



## PATIENT

Harley Ryan

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

MN

## AGE

8

## WEIGHT

99

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Maniar

## INVOICE 23182

DATE  
12/9/2025

## PRESENTING CLINICAL SIGNS

panting seems uncomfortable

Abnormal PE/Chem/CBC/UA Results: ALT 126 Lipase 910

## 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 7.0 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size, conformation and adrenal depth.

### 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 moderate progressively shadowing ingesta with no evidence of obstruction.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

## SPECIES

Canine

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## BREED

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## ULTRASONOGRAPHIC FINDINGS

### SEX

MN

### Primary

- Moderate progressively shadowing gastric ingesta.
- Sonographically normal empty small intestine.
- Normal area of pancreas.
- Sonographically normal liver / gallbladder.

### AGE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

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Correlation with most recent meal ingestion is recommended. The gastric ingesta is suggestive of variably dense food echogenicity with potential intermixed foreign material thought less likely yet not definitively excluded. Mild pancreatitis at times may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation is present.

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If documented NPO, hospitalization with IV fluid / gastrointestinal support, documented 12 hour fast, and radiographic or sonographic monitoring for evidence of gastric emptying vs retained gastric ingesta with concurrent empirical therapy for possible mild pancreatitis is recommended.

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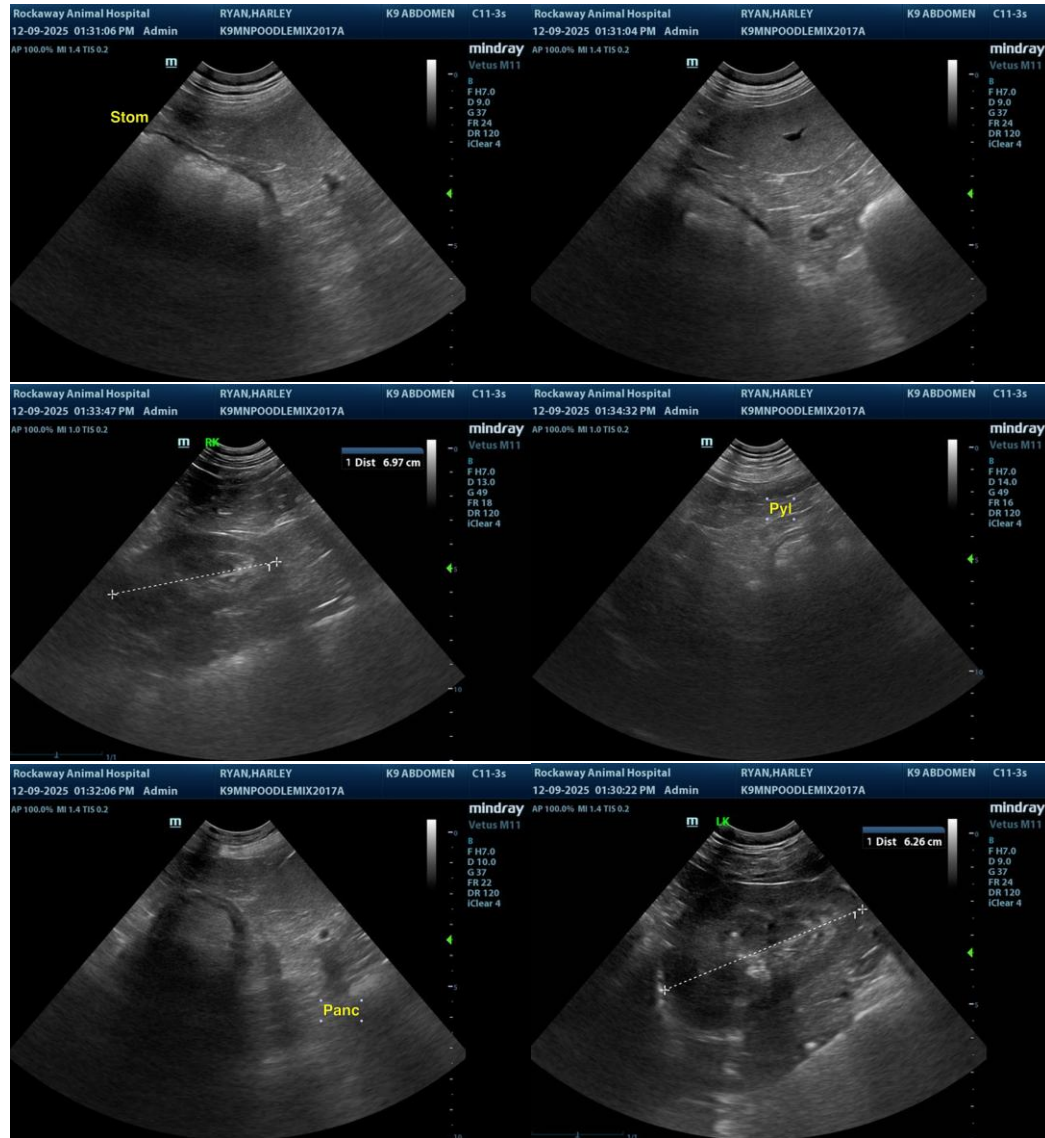
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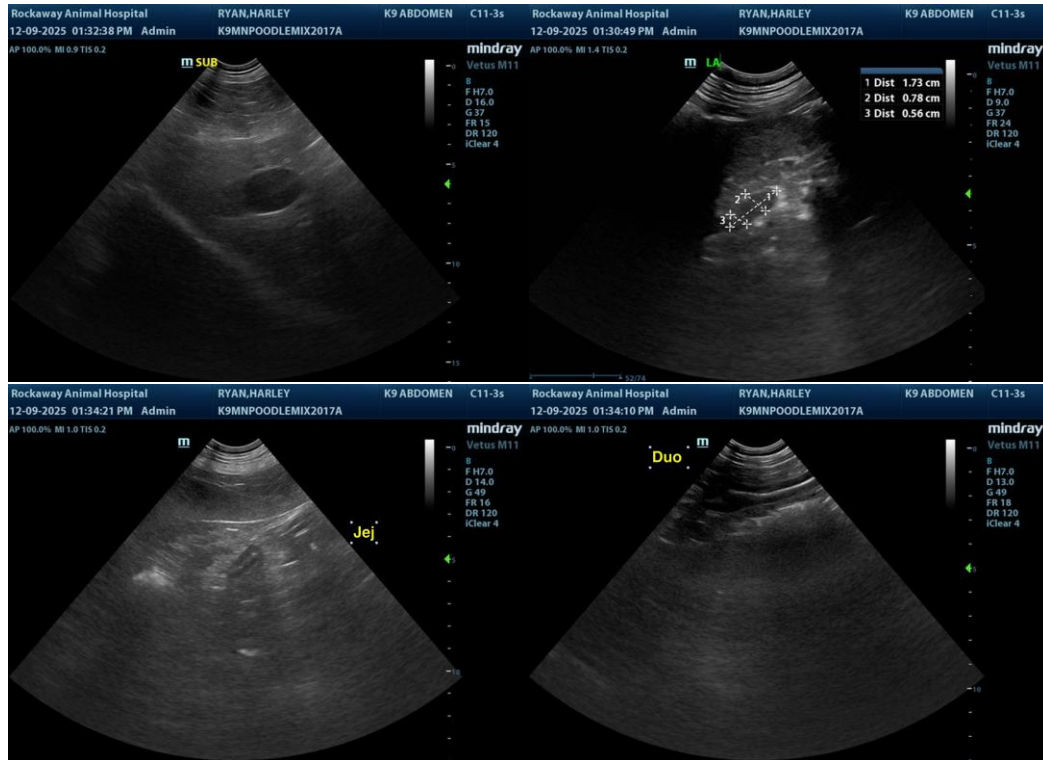
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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