



PATIENT

Louie Most

PRESENTING CLINICAL SIGNS

- FB- gastric, Dec. appetite

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

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

SEX

Neutered Male

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 4.8 cm in length. The right kidney measured 4.4 cm in length.

AGE

11 Years 1 Month

Adrenal Glands

WEIGHT

24 pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

Spleen

IMAGING PERFORMED BY

Rebecca Hamilton

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary discrete nonhomogenous hypoechoic splenic nodule was present measuring 0.72 cm in diameter. No evidence of associated capsule distortion.

Liver & Gallbladder

HOSPITAL NAME

Rockaway Animal
Hospital

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.

REFERRING VET

Dr. Maniar

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

INVOICE

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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.

DATE

03/05/26

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. Minor nonobstructive duodenal ileus.

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



PATIENT

Pancreas

Louie Most

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.

SPECIES

Canine

Free Abdomen

BREED

Mixed

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Normal primarily empty gastrointestinal tract with minor nonobstructive duodenal ileus.
- Normal area of the pancreas.
- Age-related renal changes.

AGE

11 Years 1 Month

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

24 pounds

No evidence of mechanical gastrointestinal obstruction, foreign material, gastrointestinal or intra-abdominal neoplasia or active pancreatitis. Empirical therapy for non-specific gastroenteritis or potential mild pancreatitis, which may present sonographically normal, is recommended. Three view chest radiographs, a GI panel to include PLI, TLI, cobalamin and folate, and screening cortisol level to assess for occult disease may be considered. Sonographic reassessment or monitoring is indicated if non-responsive or progressive gastrointestinal signs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

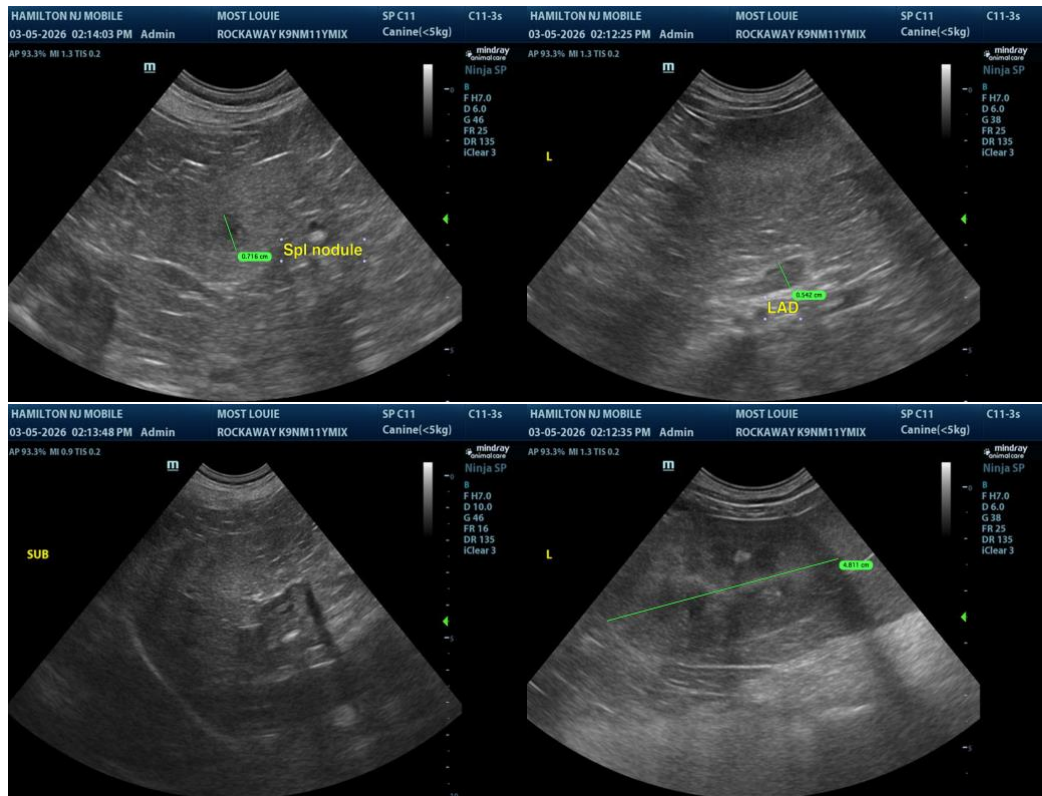
Dr. Maniar

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Canine

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AGE

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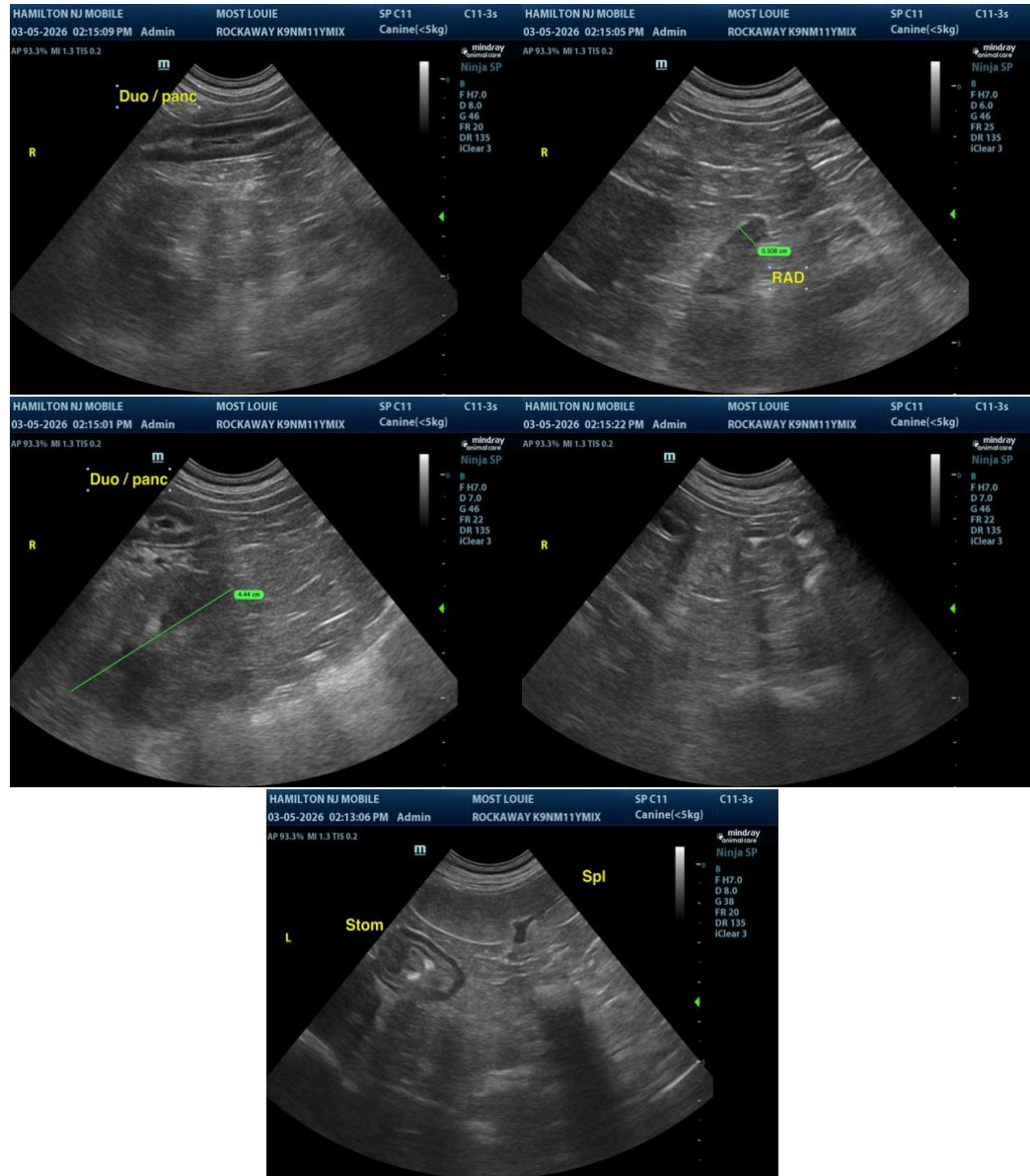
Dr. Maniar

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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