

**PATIENT**

Jewel Mathews

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Female Spayed

**AGE**

2013

**WEIGHT**

66.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley AH

**REFERRING VET**

Meyer

**INVOICE**

13329

**DATE**

3/25/26

**PRESENTING CLINICAL SIGNS**

History:

- Obese
- Intermittent vomiting, concern for constipation
- Seems painful

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized the apical urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Apical wall thickness measured 0.85 cm. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. Moderate, dependent lumen to focally adhered apical to ventral apical mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the aortic trifurcation was free of pathology.

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 6.8 cm in length. The right kidney measured 6.6 cm in length.

**Adrenal Glands**

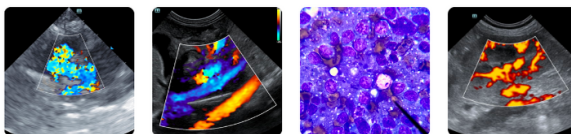
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.84 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width 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. Mild, irregular to hyperechoic perihilar medial capsule.

**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 a mildly prominent hyperechoic wall exhibiting moderate, congealed, non-organized, hyperechoic,



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

**Gastrointestinal**

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild, shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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.

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**

Non-homogeneous subjective elongated left thoracic subcutaneous mass lesion was present measuring at least 6.0 cm in length but suspected mildly larger. No evidence of associated subcutaneous effusion.

**PRIMARY FINDINGS**

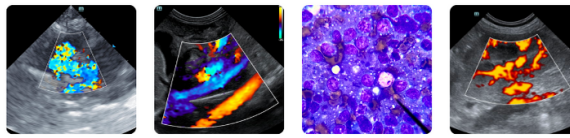
- Cystitis pattern with moderate, dependent lumen to adhered mineral/small calculi
- Mild age-related renal changes
- Mild, non-obstructive shadowing gastric ingesta, normal small intestine
- Normal area of pancreas
- Mild, non-organized gallbladder debris with possible chronic cholecystitis (non-mucocele)
- Unspecified non-homogeneous left thoracic subcutaneous mass lesion

**SECONDARY FINDINGS**

- Mild perihilar medial splenic capsule fibrosis - benign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinary workup, if not done, including urinalysis and C/S is recommended. Empirical therapy for UTI pending urine C/S results with dissolution diet may be considered. Definitive area of intraabdominal pain was not obvious. The shadowing gastric ingesta may indicate retained food echogenicity, although potential for non-obstructive gastric foreign material not excluded. Correlation with most recent meal ingestion is recommended. If documented NPO, confirmed 12-hour fast and sonographic reassessment of the stomach is suggested. The left subcutaneous mass lesion was not overtly consistent with lipoma criteria. FNA cytology of the subcutaneous mass is recommended for further assessment.



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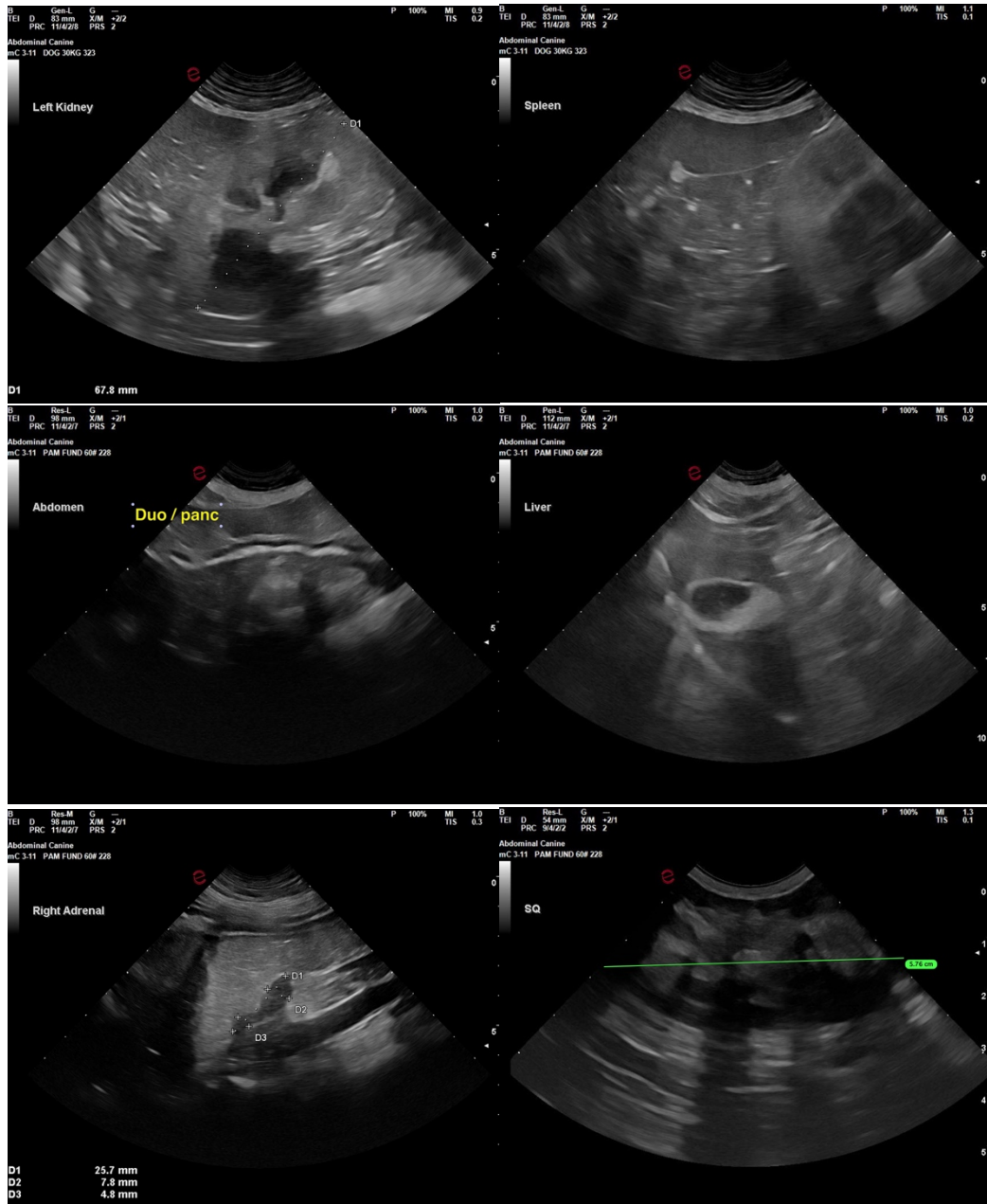
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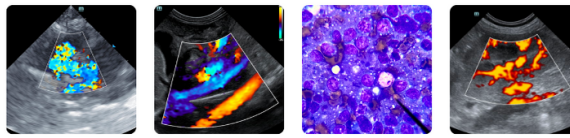
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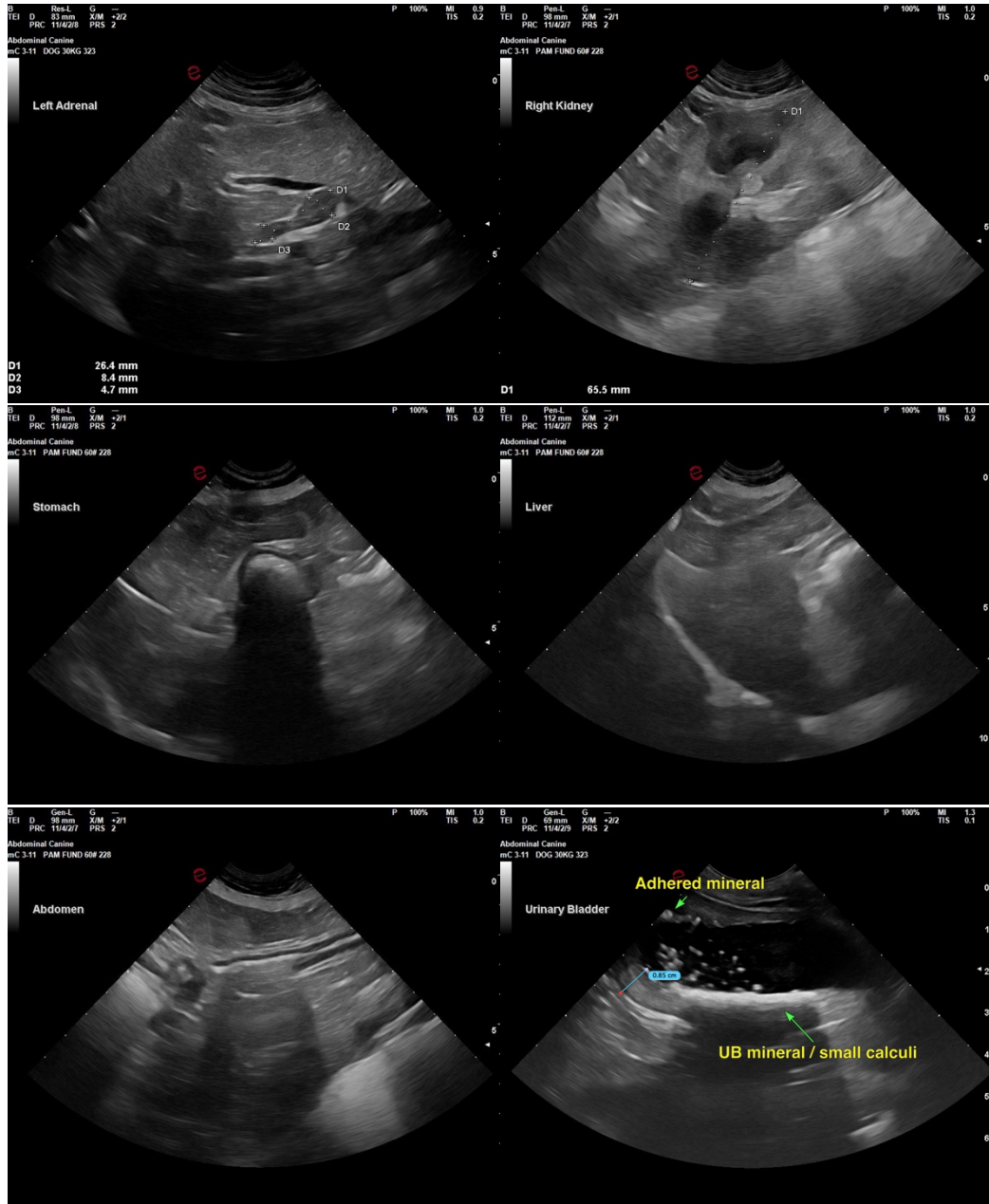
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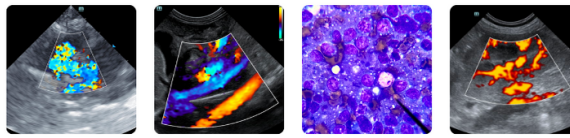
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)