



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Nala Abrams	V/D Hx of eating corn cobs , declining treats
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b><i>Urinary System</i></b>
<b>BREED</b>	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.
Golden x	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
Spayed Female	
<b>AGE</b>	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 5.5 cm in length. The right kidney measured 6.0 cm in length.
3	
<b>WEIGHT</b>	<b><i>Adrenal Glands</i></b>
50	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm at the caudal pole.
<b>INTERPRETED BY</b>	<b><i>Spleen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b><i>Liver</i></b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b><i>Gastrointestinal</i></b>
Rockaway Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas and retained anechoic fluid.
<b>REFERRING VET</b>	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.
Dr. Maniar	Normal visible colon wall layers were present with soft fecal matter in lumen.
<b>INVOICE</b>	
72851	
<b>DATE</b>	
12/29/25	



**PATIENT**

Nala Abrams

**SPECIES**

Canine

**BREED**

Golden x

**SEX**

Spayed Female

**AGE**

3

**WEIGHT**

50

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

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**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

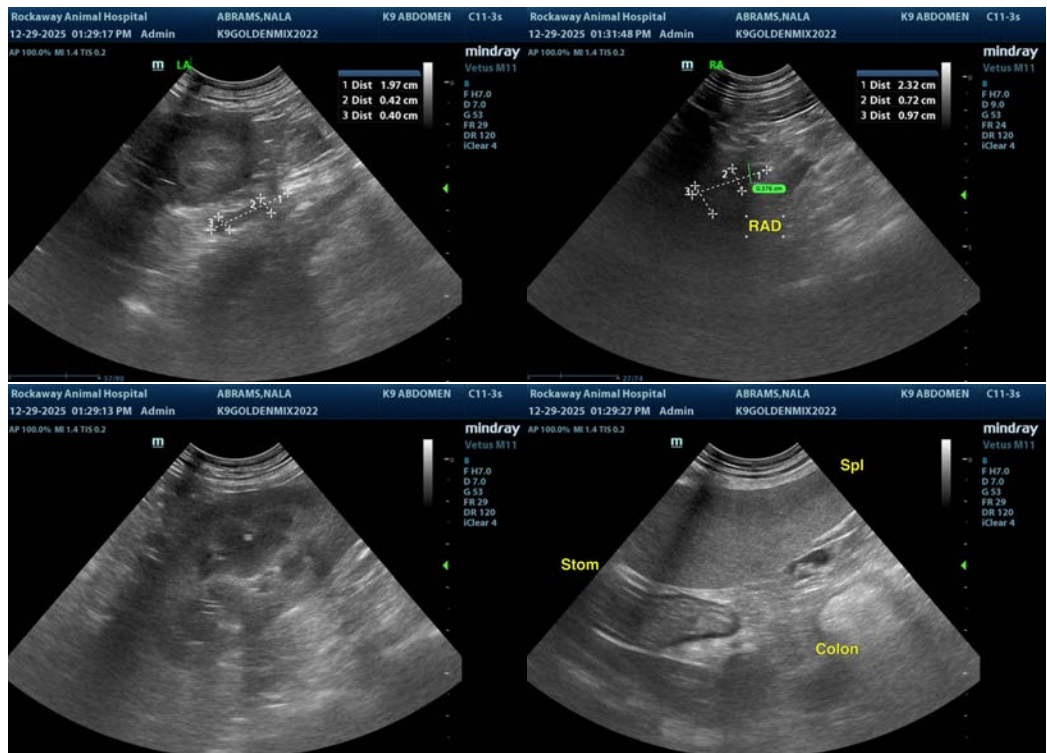
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal, primarily empty gastrointestinal tract with mild retained gastric fluid.
- Soft fecal matter in colon.
- Normal area of pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastrointestinal obstructive pattern or overt foreign material. Gastroenteritis secondary to dietary indiscretion, infectious disease, non-structural inflammatory bowel episode, enterotoxin, mild pancreatitis, occult parasitism, occult Addison's disease all potentials. Gastrointestinal support indicated. Screening cortisol level +/- GI panel to include PLI, TLI, cobalamin and folate may be considered. Sonographic monitoring and reassessment recommended if continued or progressive gastrointestinal signs.





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Nala Abrams

**SPECIES**

Canine

**BREED**

Golden x

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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**HOSPITAL NAME**

Rockaway Animal  
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**REFERRING VET**

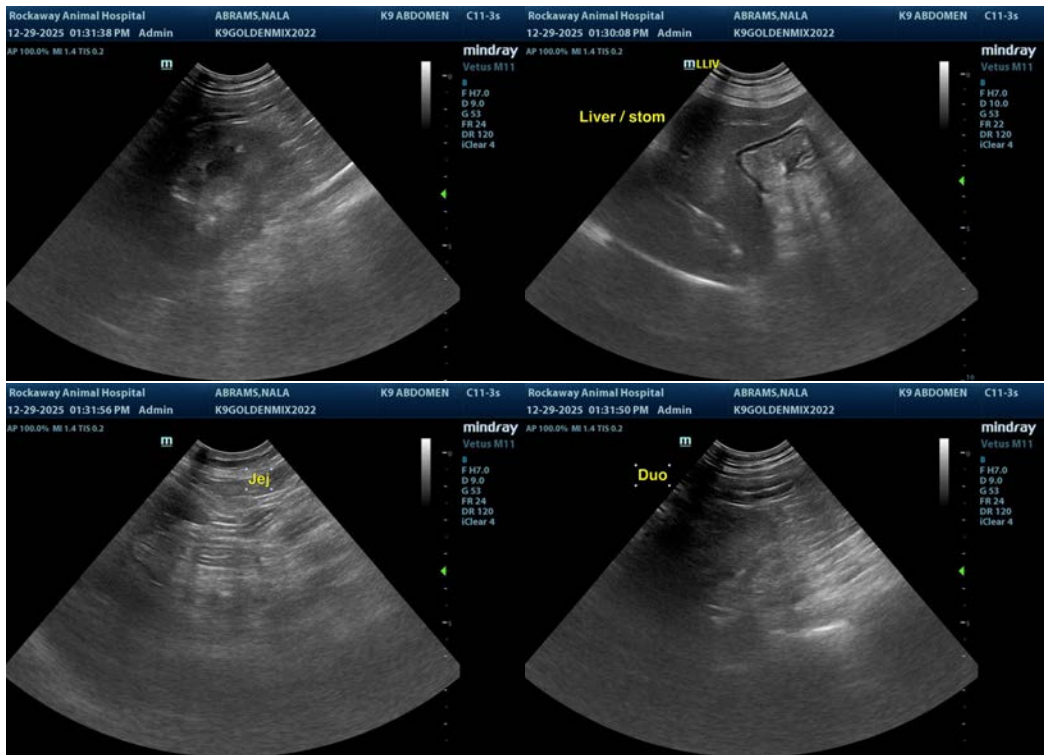
Dr. Maniar

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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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