



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Charlie Schulman	Anorexia, vomiting Hx of cellulitis in back leg
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: WBC 26.24 ALT 625 ALP 1889 GGT 34 T bili 1.1
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Poodle Mix	The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Dorsal apical urinary bladder wall thickness measured 0.96 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.
<b>SEX</b>	No overt pathology in the area of the residual prostate.
Neutered Male	No evidence of medial iliac or sublumbar lymphadenopathy or masses.
<b>AGE</b>	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 8.0 cm in length. The right kidney measured 7.0 cm in length.
11	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 cm width.
91	<b>Spleen</b>
<b>INTERPRETED BY</b>	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small nondisruptive indistinct to emerging perihilar nodules were present. 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 or neoplastic changes were not noted. The perihilar nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
R. McKenzie Daniel, DVM, DABVP	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	The liver was normal in size with possible borderline hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Jenn	The gallbladder was non-distended in size with nonthickened walls. Hyperechoic lumen debris with indistinctly visualized yet probable small nonobstructive choleolith was present. The common bile duct was not visualized.
<b>HOSPITAL NAME</b>	
Rockaway Animal Hospital	
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
12370	
<b>DATE</b>	
11/21/25	



## PATIENT

Charlie Schulman

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Neutered Male

## AGE

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## ***Gastrointestinal***

The stomach presented with primarily intact wall layering. The stomach exhibited mild to moderate distention with retained fluid and irregular nonhomogenous primarily nonshadowing content. Within the nonshadowing content, an area of strong distal acoustic shadowing was present in the area of the pyloric outflow measuring approximately 2.0 cm in diameter.

Shadowing content extending into the pyloroduodenal junction and visualized upper duodenum. The remainder of the small intestine was indistinctly visualized yet without evidence of additional areas of intestinal obstructive pattern. Possible indistinct to mildly thickened pyloroduodenal junction and upper duodenum wall.

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 was evident.

## ***Free Abdomen***

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild to moderate distended stomach with retained fluid and irregular variably echogenic focally shadowing content appearing to extend into the upper duodenum.
- Hepatopathy- subjective benign.
- Mineralized nonobstructive gallbladder debris/indistinct cholelithiasis.
- Age-related renal/splenic changes.
- Sonographically normal area of pancreas.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastric content appearing to extend into the upper duodenum is highly suggestive of pyloroduodenal foreign material. Potential for emerging pyloroduodenal or gastric lumen neoplastic criteria/mass thought less likely yet not definitively excluded. Exploratory laparotomy with gross inspection of the upper gastrointestinal tract, potential for gastroenterotomy and biopsies pending gross inspection is recommended. Alternatively, if available, gastric endoscopy could be considered for further clarification prior to potential surgery.



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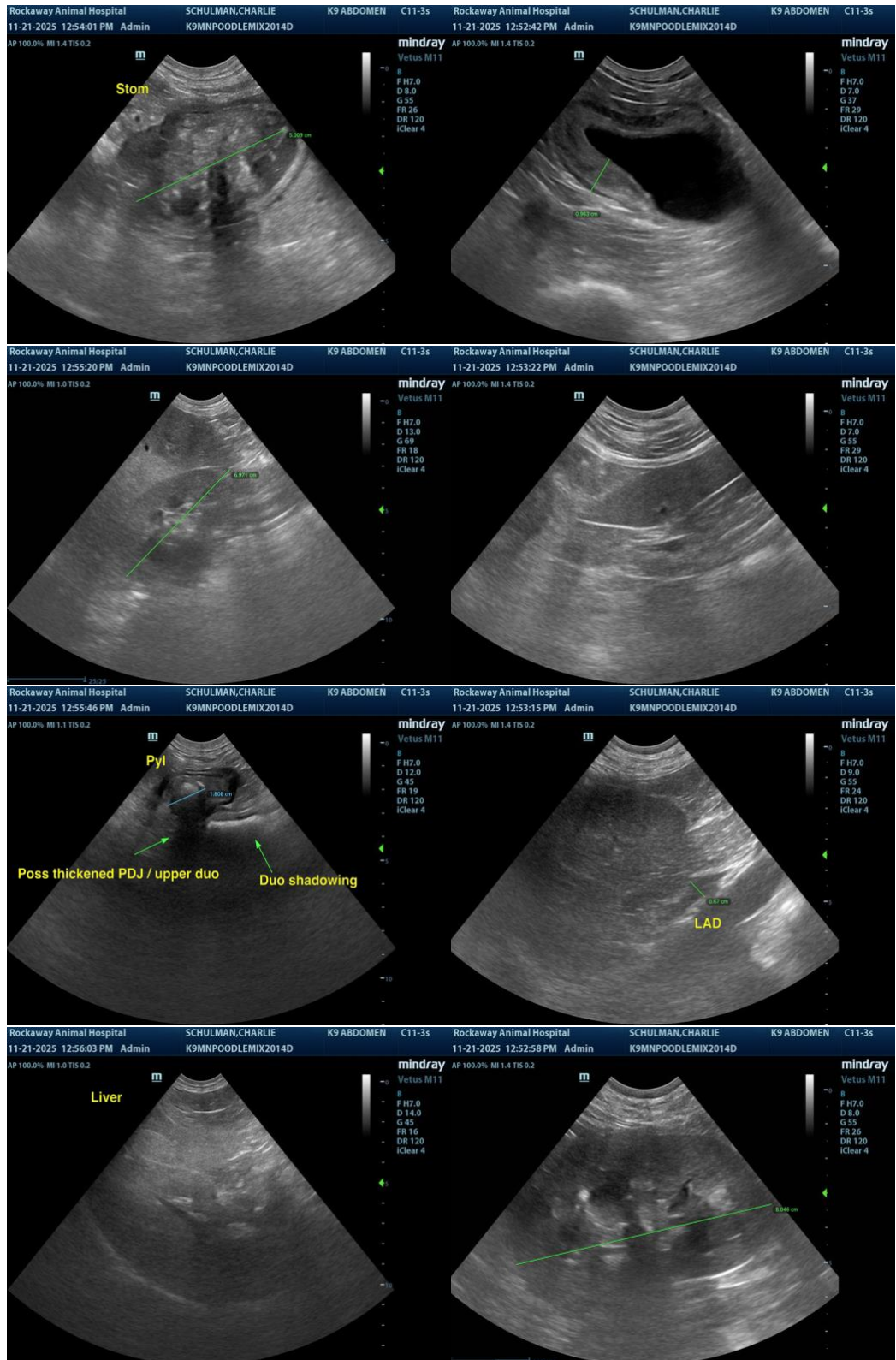
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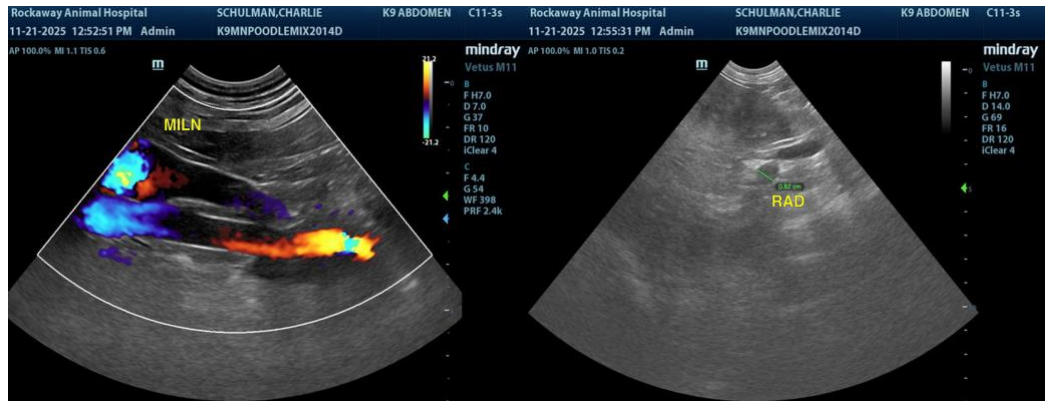
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)