



## PATIENT

Mylo O'Campo

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

3

## WEIGHT

88

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

72579

## DATE

12/15/25

## PRESENTING CLINICAL SIGNS

Vomiting lethargy anorexia  
Abnormal PE/Chem/CBC/UA Results: WBC 19.97 ALP 302

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 left kidney measured 7.4 cm in length. The right kidney measured 7.1 cm in length.

### *Adrenal Glands*

The left adrenal gland was indistinctly visualized, exhibiting subjective subnormal size at 0.38 cm in width.

The right adrenal gland was not definitively visualized.

### *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 mild, echogenic, nonmineralized 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 was empty with mild luminal gas.

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 to the level of the colon.



**PATIENT**

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

Mylo O'Campo

**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**

Golden Retriever

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Empty gastrointestinal tract.
- Sonographically normal liver- consistent with mild benign hepatopathy.
- Minor non-organized gallbladder debris (non-mucocele).
- Subjective subnormal left adrenal gland, non-visualized right adrenal gland.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

3

**WEIGHT**

Gastrointestinal support and empirical therapy for non-specific gastroenteritis is recommended. No evidence of mechanical gastrointestinal obstruction or foreign material. Screening cortisol level +/- ACTH stimulation test (if resting cortisol level <2.0) recommended to rule out occult Addison's disease, and if lack of stress leukogram.

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**REFERRING VET**

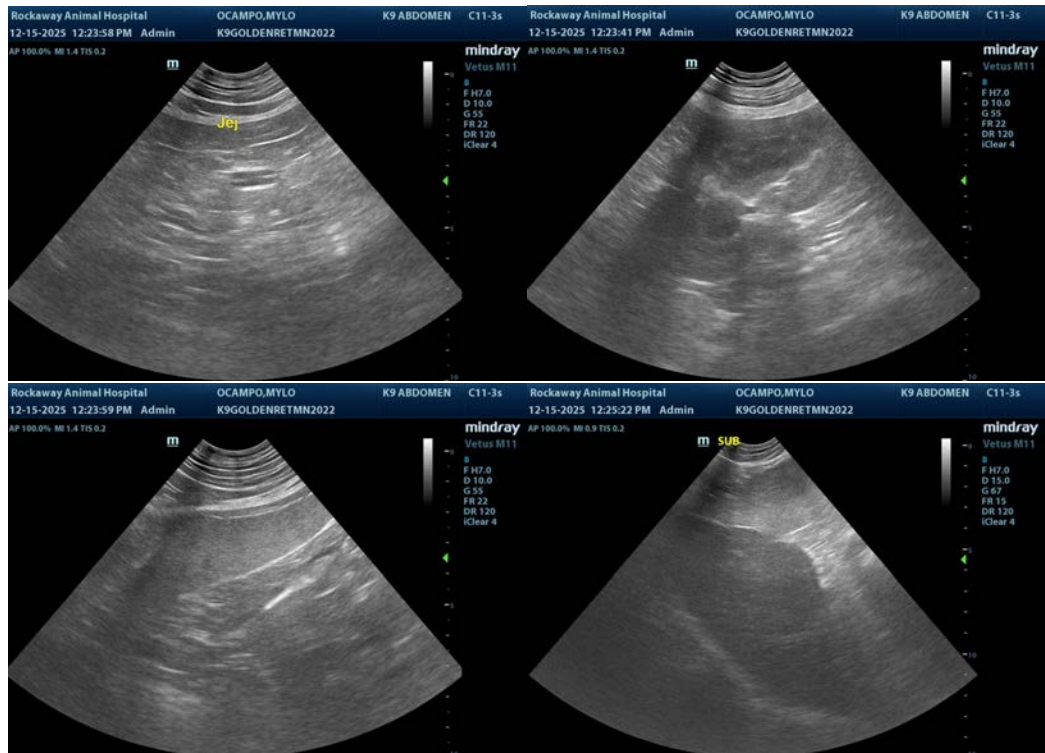
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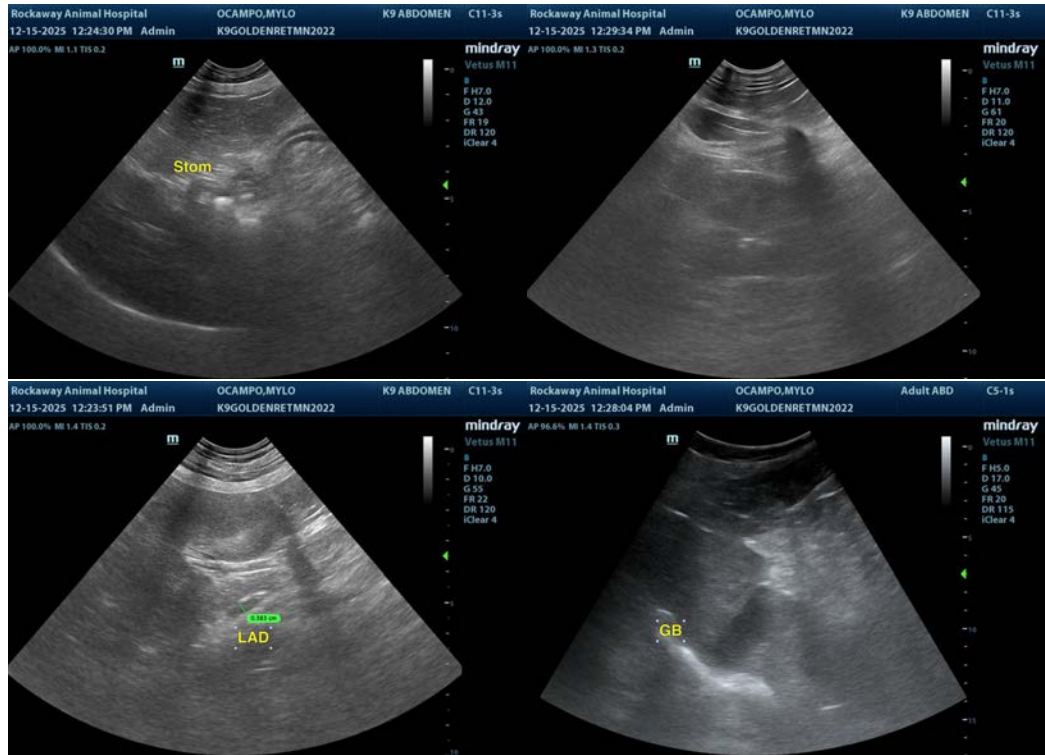
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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