



PATIENT

Leeah Gould

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

14

WEIGHT

19.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Salazar

INVOICE

24340

DATE

03/30/2026

PRESENTING CLINICAL SIGNS

- acute watery diarrhea Hx of microvascular dysplasia Hx of partial thyroidectomy owner reports has not had a BM since Sat night but when she did it was not as watery. Dog has no appetite still though Current meds Metro Provable Ursodiol

Abnormal PE/Chem/CBC/UA Results: Mild hemoconcentration PLT 619 K PLT 6.71 % BUN 28 ALB 4.6 TP 8.8 ALT 206 ALP 540 CPL 219 Fecal elisa neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 non-obstructive medullary renoliths were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 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 0.50 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 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the perihilar parenchyma. An example measured 0.44 cm. 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 was subjectively mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a variable coarse echotexture and subjective mild parenchymal remodeling. Intermittent discrete non-homogenous hypoechoic intraparenchymal nodules were present, an example measured 1.5 cm in diameter. The hepatic and portal vasculature were normal in



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appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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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.

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.

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Intact mildly thickened descending colon wall. The colon was subjectively non-distended containing formed to semi-formed fecal matter and lumen gas. The descending colon wall measured 0.35 cm in width.

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly thickened descending colon wall with current formed to semi-formed fecal matter, suspect colitis
- Sonographically normal empty gastrointestinal tract
- Normal area of pancreas
- Hepatopathy exhibiting parenchymal remodeling and discrete intraparenchymal nodules
- Mild gallbladder debris
- Age related kidneys with mild renolithiasis
- Normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver suggests benign criteria with considerations including vacuolar or inflammatory hepatopathy, hyperplasia, lipogranulomas, fibrosis, non-obstructive cholestasis or other hepatopathy with hepatic neoplasia thought less likely. Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification.

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Mild to chronic pancreatitis may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation in conjunction with elevated CPL. No evidence of mechanical gastrointestinal obstruction.

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Gastrointestinal support, empirical therapy for possible mild pancreatitis and suspect colitis with

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clinical and as needed sonographic monitoring is recommended. Hepatosupportive medications may prove beneficial.

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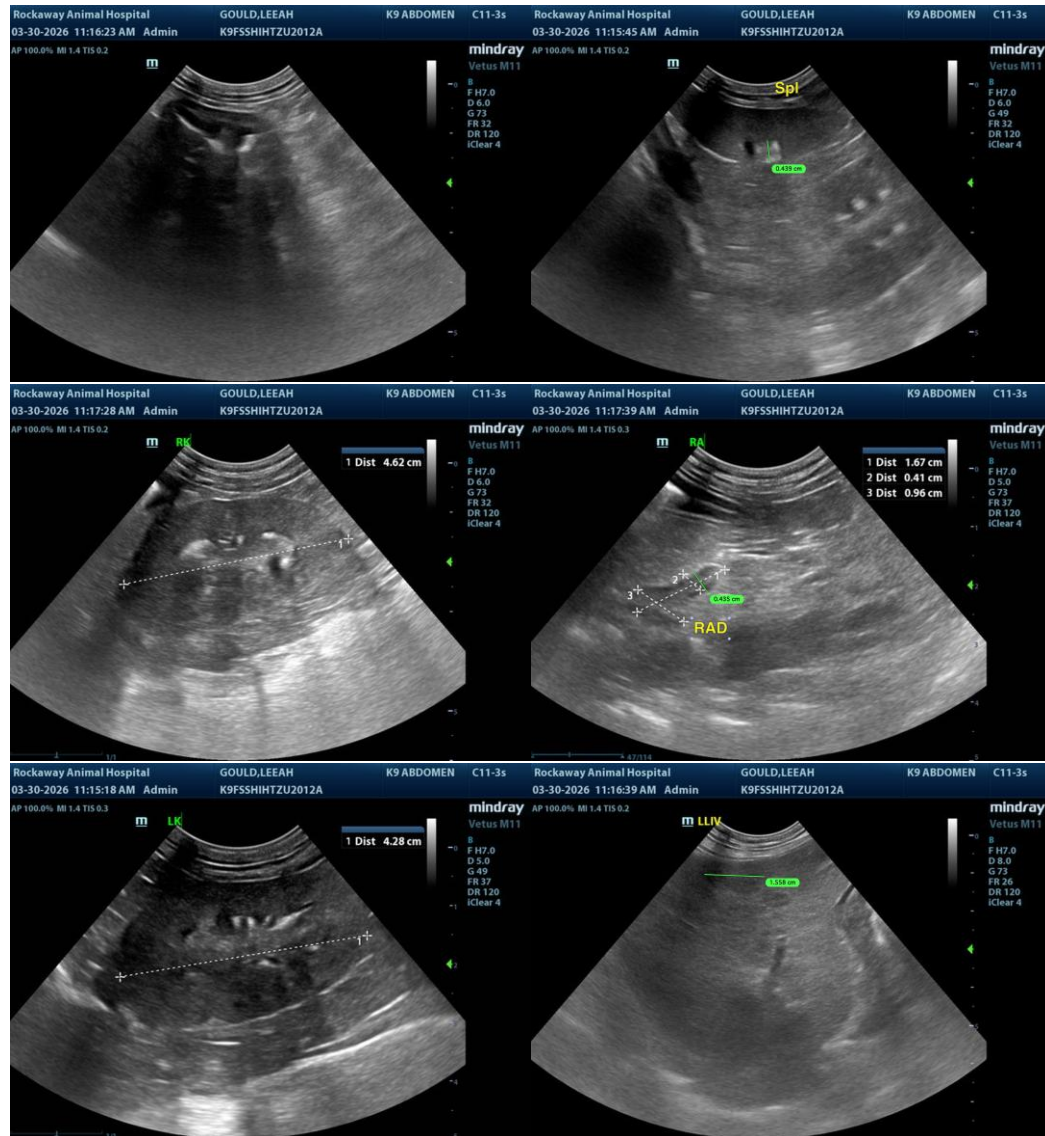
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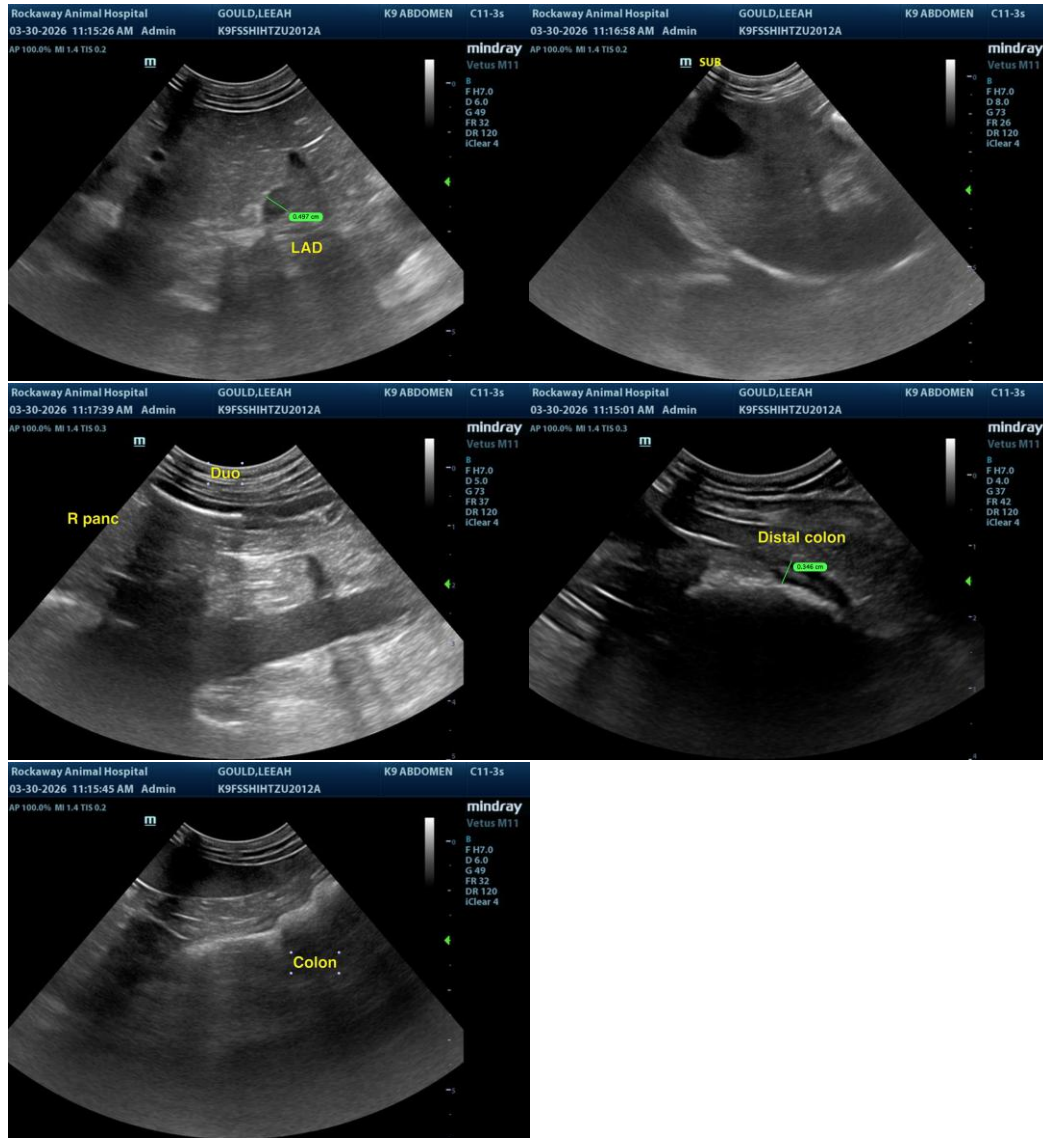
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com