



## PATIENT

Wylie Adams

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered Male

## AGE

12

## WEIGHT

76

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

72819

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

Lethargy, decreased appetite.

## 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 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.

The area of the aortic trifurcation was free of pathology.

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

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 6.7 cm. Right kidney measured 6.4 cm.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma, measuring 0.57 cm at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape, measuring 0.70 cm at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

### Liver

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild non-shadowing ingesta/chyme present in the lumen.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing ingesta/chyme present in the lumen.



**PATIENT**

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

Wylie Adams

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Mix

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Sonographically normal gastrointestinal tract with mild non-shadowing gastrointestinal ingesta/chyme.
- Normal area of pancreas.
- Mild heterogeneous pancreas, likely benign.
- Mild gallbladder debris (non-mucocele)

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12

**WEIGHT**

No evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. Correlation with full lab work and urinalysis recommended. A GI panel to include PLI, TLI, cobalamin and folate, 3-view chest radiographs, screening cortisol level, and neurological/musculoskeletal examination recommended to assess for occult disease as a potential contributing factor, with sonographic reassessment or monitoring if progressive clinical signs.

76

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

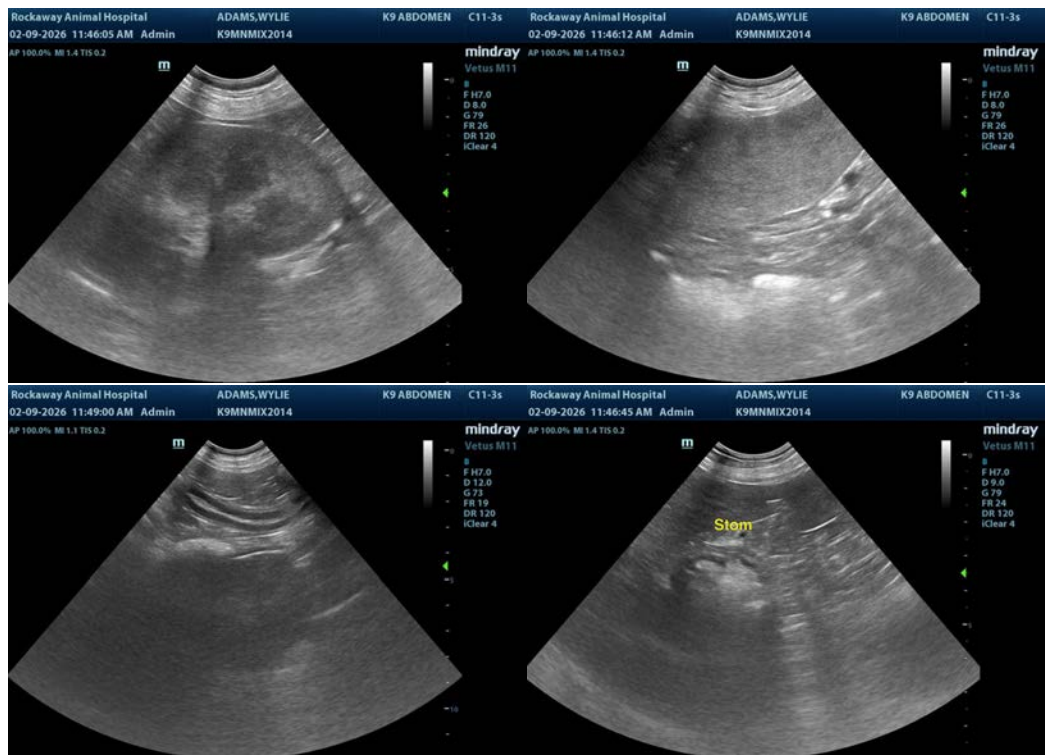
Dr. Maniar

**INVOICE**

72819

**DATE**

2/9/26





**PATIENT**

Wylie Adams

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

76

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

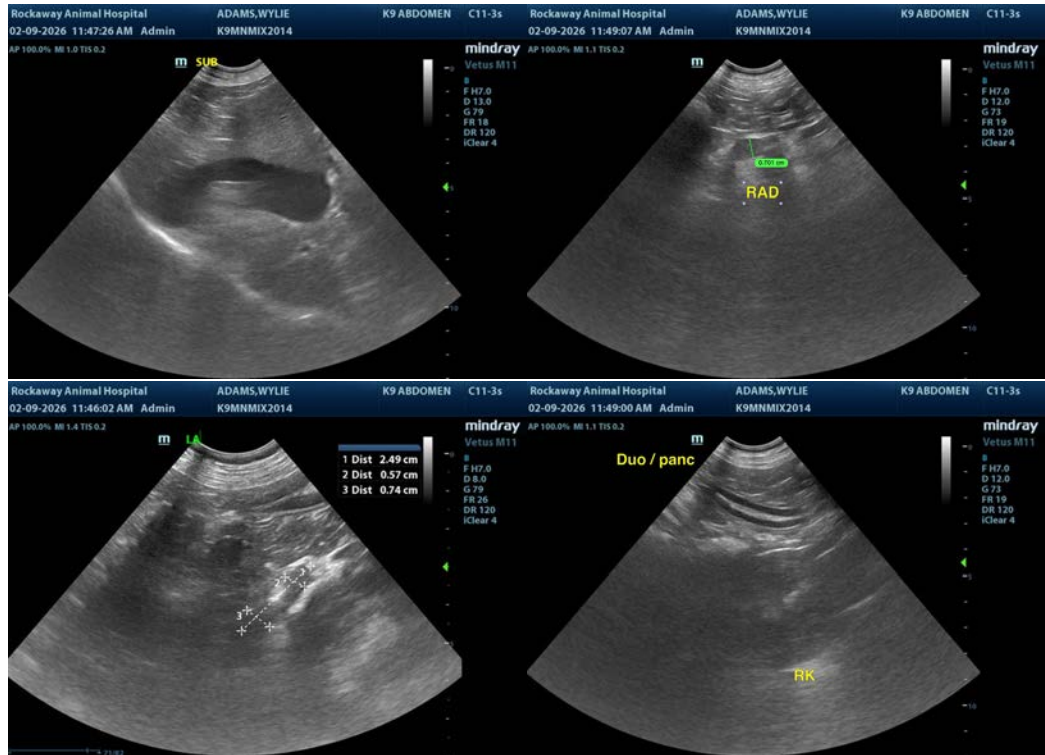
Dr. Maniar

**INVOICE**

72819

**DATE**

2/9/26



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