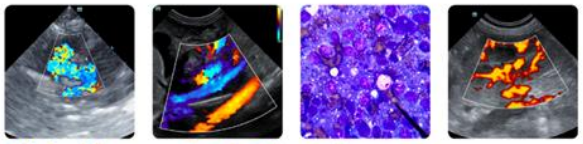


PATIENT

Cosmo Decker

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

10

WEIGHT

26

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
23827

DATE
05/06/2026

PRESENTING CLINICAL SIGNS

re check from yesterday dog's abd is still very distended and hard

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral small non-obstructive renoliths. The left kidney measured 5.3 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was 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 0.57 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary well-defined, symmetrical, echogenic nodule was present in the craniolateral 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

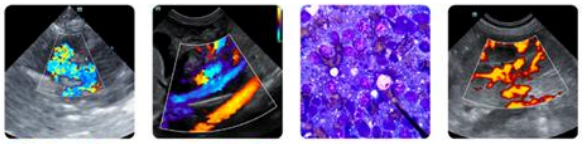
Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary non-capsule deforming mildly hyperechoic ventrocaudal liver nodule was present measuring 0.95 cm in diameter. The gallbladder was non-distended in size with mild non-organized debris. 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 no signs of ileus, obstruction or foreign material. No evidence of persistent retained ingesta.

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.



PATIENT

Cosmo Decker

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

10

WEIGHT

26

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
23827

DATE
05/06/2026

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

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.

Free Abdomen

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

Possible mildly increased omental fat.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly with previously noted hepatic nodule.
- Hyperechoic splenic nodule.
- Non-organized gallbladder debris.
- Normal empty gastrointestinal tract.
- Bilateral non-obstructive renolithiasis.
- Sonographically unremarkable peritoneal cavity with subjective possible increased omental fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatosplenic nodules are most consistent with benign criteria, i.e. lipogranulomas or myelolipomas with low potential for emerging hepatosplenic neoplastic nodules. No evidence of gastrointestinal foreign material, or ileus. Gastrointestinal support including dietary therapy, high colony count probiotic, and gastroprotectants should prove beneficial.

Correlation with lab work and hepatic enzyme assessment is recommended. Hepatosupportive medications may be considered if evidence of hepatopathy /cholestasis.

PATIENT

Cosmo Decker

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

10

WEIGHT

26

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

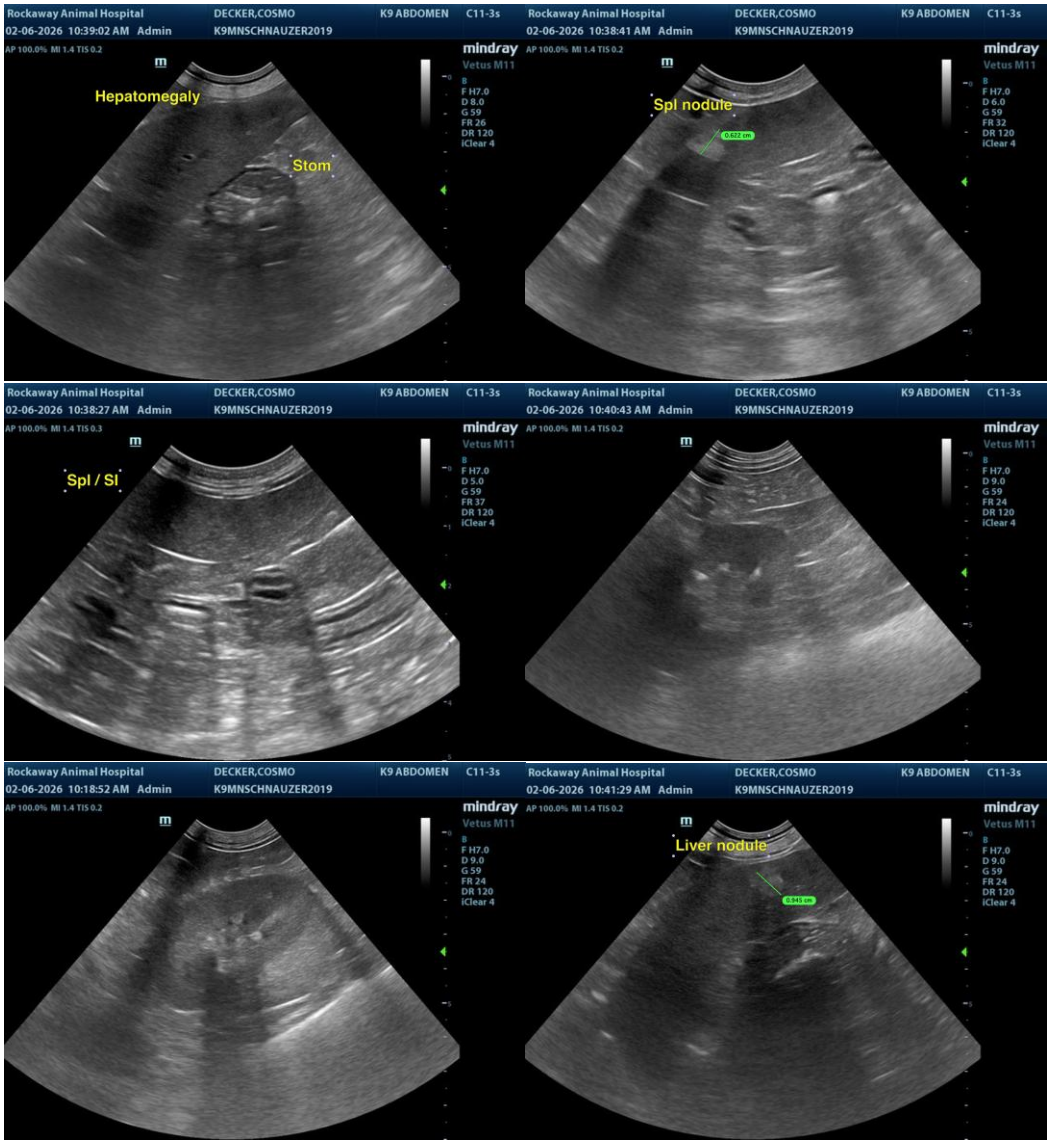
Rockaway Animal Hospital

REFERRING VET

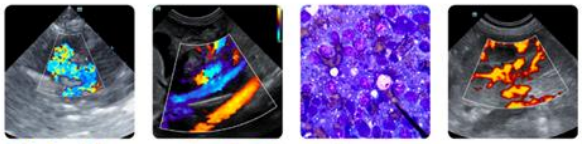
Dr Maniar

INVOICE
23827

DATE
05/06/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Cosmo Decker

SPECIES
Canine

BREED
Schnauzer

SEX
MN

AGE
10

WEIGHT
26

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

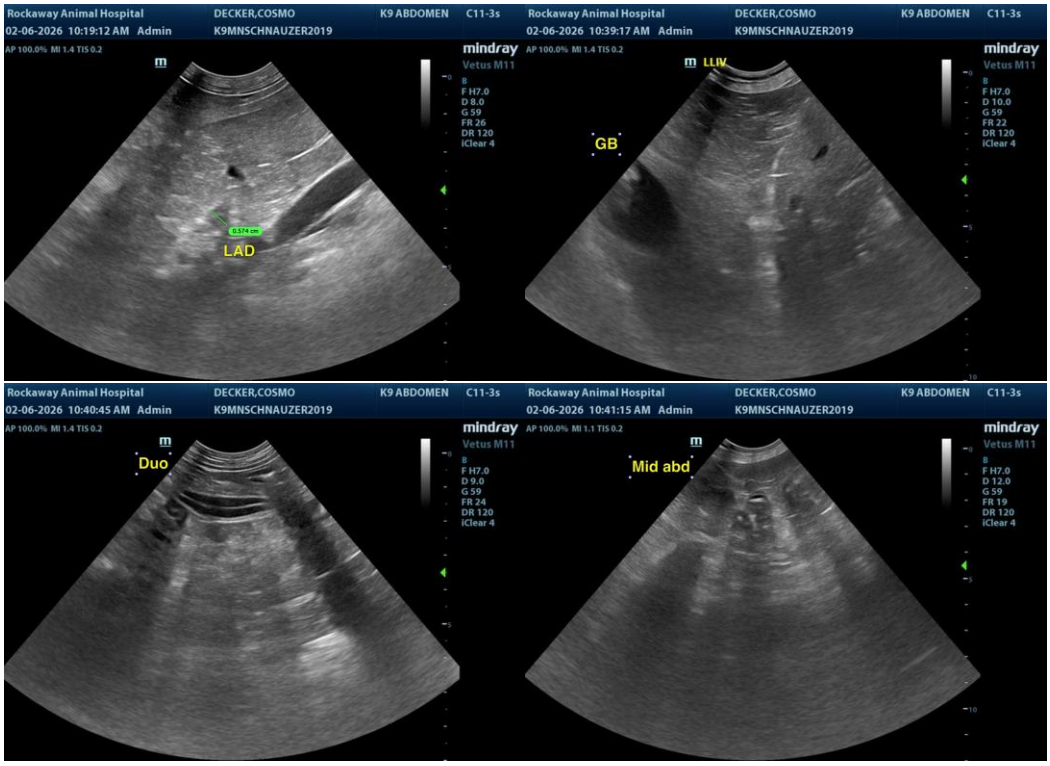
IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr Maniar

INVOICE
23827

DATE
05/06/2026



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