



PATIENT

Scout Caraballo

SPECIES

Canine

BREED

Anatolian Shepherd

SEX

MN

AGE

5

WEIGHT

228

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

23855

DATE

02/11/2026

PRESENTING CLINICAL SIGNS

- vomiting Hx of of gastrotomy/enterotomy in 8/25
- Abnormal PE/Chem/CBC/UA Results: RBC 10.78 HCT 71.3% TP 8.6 ALB 4.1 T bili 1.1

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 8.0 cm in length. The right kidney measured 8.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was mildly enlarged with splenic folding and 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. No visualized masses or nodules were present.

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 exhibited normal intact visible wall. The stomach was non-distended, containing a mild amount of ingesta exhibiting mild near field hyperechogenicity and distal acoustic shadowing. No evidence of obstruction to pyloric outflow.



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The visualized segments of small intestine exhibited intact wall layering with maintained wall layer ratio. Primarily empty intestinal lumen with mild segmental ileus and gas was present without obstructive pattern to the level of the colon.

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

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Pancreas

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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended stomach containing mild progressively shadowing ingesta
- Suspect mild non-specific enteritis

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Secondary

- Mildly enlarged folded spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No over gastrointestinal obstructive pattern. The presence of gastrointestinal ingesta is non-specific and may indicate dense food echogenicity. Potential for a small amount of non-obstructive gastric foreign material is possible.

Hospitalization with IV fluids, correction of dehydration given elevated HCT, gastrointestinal support, documented 12 hour fast and sonographic reassessment of the gastrointestinal tract is recommended.

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The mildly enlarged folded spleen is not overtly indicative of splenic pathology with considerations including incidental hyperplasia, hematopoiesis, splenitis or not reported sedation. Sonographic splenic monitoring is advised.

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A screening cortisol level may be considered.

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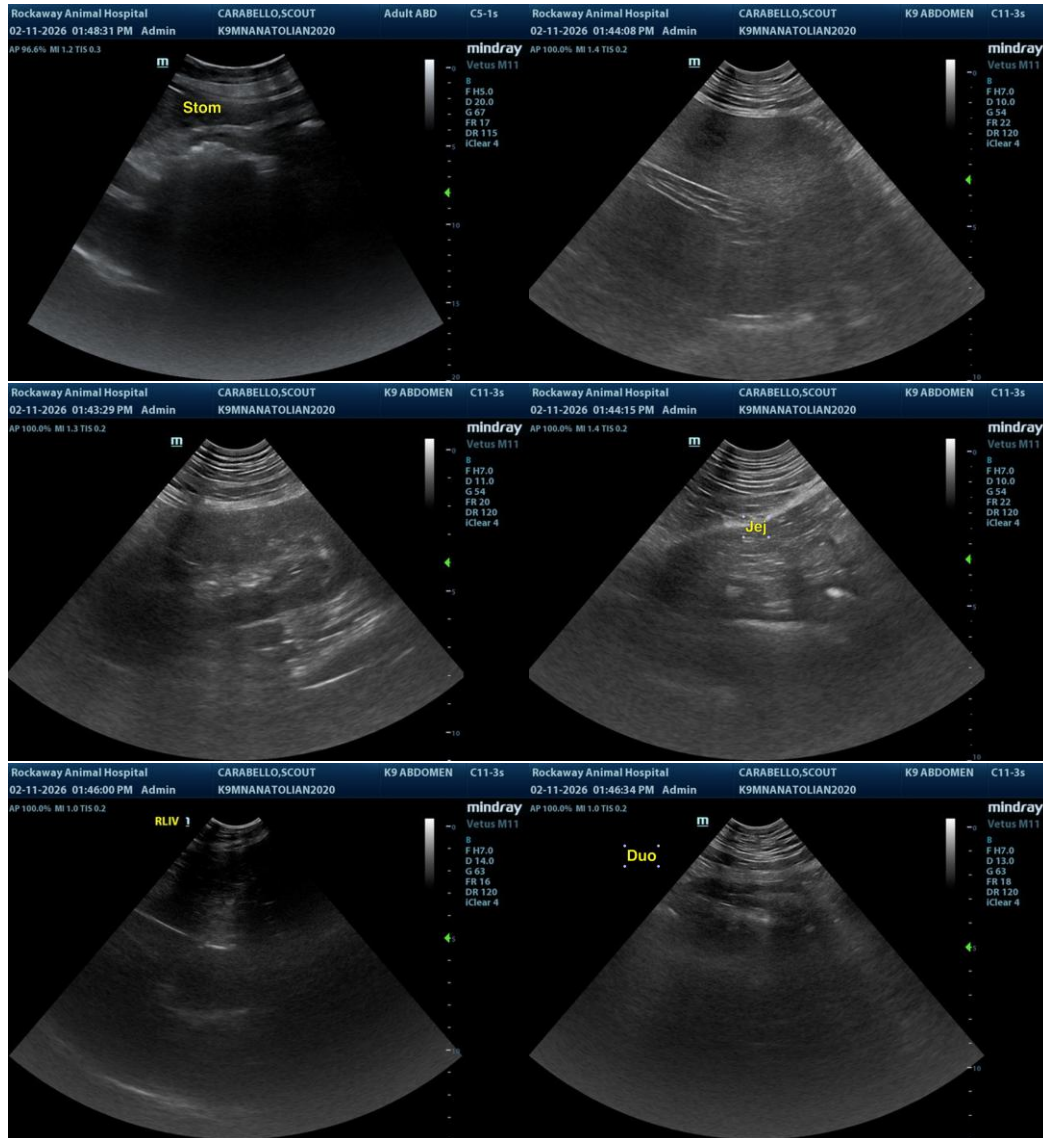
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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