



## PATIENT

Ruby Adelman

## SPECIES

Canine

## BREED

Chi x

## SEX

Spayed Female

## AGE

12

## WEIGHT

15

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

71873

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

Vomiting profusely prev u/s 10/21  
Abnormal PE/Chem/CBC/UA Results: ALT 152 ALP 397 Lipase 764

## 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 iliac trifurcation was free of pathology.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineral noted in both kidneys. The right kidney measured 4.1 cm. The left kidney measured 4.3 cm.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm at 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 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. The gallbladder was non distended in size with mild non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented similar appearing significant thickened regional gastric mucosa exhibiting non-uniform luminal surface contour and heterogeneous mucosal echogenicity with potential for focal mucosal cystic changes. Thickened gastric mucosa measured up to 2.5 cm. Intact thickened wall noted in the area of the antrum and pylorus measuring 0.50 cm. The stomach was overall non-distended, containing a mild amount of anechoic fluid and luminal gas.



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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 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 obvious visualized significant omental lymphadenopathy. No evidence of peritoneal effusion.

**PRIMARY FINDINGS**

- Similar appearing significant regional thickened gastric mucosa with mild retained gastric fluid.
- Mild pancreatic remodeling.
- Benign hepatopathy pattern with mild non-organized gallbladder debris (non-mucocele).
- Sonographically normal small intestine.

**SECONDARY FINDINGS**

- Static mild chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Similar appearing stomach compared to the previous study without overt evidence of progressive thickened stomach wall or hyperplastic mucosa. The stomach is likely suggestive of chronic gastritis in conjunction with previous endoscopic biopsies. Gastric neoplasia is not excluded yet thought less likely. No obvious evidence of pyloro-intestinal obstruction. Gastroprotectants, smaller more frequent feedings of a canned or slurry novel protein or hydrolyzed diet, consideration for empirical helicobacter therapy, and supportive care for possible mild chronic pancreatitis is recommended. Referral for further interventional procedure may be indicated if persistent or progressive vomiting.





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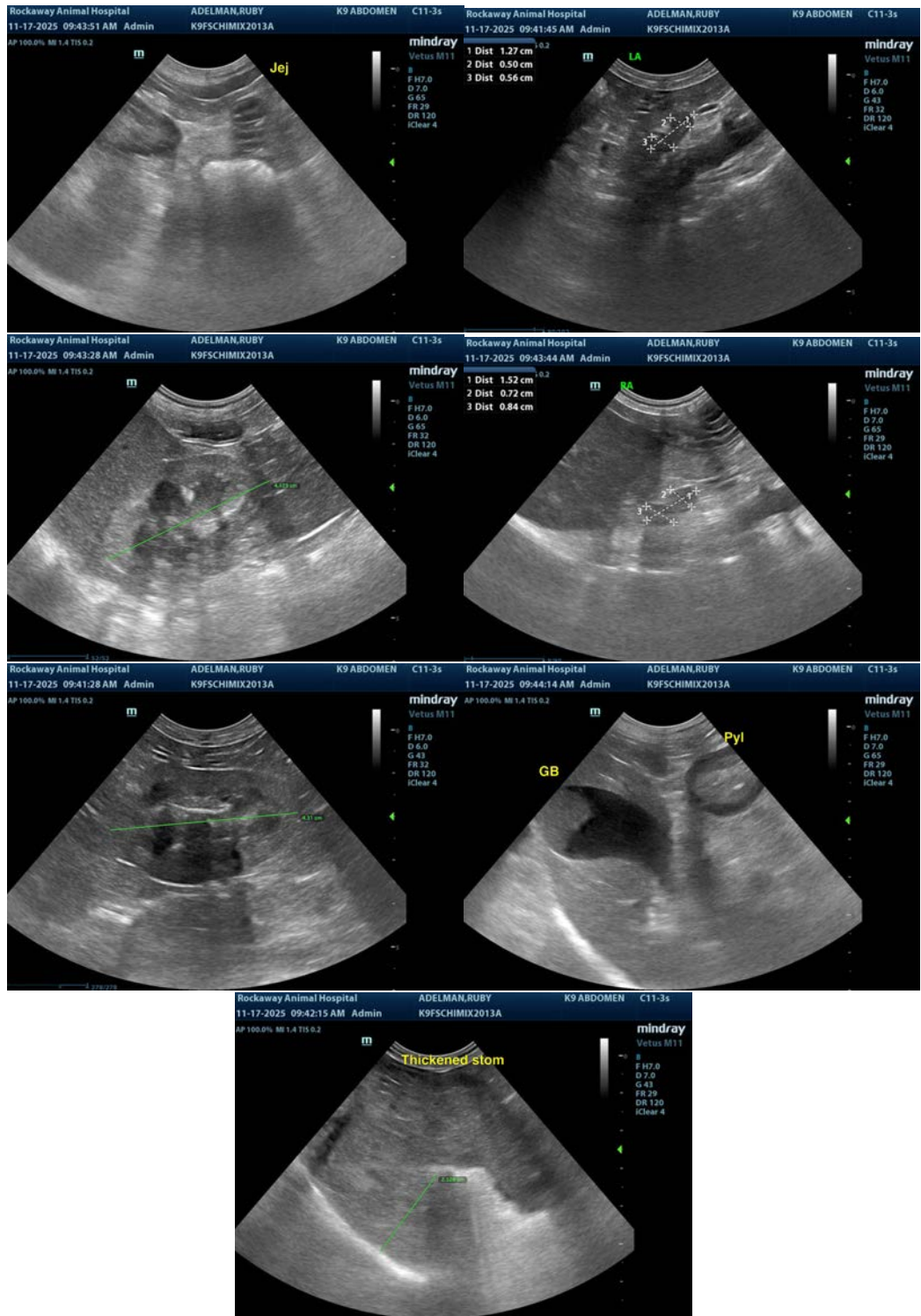
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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