



PATIENT

Tucker Hosler

SPECIES

Canine

BREED

Pit Mix

SEX

Male Neutered

AGE

10m

WEIGHT

47.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12824

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: V/D

Abnormal PE/Chem/CBC/UA Results: WBC 20.63 ALT 162

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

No obvious pathology in the area of the residual prostate.

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 5.6 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left and right adrenal glands were subjective mildly flattened, apparent symmetrical contour and homogeneous parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole. The right adrenal gland measured 0.36 cm width 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 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to primarily generalized ileus pattern to the level of the colon.



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The colon exhibited intact visible wall, was non-distended in size and contained generalized non-formed fecal matter consistent with patient history.

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 was evident.

Free Abdomen

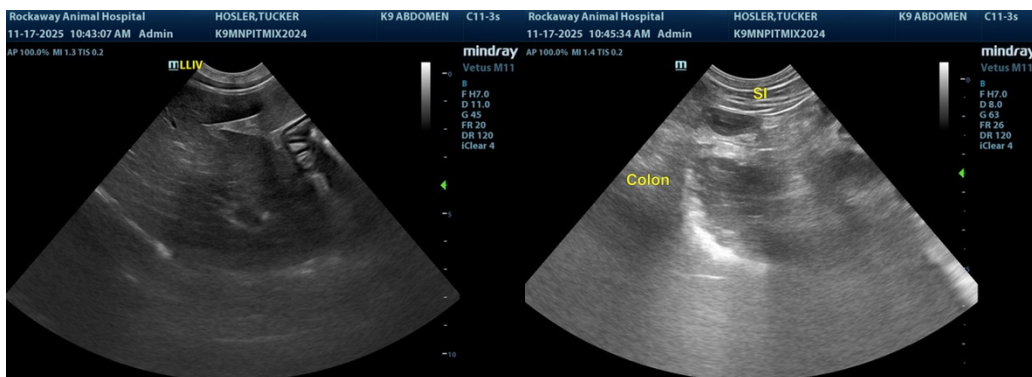
Intermittent, mildly enlarged, primarily symmetrical, homogeneous to mildly hypoechoic mesenteric lymph node was present measuring 3.1 cm x 0.74 cm. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenterocolitis – dietary indiscretion, infectious disease, enterotoxin, nonspecific acute inflammatory bowel, occult parasitism, e. coli disease, all potentials
- Intermittent mesenteric lymphadenopathy – associated reactive hyperplasia, mild inflammation or immunologic immaturity probable
- Subjective mild flattened adrenal glands – nonspecific
- Sonographically normal liver/gallbladder – consistent with low-grade benign hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt gastrointestinal obstructive pattern, definitive foreign material or obstructive mural pathology such as intussusception. Gastrointestinal support indicated with clinical monitoring. Screening cortisol level to rule out occult Addison's disease is suggested. Recheck sonogram indicated if non-responsive or progressive gastrointestinal signs.





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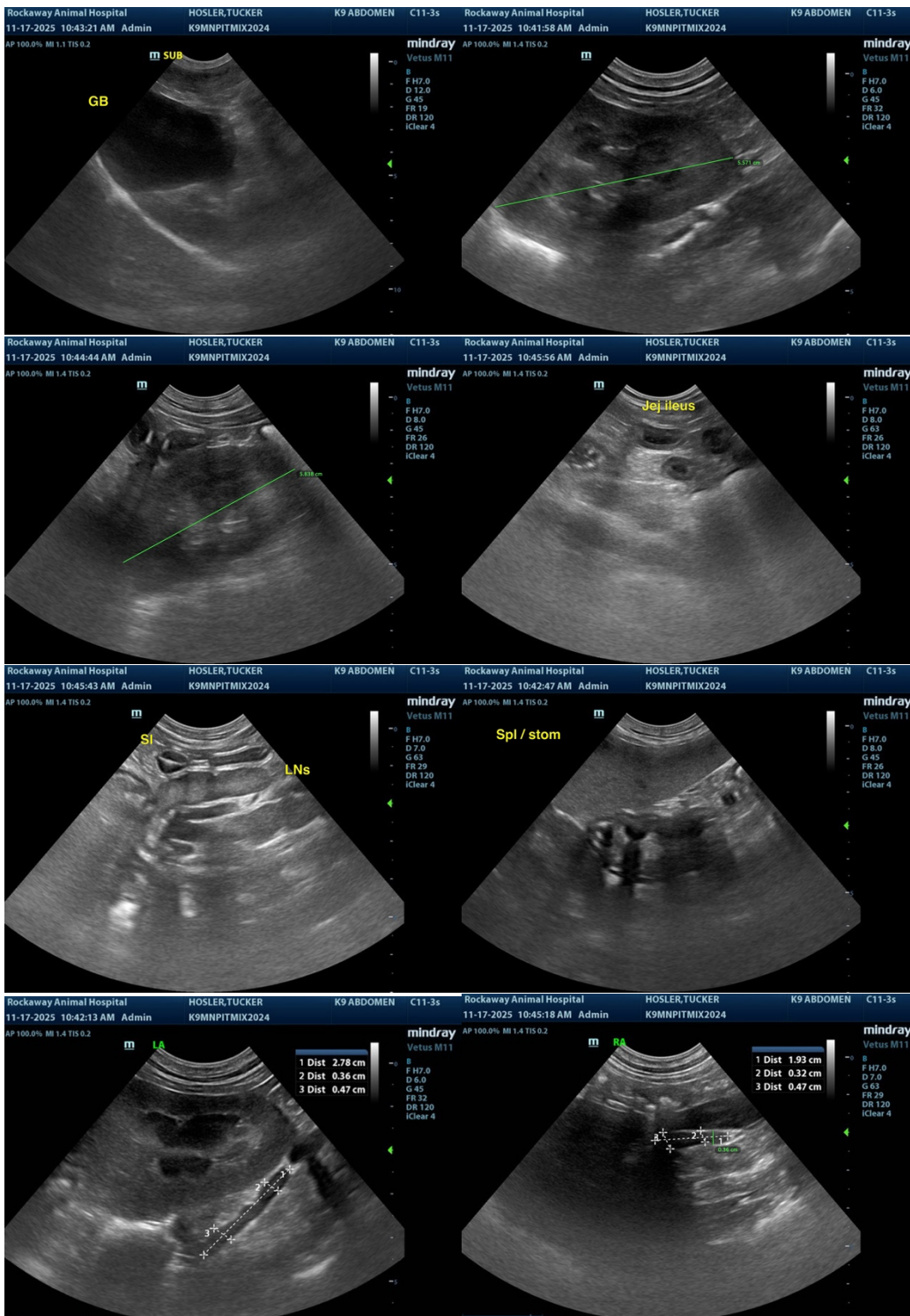
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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