



PATIENT

Alaska Singer

SPECIES

Canine

BREED

Bichon Mix

SEX

Spayed Female

AGE

11

WEIGHT

13.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

15280

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Vomiting, Hx of IBD Had a prev abd scan 3/16

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 change were noted.

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. Areas of mild medullary mineral to small right kidney renoliths were present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 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 0.42 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 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. Previously noted hypoechoic mid splenic nodule was not visualized in this study, possibly indicative of resolved lymphoid hyperplasia or hematopoiesis.

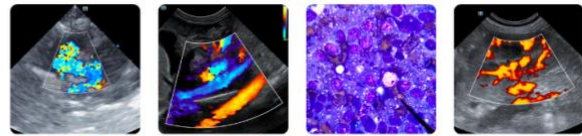
Liver & Gallbladder

The liver revealed subjective mild generalized hepatomegaly. The previously noted nonhomogenous hyperechoic mass in the cranial liver was present measuring approximately 4.3 cm in diameter, possibly indicative of mild progression compared to the previous study with potential for mild measurement variation. Concurrent indistinctly marginated to mildly hypoechoic intraparenchymal nodule to small mass in the caudal mid to right liver was present measuring approximately 2.5 cm in diameter, similar in appearance to the previous ultrasound. Normal hepatic vascular volume was maintained.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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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 apparent formed feces in lumen.

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.

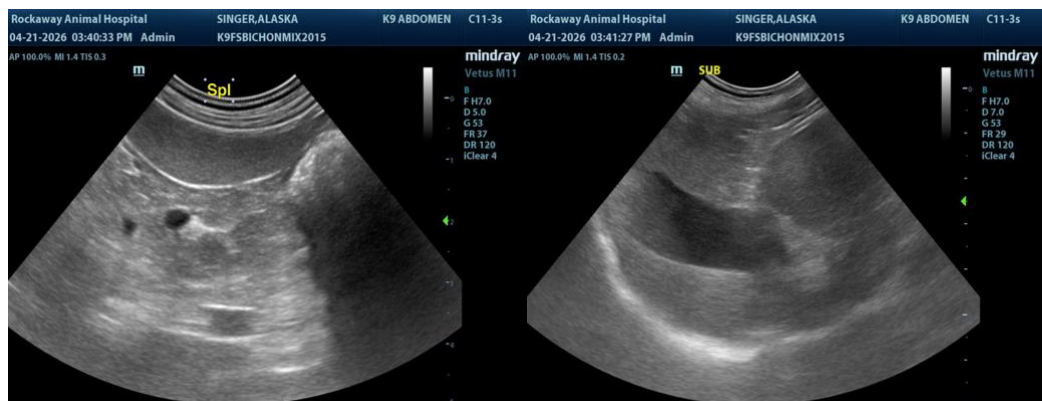
ULTRASONOGRAPHIC FINDINGS

- Previously noted to possibly mild progressive liver nodule/masses.
- Mild nonorganized gallbladder debris.
- Sonographically normal spleen- no evidence of previously noted splenic nodule.
- Static chronic renal changes exhibiting mild medullary mineral.
- Sonographically unremarkable gastrointestinal tract with variably echogenic nonshadowing gastric ingesta- suggestive of food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Previously mentioned etiologies for the liver nodule/masses are still applicable. FNA cytology of accessible nodule/mass (assuming normal clotting status and using a 25-gauge needle) is warranted for further clarification, whereas biopsy with histopathology considered gold standard for a definitive diagnosis. Continued serial sonographic monitoring would be more conservative.

Correlation with most recent meal ingestion is recommended. Assuming documented NPO given vomiting, some degree of non-obstructive metabolic gastric stasis is suspected. Gastrointestinal support with monitoring of gastric motility is recommended.





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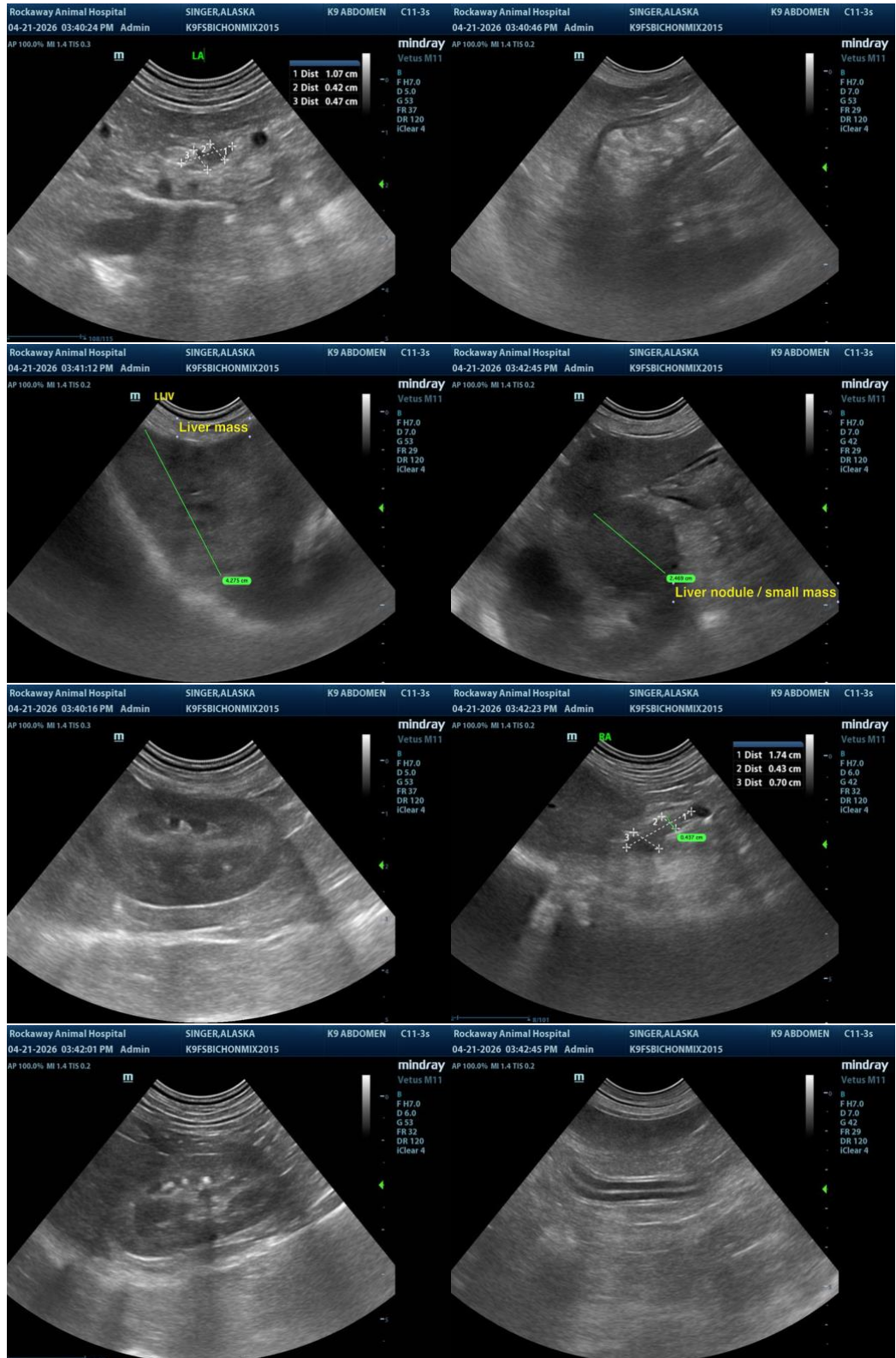
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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