



PATIENT

Lily Crane

SPECIES

Canine

BREED

Cockapoo

SEX

Female Spayed

AGE

7y 9m

WEIGHT

32.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

13384

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Recheck for resolution or progression from 4/6/26. Questionable FB

Current Medications - IV UNASYN, Pantoprazole, Metronidazole, fluids

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 changes 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 5.3 cm in length. The right kidney measured 5.5 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 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 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

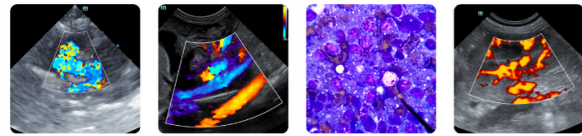
The liver was subjective borderline subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with non-organized, gravity dependent, hyperechoic, nonmineralized 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 was empty with minor retained gastric fluid.

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 soft feces in lumen.



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Pancreas

The pancreas was indistinctly visualized yet subjective mildly enlarged in size with hyperechoic non-homogeneous pancreas base and right pancreatic limb adjacent and caudal to the level of the pylorus measuring ~3-3.5 cm in diameter. Mild surrounding hyperechoic omentum.

Free Abdomen

No evidence of omental lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

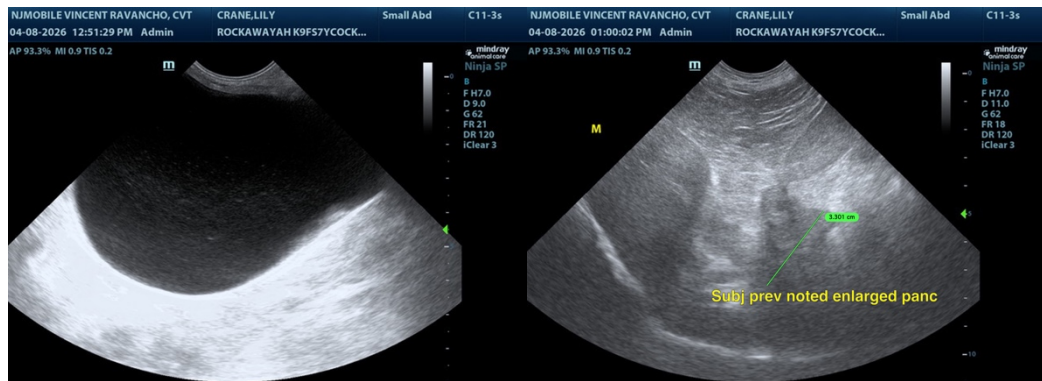
- Previously noted yet indistinct mildly enlarged hyperechoic pancreas base/right pancreatic limb – consistent with pancreatitis or possibly resolving pancreatitis
- Borderline subnormal liver size – nonspecific, likely patient variant
- Non-distended gallbladder with mild, non-organized gallbladder debris – no evidence of post hepatic obstruction or mucocele
- Sonographically normal gastrointestinal tract – no evidence of gastrointestinal foreign body

SECONDARY FINDINGS

- Sonographically normal urinary bladder and visibly proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously noted prominent pancreas was less distinct in the study indicating potential for early to emerging resolution of pancreatic inflammation, neoplastic criteria thought less likely. Continued empirical therapy for pancreatitis with gastrointestinal support is recommended. Correlation with spec cPL is warranted. Recheck sonogram if recurrent or progressive clinical signs.





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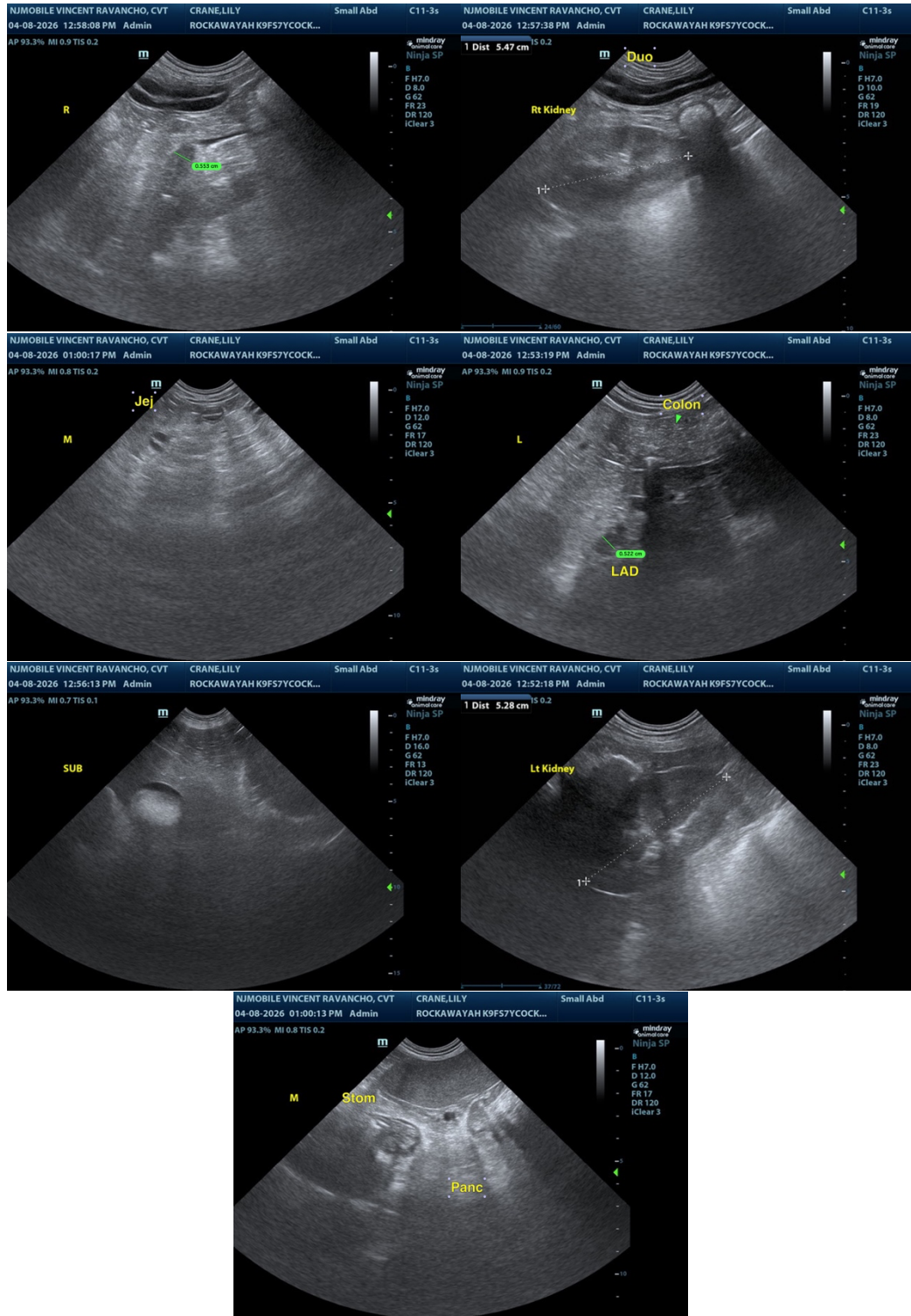
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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