



## PATIENT

Cara Alexander

## SPECIES

Canine

## BREED

American Staffie

## SEX

Spayed Female

## AGE

12

## WEIGHT

65

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

14569

## DATE

03/24/26

## PRESENTING CLINICAL SIGNS

- V/D Hx of splenectomy

Abnormal PE/Chem/CBC/UA Results: Lipase 542 ALP 380

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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. The left kidney measured 5.9 cm in length. The right kidney measured 6.2 cm in length.

### *Adrenal Glands*

The adrenal glands were indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.51 cm width at the caudal pole. The right adrenal gland subjectively measured 0.64 cm width at the caudal pole.

### *Spleen*

The spleen was not visualized owing to previous splenectomy yet without evidence of pathology.

### *Liver & Gallbladder*

The liver presented mildly 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.

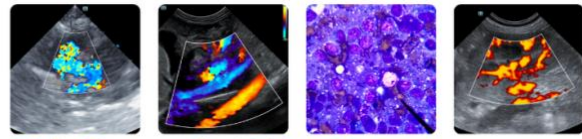
The gallbladder was non distended in size with moderate congealed yet gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric lumen was empty with mild gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material.

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



**PATIENT**

**Pancreas**

Cara Alexander

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

**SPECIES**

**Free Abdomen**

Canine

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

American Staffie

- Empty stomach with mild gastritis pattern, normal empty small intestine.
- Heterogeneous pancreas.
- Nonvisualized spleen- previous splenectomy.
- Benign hepatopathy pattern- suggestive of vacuolar hepatopathy.
- Nonorganized gallbladder debris.
- Age-related renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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No evidence of mechanical gastrointestinal obstruction or foreign material. Mild or possible chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a spec cPL could be considered. Gastrointestinal support with empirical therapy for non-specific gastroenteritis or mild pancreatitis is recommended. Sonographic reassessment is indicated if continued or non-responsive gastrointestinal signs.

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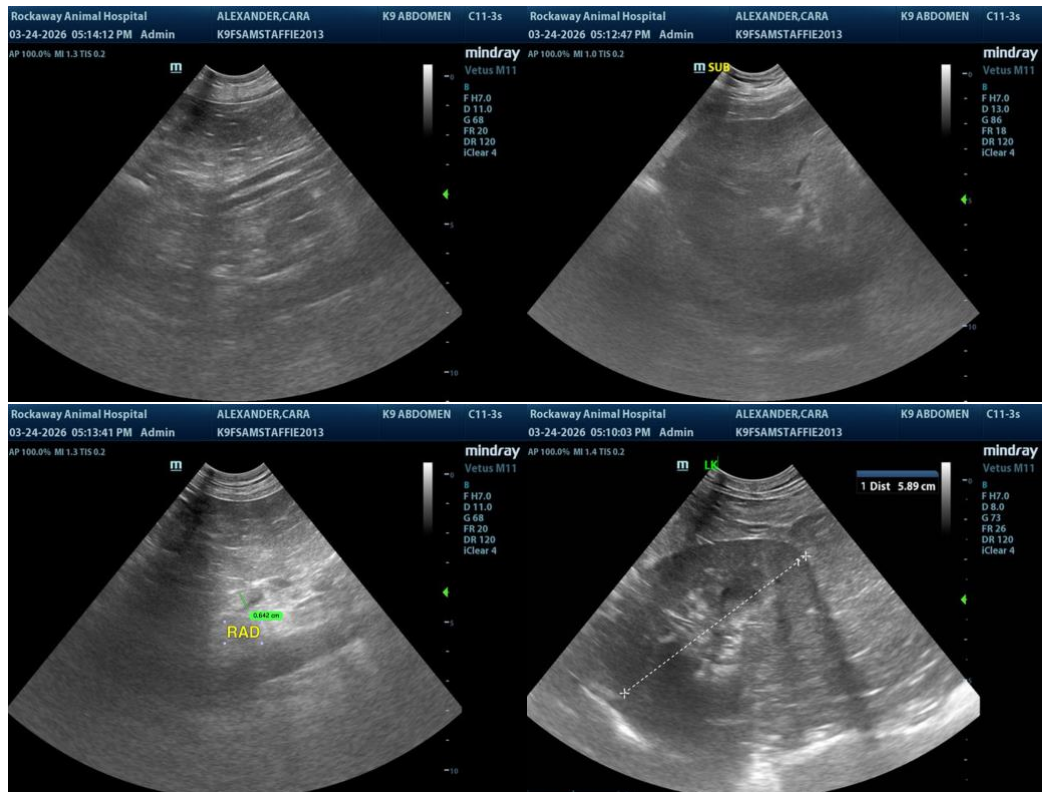
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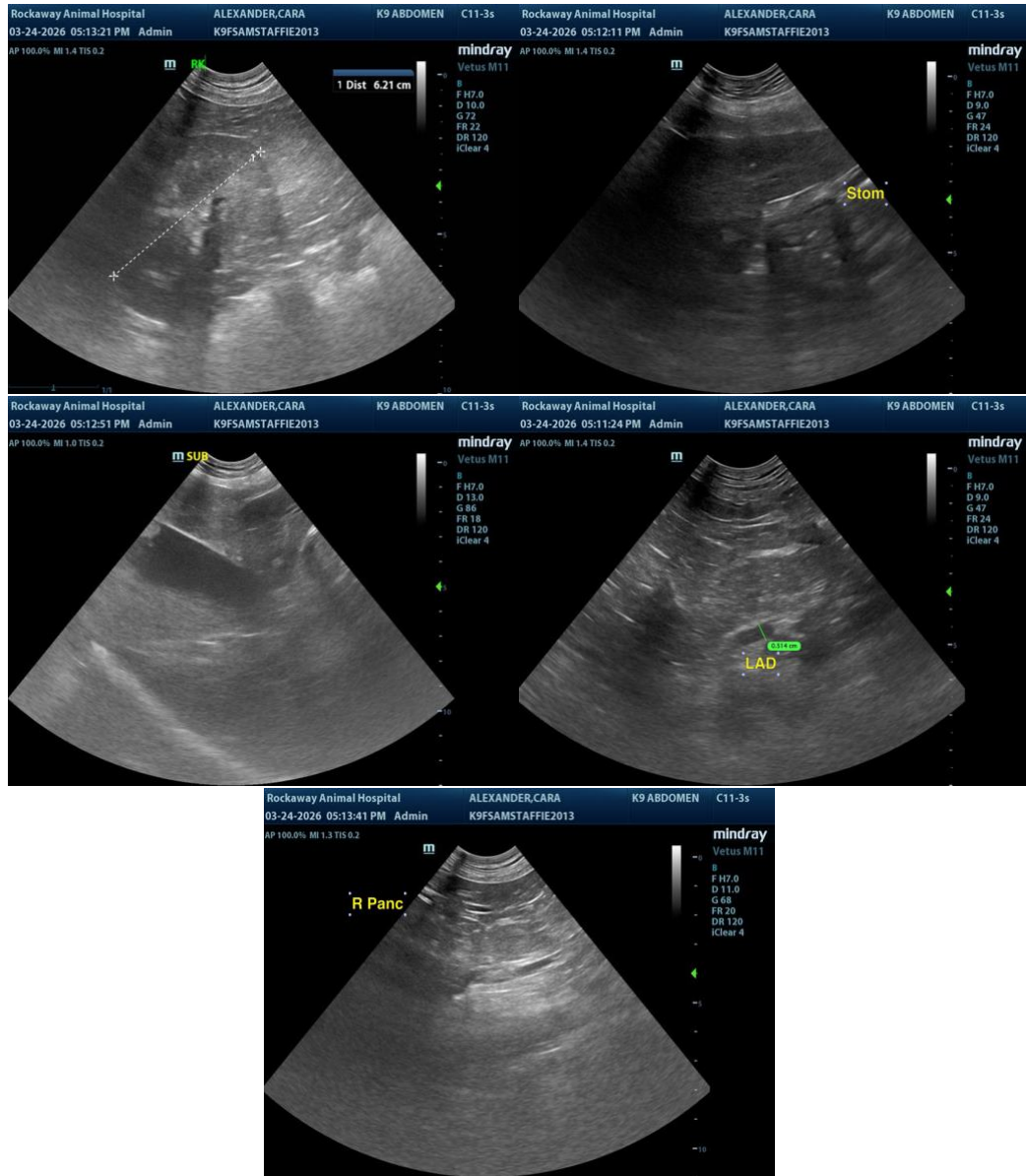
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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