**PATIENT**

Delilah Diaz

PRESENTING CLINICAL SIGNS

vomiting bloody diarrhea inappetence no food/eating since last night vomited rice this morning
Current meds Metronidazole 50mg BID

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Toy Poodle

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

FS

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

AGE

2

The area of the aortic trifurcation was free of pathology.

Adrenal Glands**WEIGHT**

9.4

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 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 0.48 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

Liver/Gallbladder**HOSPITAL NAME**

Rockaway Animal
Hospital

The liver was subjectively borderline subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in 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.

REFERRING VET

Dr Salazar

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably non-shadowing ingesta /chyme sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

INVOICE

24109

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.

DATE

03/04/2026



PATIENT

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Normal visible colon wall layers were present with mild gas distension and subjective soft feces in lumen.

Pancreas

SPECIES

Canine

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

BREED

Toy Poodle

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

ULTRASONOGRAPHIC FINDINGS

SEX

FS

Primary

- Nonspecific gastroenterocolitis exhibiting mild retained unshadowing gastric ingesta and soft fecal matter in colon
- Normal area of pancreas
- Subjective borderline subnormal liver
- Mild gallbladder debris (non-mucocele)

AGE

2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

9.4

No evidence of mechanical gastrointestinal obstruction, gastroenterocolic mural pathology or foreign material. The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, occult parasitism, occult Addison's Disease or other.

INTERPRETED BY

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

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol may be considered if recurrent or persistent gastrointestinal signs. A bile acid profile if evidence of hepatic dysfunction is recommended.

IMAGING PERFORMED BY

Jenn

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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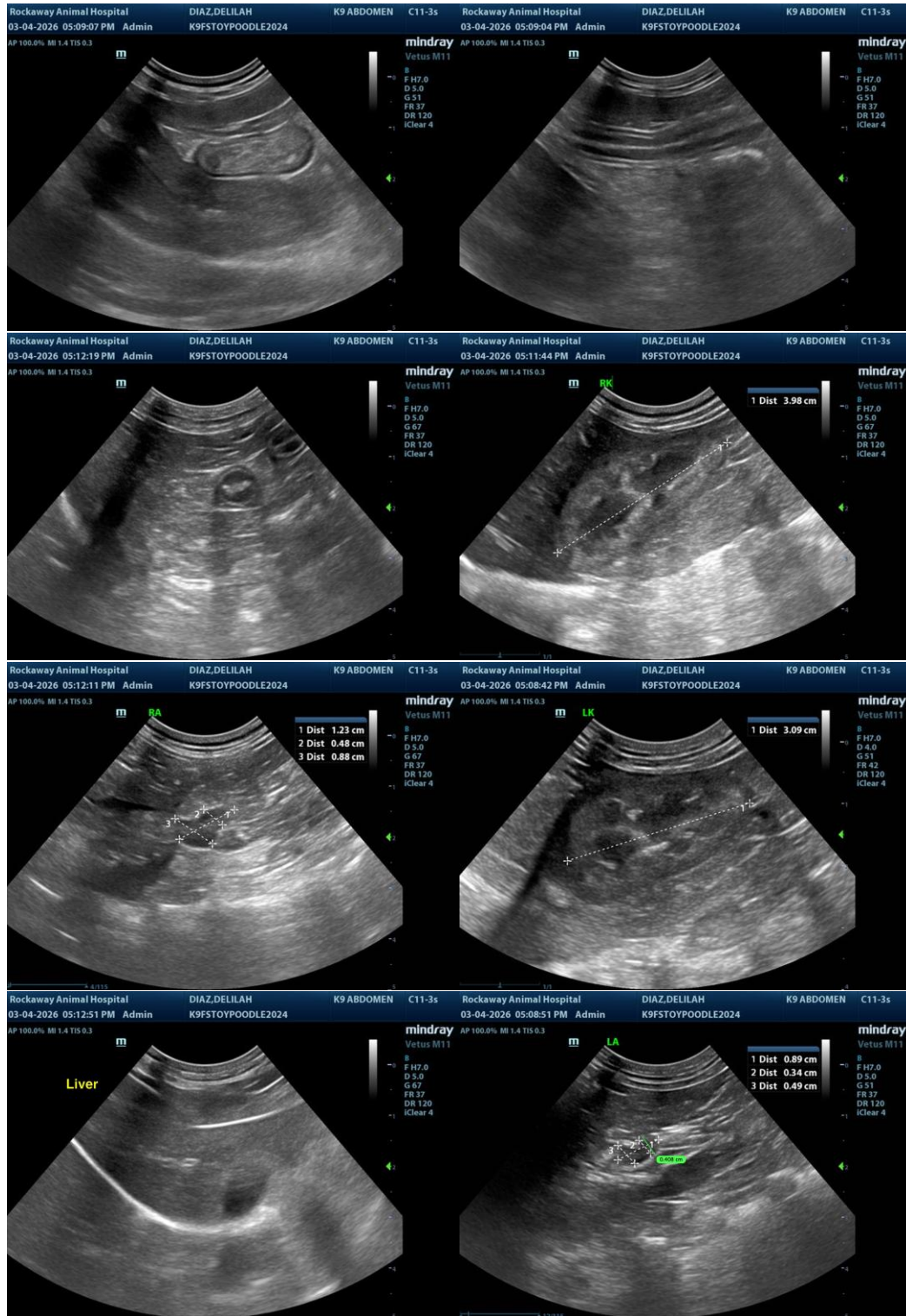
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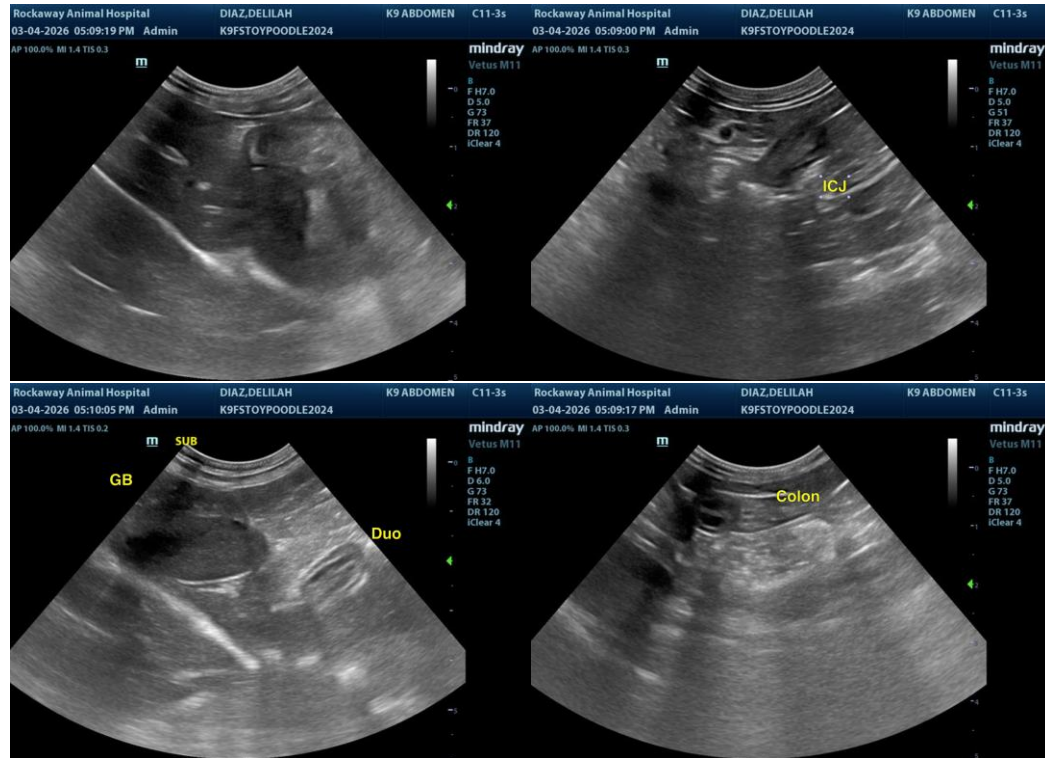
Dr Salazar

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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