



**PATIENT**

Friedberger Drs Pet  
Omega

**SPECIES**

Canine

**BREED**

Dachshund Mix

**SEX**

FS

**AGE**

1

**WEIGHT**

12.8

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr Kahn

**INVOICE**

23037

**DATE**

11/24/2025

**PRESENTING CLINICAL SIGNS**

decreased appetite with intermittent vomiting bile for 1 month 2 day hx of diarrhea , concern for fb/there is def dietary indiscretion

Abnormal PE/Chem/CBC/UA Results: Pending

**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 evidence of urine/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.

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 3.6 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.27 cm width at the caudal pole. The right adrenal gland measured 0.57 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/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. Normal vascular volume. 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 contained mild non-shadowing ingesta sonographically suggestive of food/chyme echogenicity with no signs of obstruction or foreign material.

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 mechanical/metabolic ileus, obstruction or foreign material.



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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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Mild non-shadowing gastric ingesta/ chyme- consistent with food echogenicity
- Normal empty small intestine
- Normal area of pancreas
- Current formed fecal matter in colon

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

No evidence of gastrointestinal foreign body or obstructive pattern. Non-structural gastroenteritis or inflammatory bowel, low-grade pancreatitis, dietary indiscretion, all potentials. Gastrointestinal support indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease is warranted.



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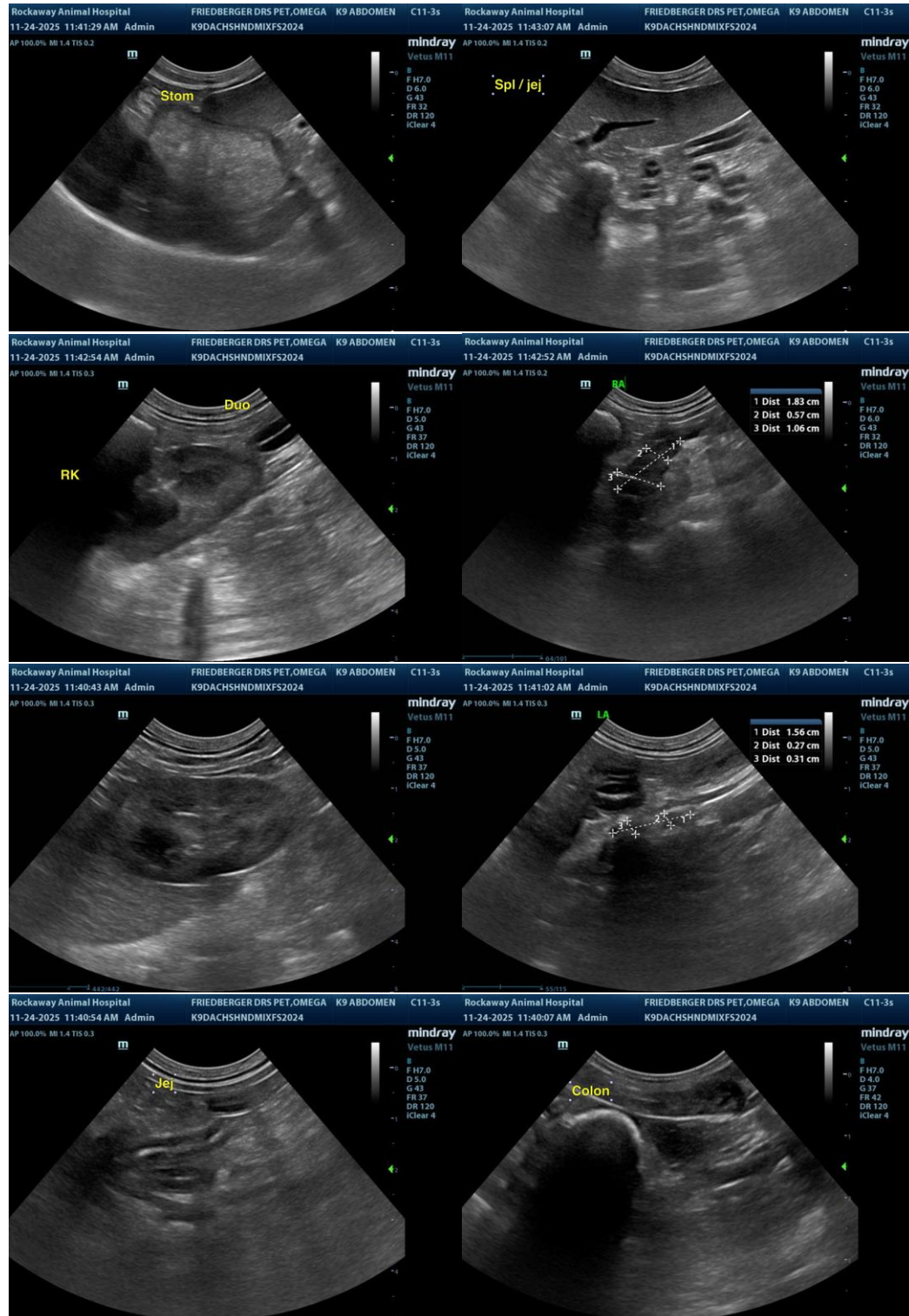
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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

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