



PATIENT

Meika Herig

SPECIES

Canine

BREED

Aussie x

SEX

Spayed Female

AGE

13

WEIGHT

42.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

72585

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Presented for concern for pancreatitis, decreased appetite Had a abd u/s on 12/3 12/12 Lipase 1,138 12/13 190 12/14 118

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 mild dependent lumen mineral to accumulated small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were 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. Lateral diverticular mineral to small renolith noted in the left kidney. Left kidney measured 5.3 cm (possible mild underestimation). Right kidney measured 6.5 cm. Areas of medullary mineral to small, non-obstructive medullary to lateral diverticular renoliths noted in the right kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm at the caudal pole.

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Left measured 0.54 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

Subjective mild hepatomegaly noted. A non-capsule distorting ventral intraparenchymal cyst was noted measuring 1.8 cm in diameter.

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 no signs of ileus, obstruction or foreign material.



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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 ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size with indistinct pancreatic capsule compared to adjacent non-reactive omentum. Isoechoic, mildly heterogeneous parenchyma compared to adjacent omentum.

Free Abdomen

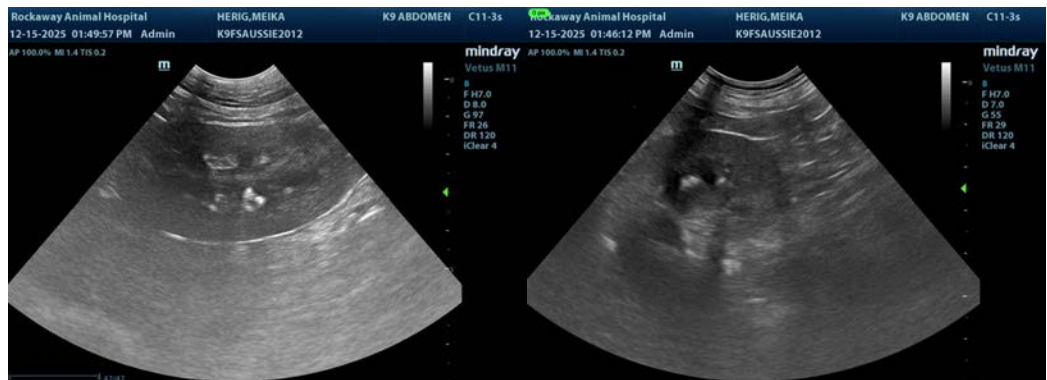
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting parenchymal remodeling and benign intraparenchymal cyst.
- Normal gallbladder.
- Static age related renal changes with non-obstructive medullary mineral/small renoliths.
- Dependent urinary bladder lumen mineral/calculi.
- Mild heterogeneous pancreas.
- Normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of active pancreatitis. Chronic pancreatitis may be suspected if cranial abdominal/subxiphoid discomfort on palpation in conjunction with elevated lipase. Gastrointestinal support and empirical therapy for chronic pancreatitis would be reasonable. Urinary workup recommended if not recently done.





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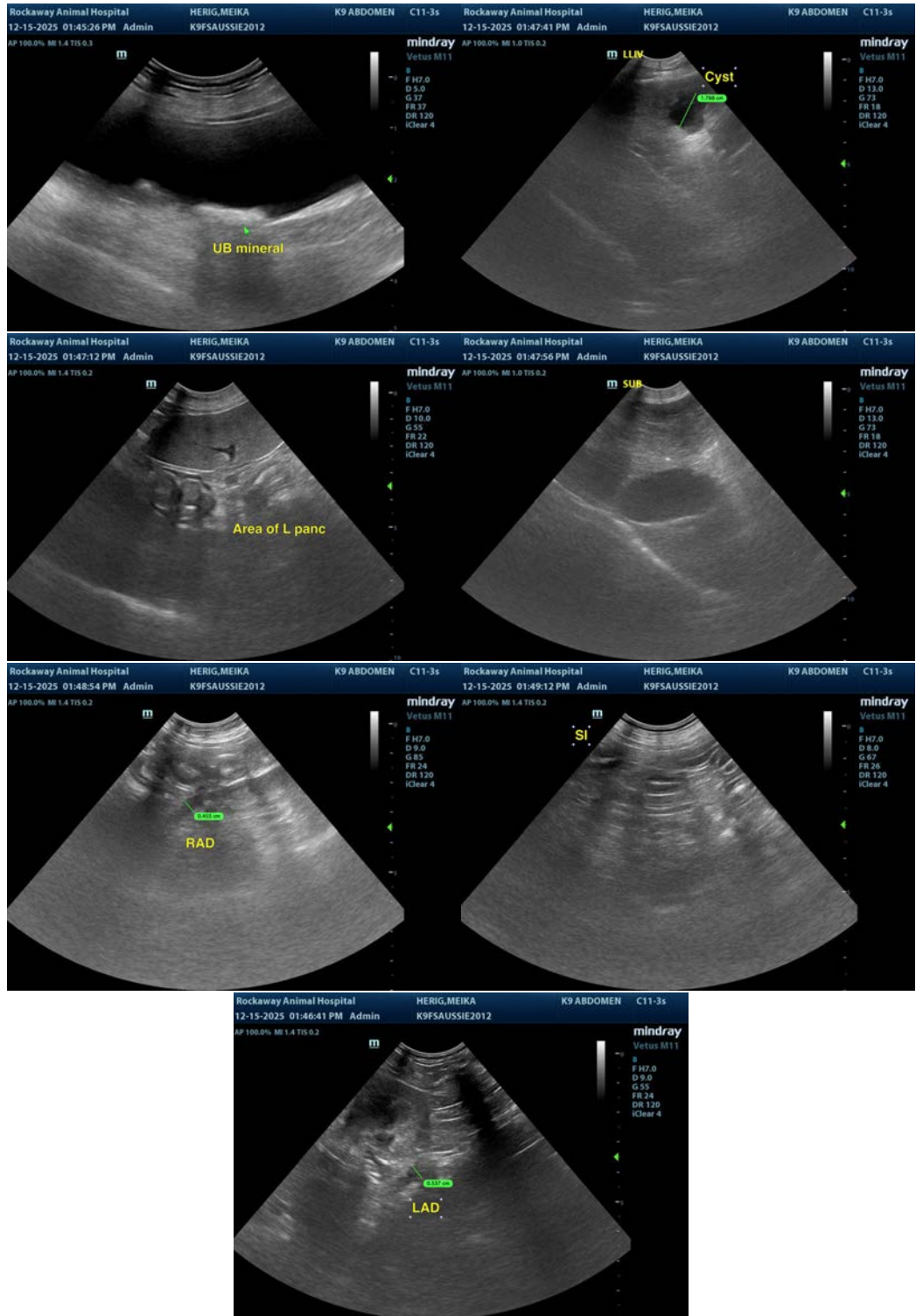
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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