



## PATIENT

Pumpkin Komar

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Spayed Female

## AGE

7

## WEIGHT

42

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Salazar

## INVOICE

13980

## DATE

02/27/26

## PRESENTING CLINICAL SIGNS

acute vomiting following ingestion of bird seed

Current meds Panto BID

Abnormal PE/Chem/CBC/UA Results: Hemoconcentration CPL 824

## 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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 5.4 cm in length. The right kidney measured 5.6 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in size with normal contour and with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.80 cm width 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 & 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. 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 was empty with mild lumen gas and minor retained pyloric fluid and no signs of ileus, obstruction or foreign material. No evidence of obstruction to pyloric outflow.



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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 evidence of mechanical/metabolic ileus or foreign material to the level of the colon.

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

**Pancreas**

**BREED**

Beagle Mix

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.

**Free Abdomen**

**SEX**

Spayed Female

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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**Primary Findings**

- Normal gastrointestinal tract with minor retained gastric fluid- no evidence of obstructive pattern or foreign material.
- Normal area of the pancreas.

**WEIGHT**

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**Secondary Findings**

- Mild right adrenomegaly- nonspecific/benign.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastrointestinal support, empirical therapy for dietary indiscretion and possible mild pancreatitis, which may present sonographically normal should prove beneficial. Sonographic monitoring of the right adrenal gland is recommended if clinical signs, which may suggest adrenal disease, arise.

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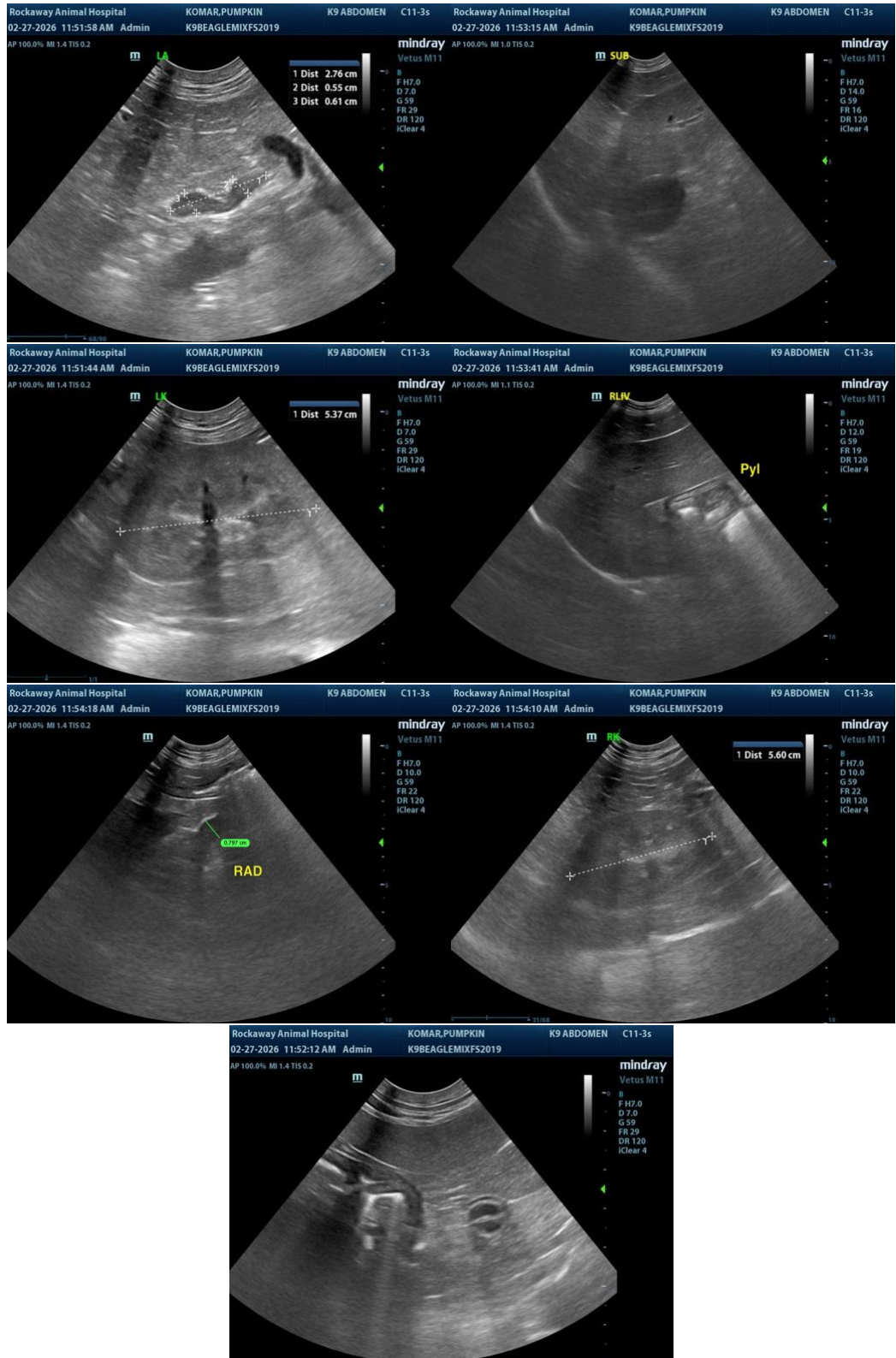
Dr. Salazar

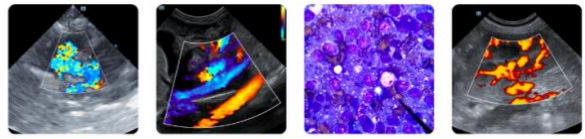
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)