



PATIENT

Roxy Myers

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

2013

WEIGHT

42

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Littlestown AH

REFERRING VET

Dr. Kubala

INVOICE

12313

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Several week duration loose stool, now HGE/straight blood presentation, VERY lethargic/laterally recumbent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. No evidence of urinary bladder tumors. Mild urine sediment was present without evidence of urine mineral or calculi.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.5 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 0.58 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 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

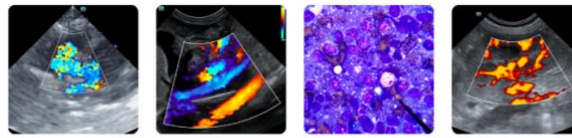
The liver revealed generalized hepatomegaly, asymmetrical hepatic capsule contour and nonhomogenous nodular parenchyma with an ill-defined mixed echogenic focally cystic mass in the subjective mid to right liver measuring 10.0 cm to 11.0 cm in diameter.

The gallbladder was non distended in size with moderate variably congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, moderate nonshadowing ingesta and lumen gas without signs of obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering with overall normal wall layer ratio. Segmental mild to moderate intestinal ileus with anechoic intestinal fluid and nonshadowing mildly hyperechoic ingesta/chyme.



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The colon presented with intact mildly thickened wall. Generalized mild distended colon containing nonformed fecal matter consistent with patient's history.

Roxy Myers

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Beagle Mix

No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

Primary Findings

AGE

- Enlarged nonhomogenous nodular liver with indistinctly marginated mass.
- Congealed nonorganized gallbladder debris- not consistent with mature mucocele criteria.
- Variably echogenic gastric ingesta.
- Enterocolonopathy exhibiting segmental intestinal ileus and generalized mildly dilated colon containing nonformed fecal matter.

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Secondary Findings

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- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

R. McKenzie Daniel,
 DVM, DABVP (Canine
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Comorbidities including primary concern for hepatic neoplastic criteria and nonspecific to progressive enterocolitis, potentially secondary to dietary intolerance/indiscretion, infectious disease, enterotoxin, occult parasitism, occult Addison's disease, occult neoplasia, mild pancreatitis are all potentials. The gastric ingesta is suggestive of food echogenicity and suspect metabolic intestinal ileus without overt obstructive criteria is thought less likely. Correlation with hepatic cytology, fresh fecal analysis, screening cortisol level and a GI panel to include PLI, TLI, cobalamin and folate is suggested. If not currently instituted, hospitalization with empirical therapy for progressive acute hemorrhagic diarrhea syndrome with monitoring for evidence of sepsis is recommended. Sonographic monitoring or reassessment is indicated if progressive or nonresponsive gastrointestinal signs. Guarded prognosis is indicated.

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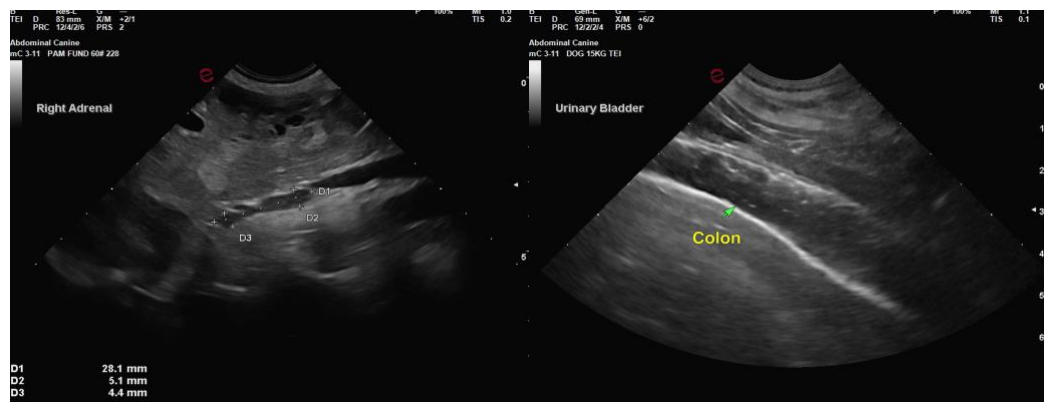
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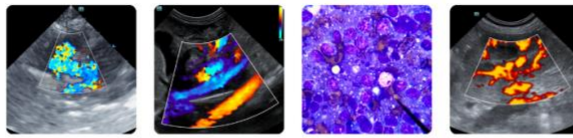
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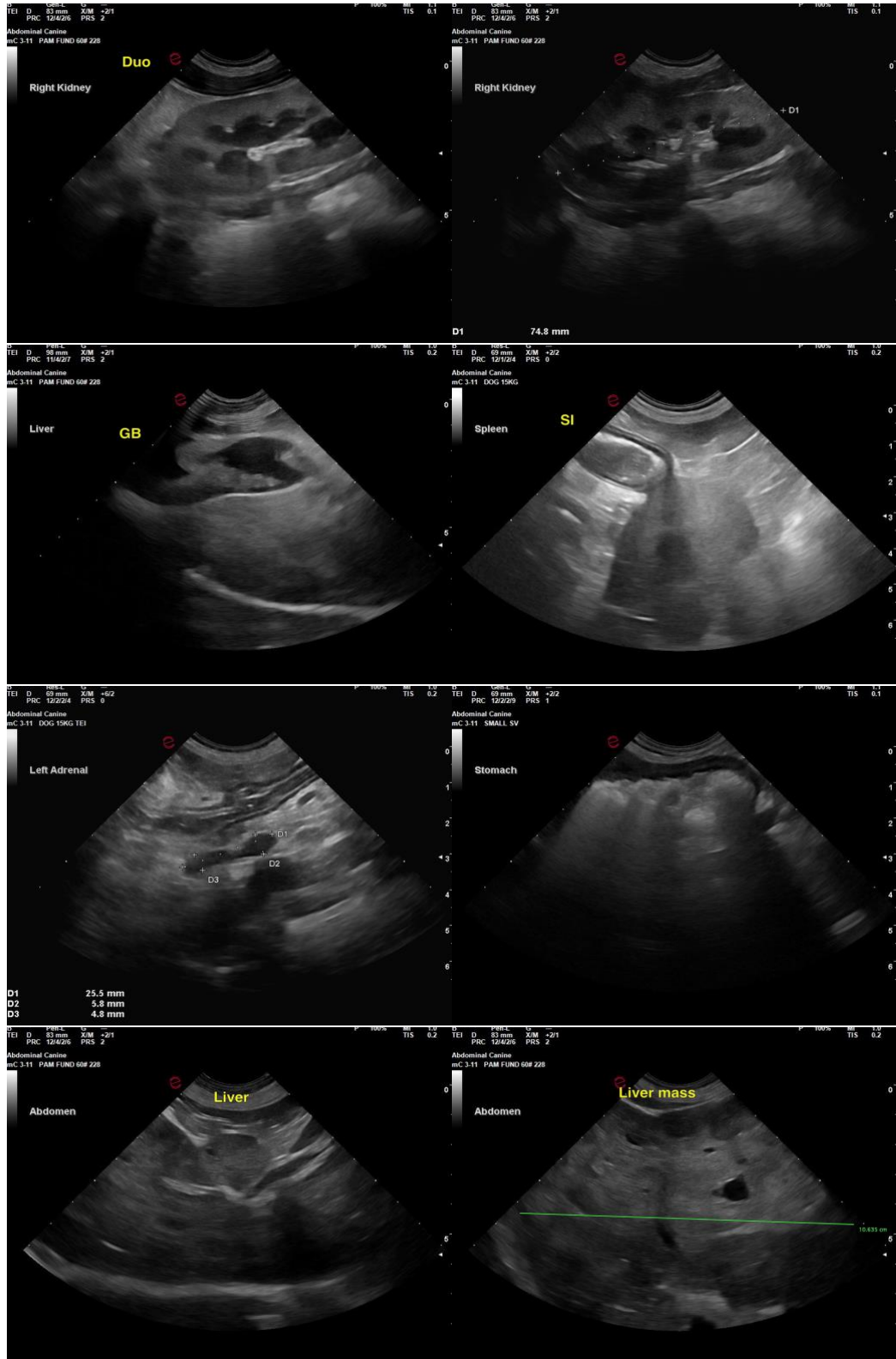
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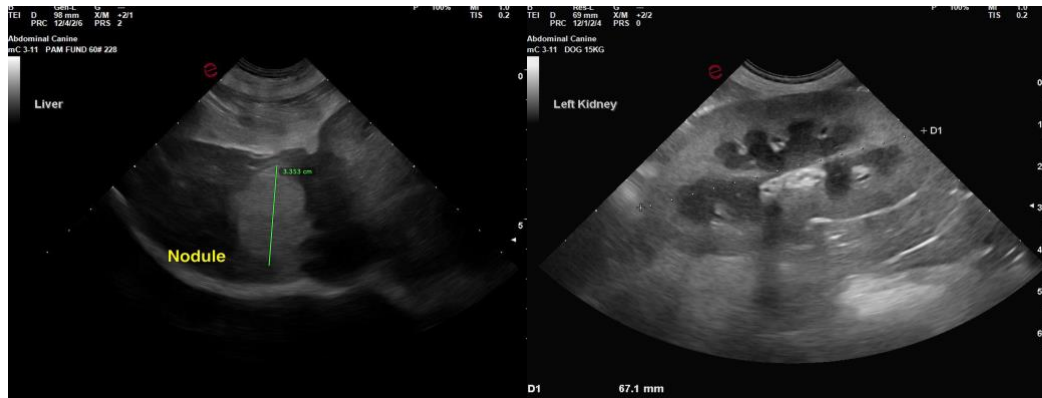
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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