



PATIENT

Ola Rhodes

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

12

WEIGHT

31.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

10690

DATE

3/18/26

PRESENTING CLINICAL SIGNS

History:

- re check prev u/s 3/13 Doing much better , sugar is controlled , but having intermittent diarrhea

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence of pathology in the area of the aortic trifurcation.

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. Previously noted right kidney pyelectasia was not definitively visualized. The left kidney measured 6.2 cm in length. The right kidney measured 6.1 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 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 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 or neoplastic changes were not noted. A discrete hyperechoic perihilar nodule was present, consistent with myelolipoma.

Liver/ Gallbladder

The liver presented as mildly enlarged in size with homogeneous mildly hyperechoic hepatic parenchyma compared to the spleen and renal cortices with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder 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 without evidence of retained ingesta, fluid, or foreign material.

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 ileus, obstruction, or foreign material.



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Normal visible colon wall layers were present with semi-formed fecal matter.

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Lab Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Sonographically unremarkable gastrointestinal tract with semi-formed fecal matter in colon
- Static benign hepatopathy – metabolic, reactive, diabetic, inflammatory, cholestatic hepatopathy or combination all potentials
- Static mild gallbladder debris (non mucocele)
- Heterogeneous pancreas
- Static mild chronic renal changes
- Normal adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Similar sonographic presentation compared to the previous study without evidence of progressive pathology. Gastrointestinal support which may include dietary trial, high colony count probiotics such as Provable, and empirical deworming despite fecal testing may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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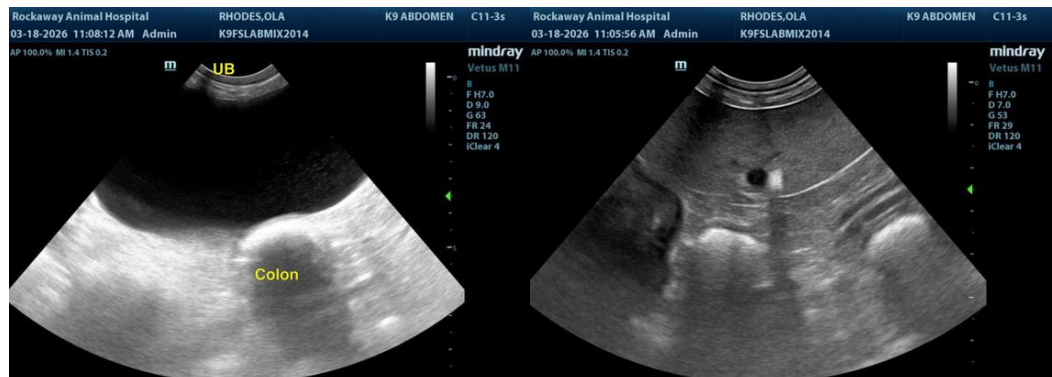
Dr. Maniar

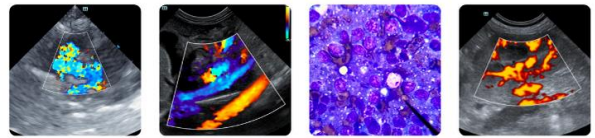
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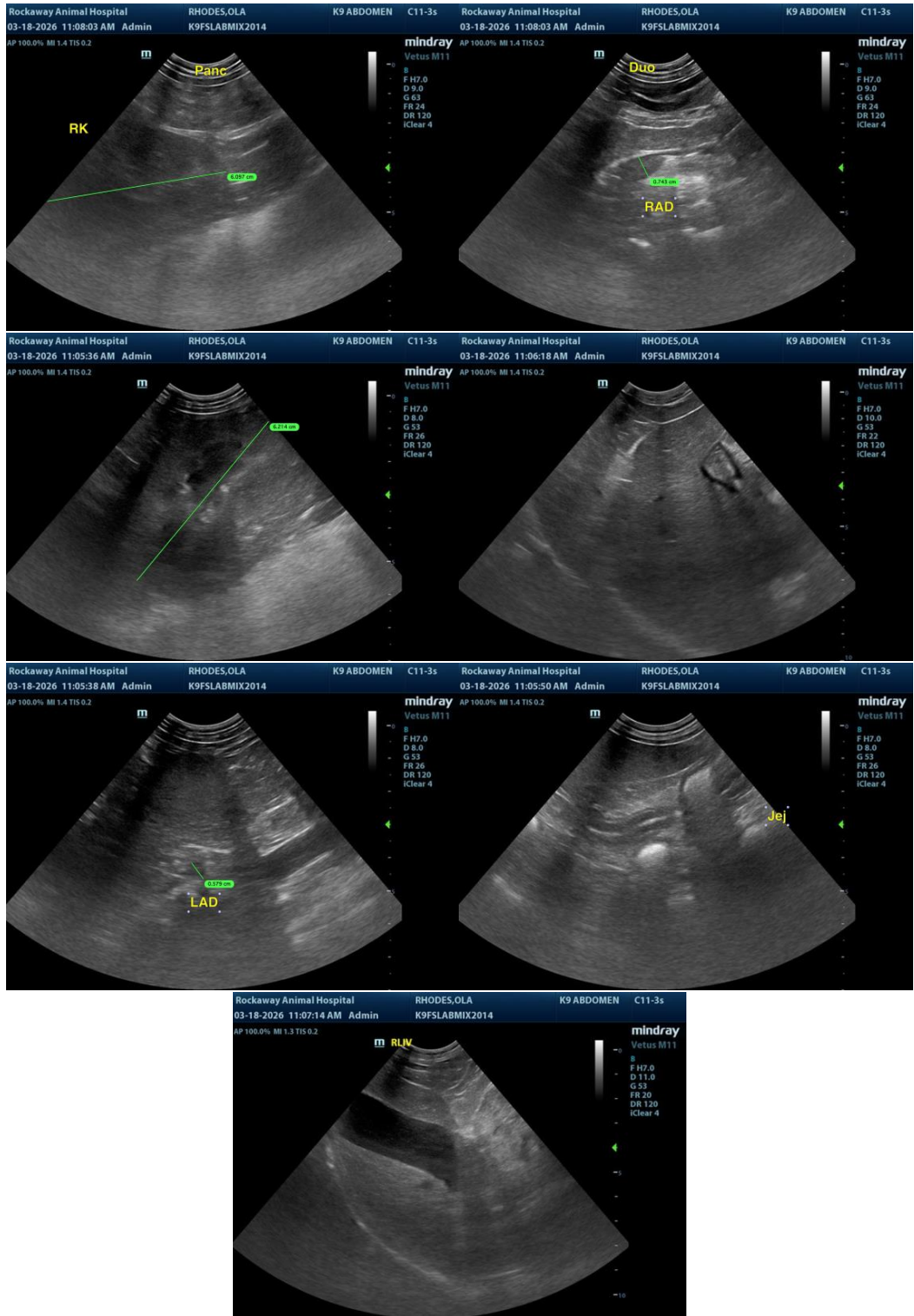
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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