

## PATIENT

Milo Paul

## SPECIES

Canine

## BREED

Bichon Mix

## SEX

Male

## AGE

6 Months

## WEIGHT

5.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

15085

## DATE

04/14/26

## PRESENTING CLINICAL SIGNS

Vomiting, anorexia

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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.

Normal size and margination was 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 3.6 cm in length. The right kidney measured 3.5 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 0.30 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 0.40 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.

### *Liver & Gallbladder*

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact borderline prominent wall (given patient's body size) with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas and with no signs of ileus, obstruction or foreign material. The stomach wall measured 0.40 cm wall width.

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. The duodenum wall measured 0.30 cm wall width. The jejunum wall measured 0.30 cm wall width. Subtle segmental



## PATIENT

hyperechoic intestinal mucosal speckling without evidence of mechanical or metabolic ileus to the level of the colon.

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Normal visible colon wall layers were present with semi formed fecal matter.

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### *Pancreas*

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.

## BREED

Bichon Mix

### *Free Abdomen*

## SEX

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

Male

## ULTRASONOGRAPHIC FINDINGS

## AGE

- Nonspecific gastroenteritis pattern with semi formed fecal matter in colon.

6 Months

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

No evidence of mechanical gastrointestinal obstruction, foreign material or structural pathologies such as an intussusception. Gastrointestinal support and empirical therapy for nonspecific gastroenteritis secondary to potential dietary indiscretion, gastrointestinal insult, etc. with clinical monitoring is recommended. Sonographic reassessment is indicated if continued or non-responsive gastrointestinal signs.

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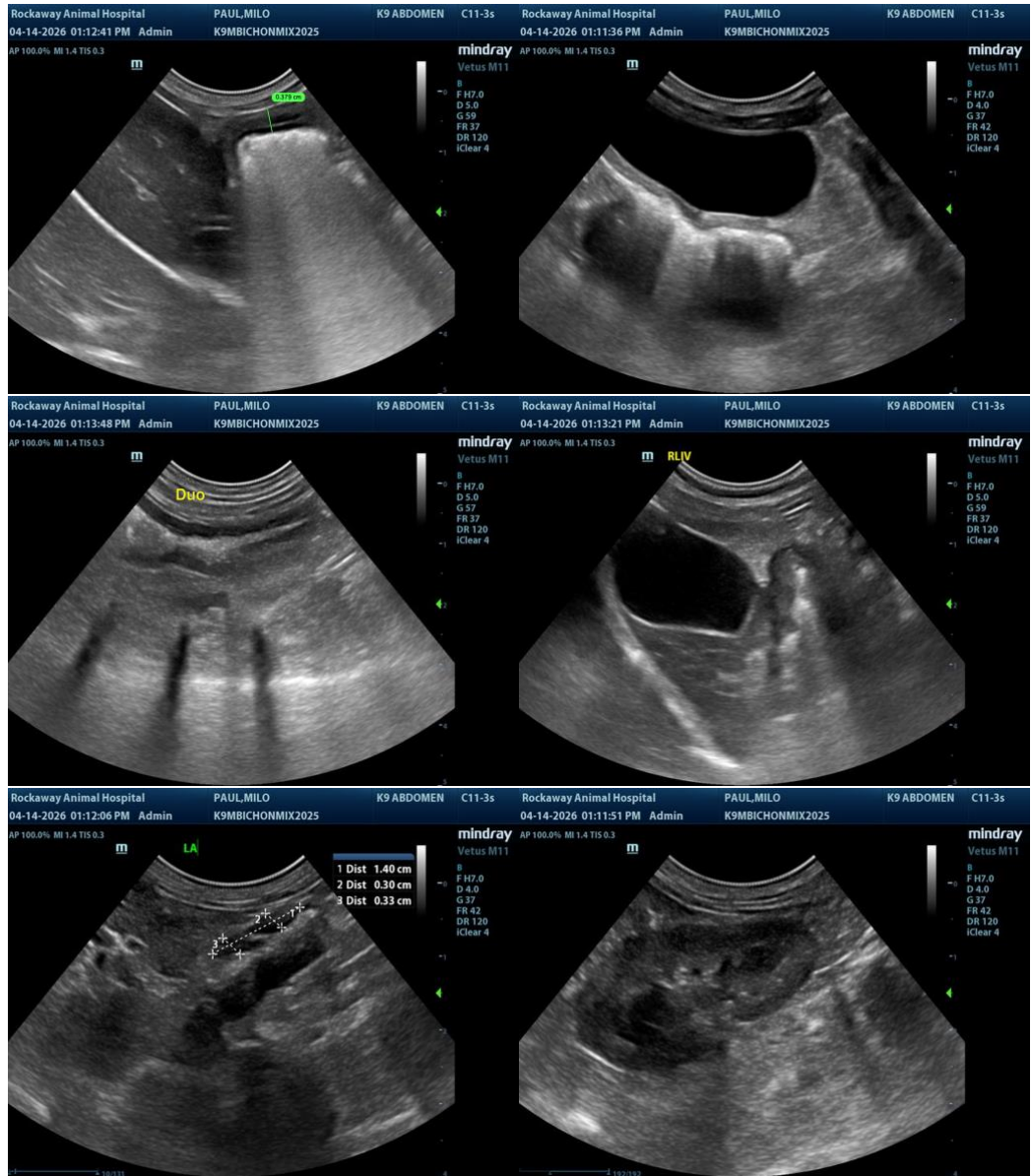
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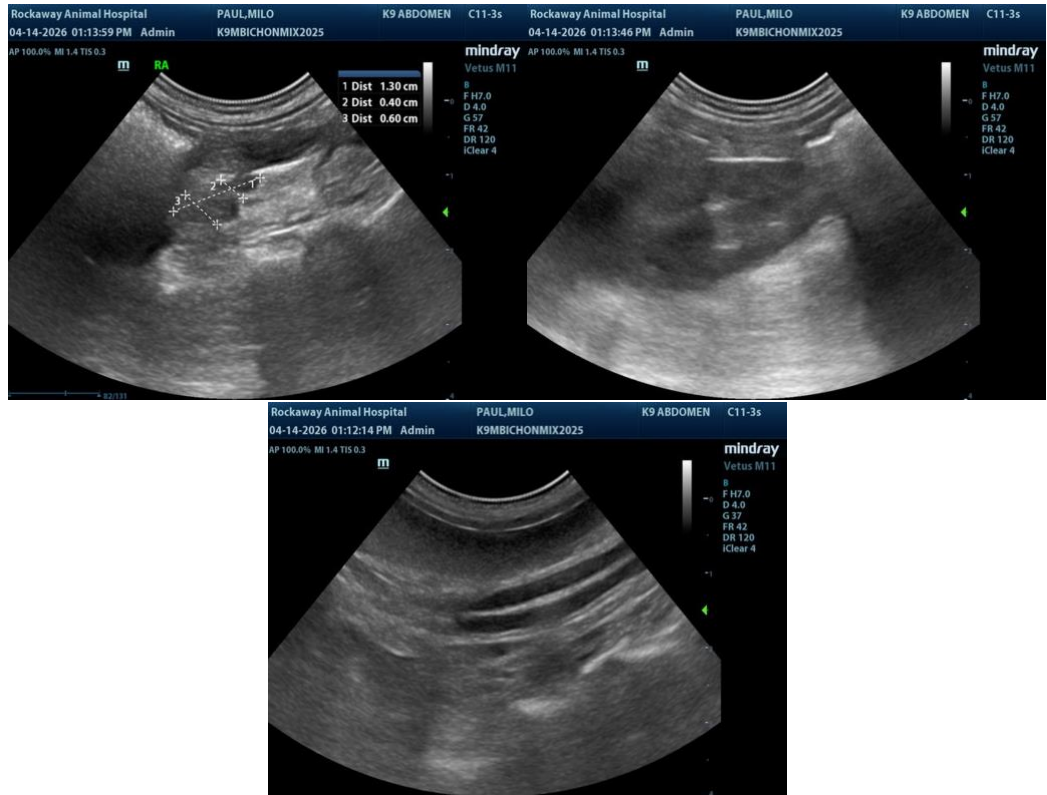
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)