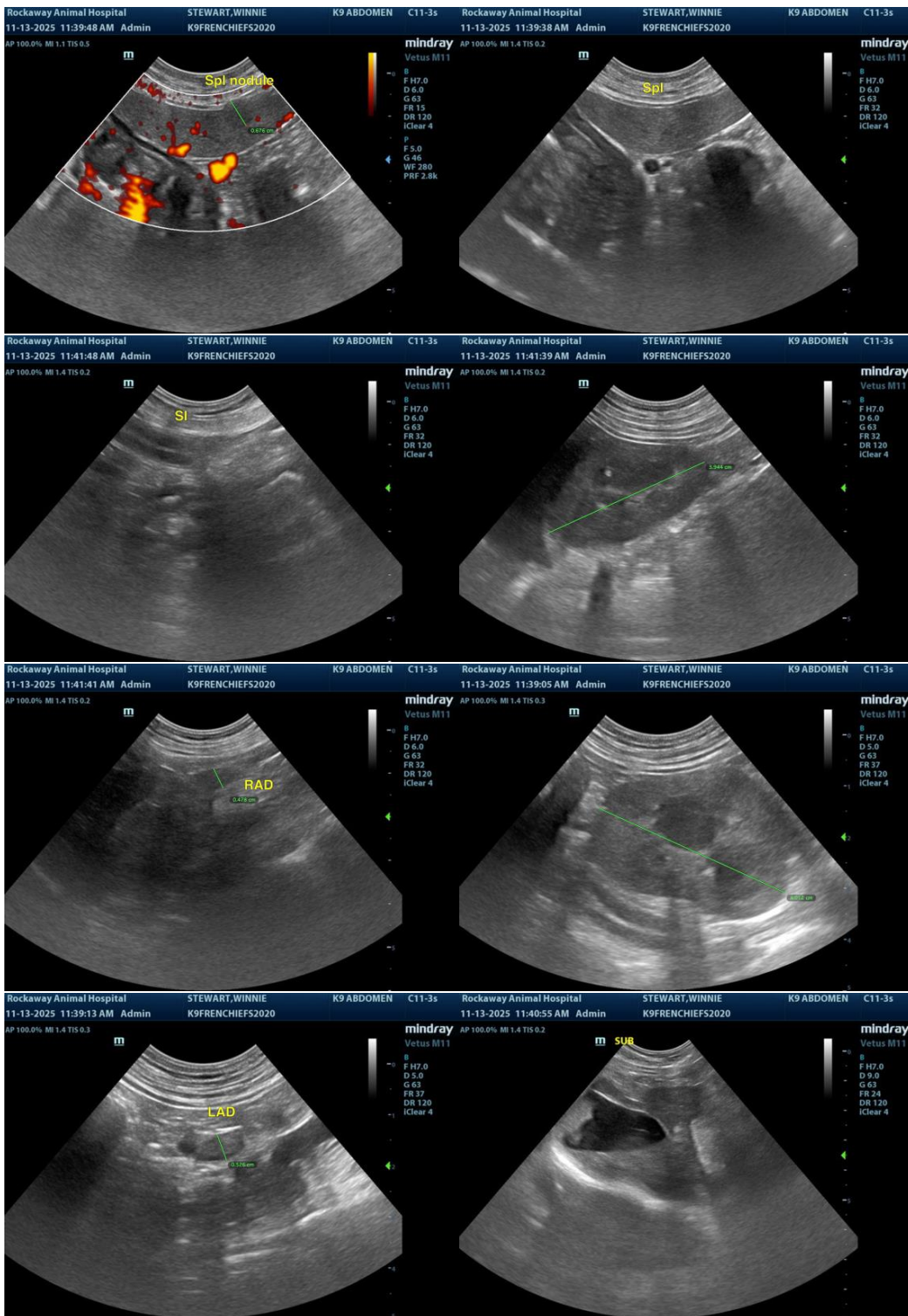
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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