



PATIENT	PRESENTING CLINICAL SIGNS
Murphy Karri	re check from 3/2 and 3/3 Dog has been fasted for over 24 hours
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
K9	<i>Urinary System</i>
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.
Golden Retriever	SEX
	The area of the residual prostate appeared normal and free of pathology
SEX	MN
	No evidence of pathology in the area of the aortic trifurcation.
AGE	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 6.0 cm in length. The right kidney measured 6.5 cm in length.
8	<i>Adrenal Glands</i>
WEIGHT	The left adrenal gland was not definitively visualized.
75	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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	<i>Liver/ Gallbladder</i>
Jenn	The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.
HOSPITAL NAME	REFERRING VET
Rockaway Animal Hospital	The gallbladder was non-distended in size with thin walls and mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	INVOICE
Dr. Maniar	<i>Gastrointestinal</i>
INVOICE	74030
74030	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas. No evidence of retained ingesta, fluid, or foreign material.
DATE	3-4-26
3-4-26	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 formed feces in lumen.



PATIENT

Murphy Karri

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WEIGHT

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INTERPRETED BY

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

IMAGING PERFORMED BY

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Rockaway Animal
Hospital

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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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with mild lumen gas.
- Normal empty visible small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of current shadowing gastric content or gastrointestinal foreign material was seen. Potential evacuation of remaining gastric foreign material via reported vomiting is suspected. No indication for surgical intervention or endoscopic examination.

Reintroduction of small amounts of bland diet with as needed gastroprotectants and monitoring is recommended.



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HOSPITAL NAME

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REFERRING VET

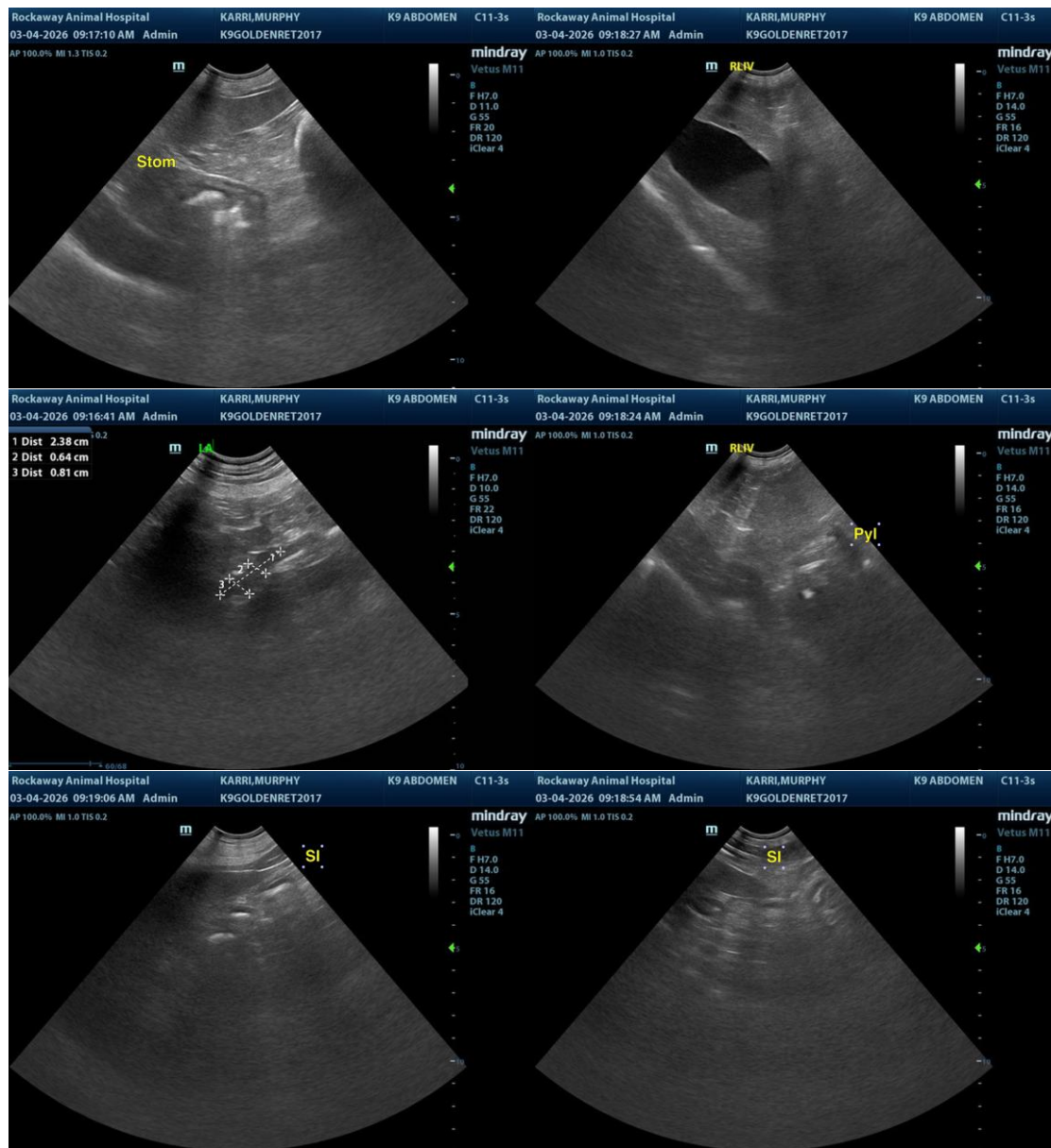
Dr. Maniar

INVOICE

74030

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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