



PATIENT

Riley Ryan

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

4

WEIGHT

70.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Kahn

INVOICE

72211

DATE

12/1/25

PRESENTING CLINICAL SIGNS

Hx of fb's vomiting lethargy decreased appetite
Abnormal PE/Chem/CBC/UA Results: ALT 234 Lipase 777

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 aortic trifurcation was free of pathology.

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 kidneys measured 7.5 cm each.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm at the caudal pole. The right adrenal gland was overtly normal in size, position, and shape, with indistinct visualization, subjectively measuring 0.68 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 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 stomach was non-distended, containing mild anechoic fluid and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty intestinal lumen with mild segmental gas to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.



PATIENT

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild non-obstructive hypomotile stomach.
- Empty small intestine with minor segmental gas.
- Sonographically unremarkable area of pancreas.
- Mild benign hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Spayed Female

No evidence of gastrointestinal obstructive pattern or definitive current foreign material. Further assessment of the liver may include (assuming normal clotting status) FNA cytology, primarily to assess for inflammatory criteria. Hepatogastrintestinal support indicated with clinical monitoring. Sonographic reassessment recommended if progressive hepatopathy or gastrointestinal signs. Mild pancreatitis at times may present sonographically normal.

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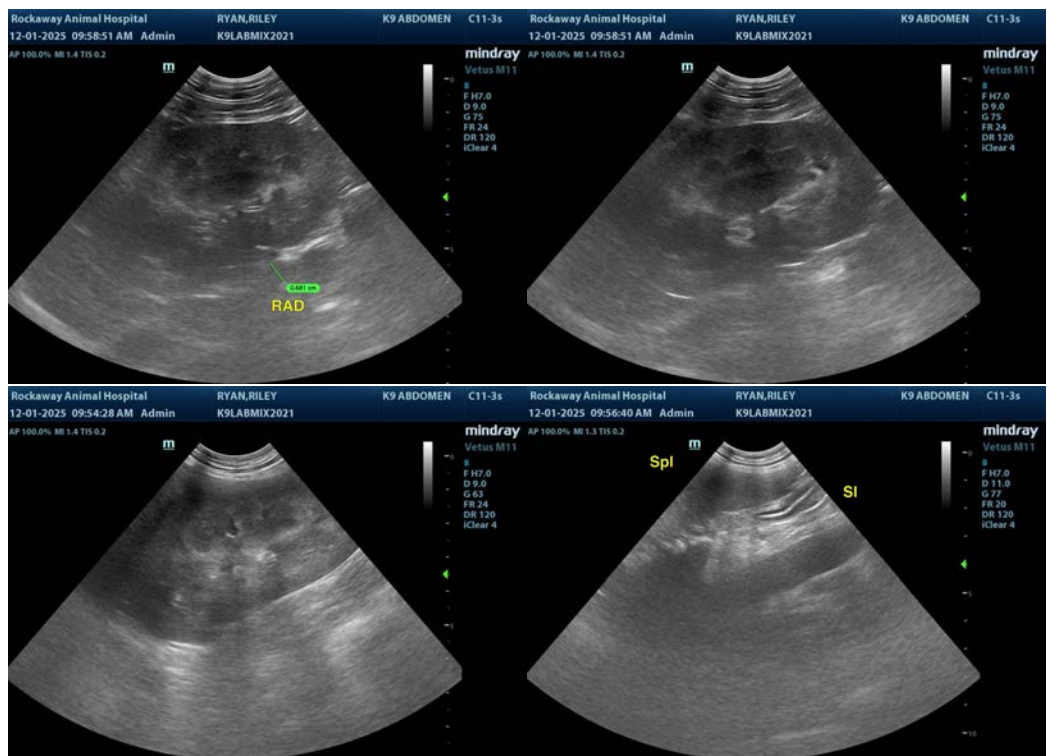
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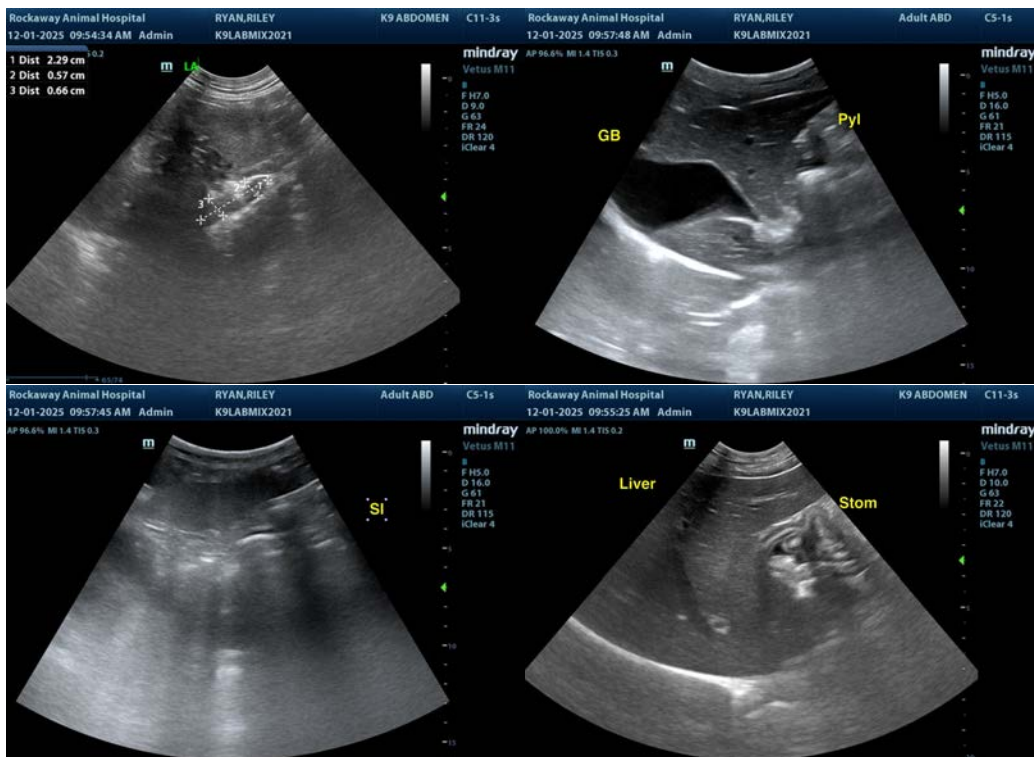
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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