



## PATIENT

Bogey Conrad

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Neutered Male

## AGE

5

## WEIGHT

48

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

16360

## DATE

05/19/26

## PRESENTING CLINICAL SIGNS

significant weight loss, intestinal swelling mid abd

## 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.

The area of the residual prostate appeared normal and free of pathology.

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 6.2 cm in length. The right kidney measured 6.0 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 0.46 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 0.52 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 moderate congealed 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.

The visualized segments of small intestine presented intact wall layering with maintained wall layer ratio and nonthickened wall. Primarily empty intestinal lumen with mild segmental, similar appearing intestinal ingesta/chyme to level of the colon.



**PATIENT**

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

Bogey Conrad

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Lab Mix

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta- most consistent with food echogenicity.
- Normal area of the pancreas.
- Congealed gallbladder debris (non-mucocele).

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

5

**WEIGHT**

No evidence of significant visceral pathology, specifically gastrointestinal pathology, masses, foreign material, or obstructive pattern. The gastrointestinal ingesta is most consistent with food echogenicity. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of non-obstructive or metabolic gastrointestinal ileus or inefficient peristalsis is possible. Gastrointestinal support is indicated.

48

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A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level as well as three view chest radiographs, neurological / musculoskeletal examination, assessment of caloric plane and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.

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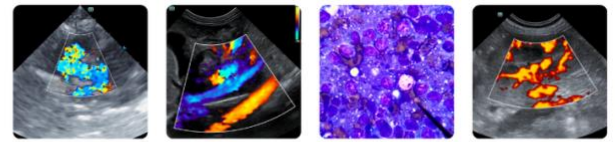
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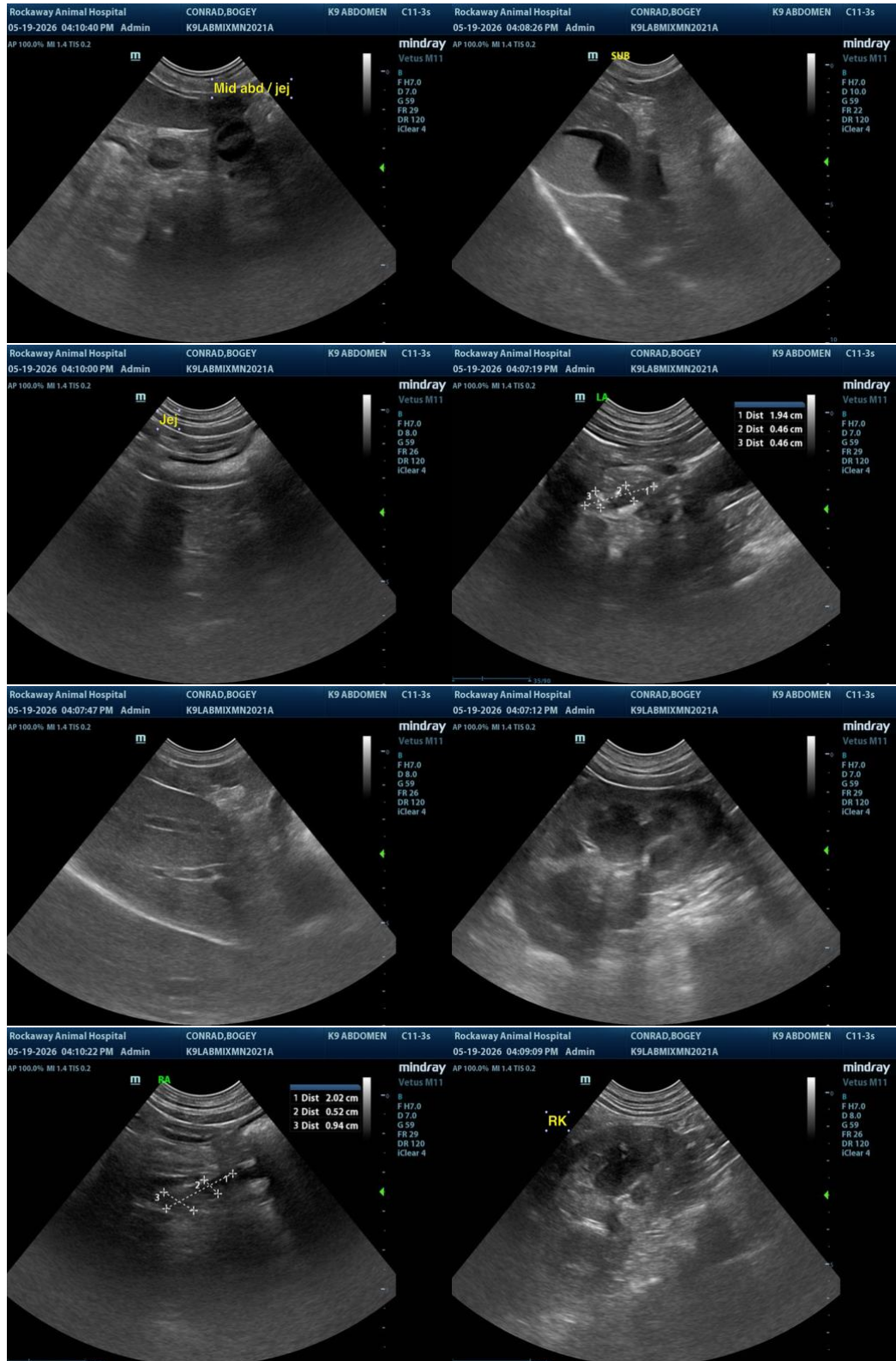
Dr. Maniar

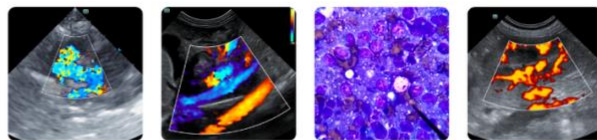
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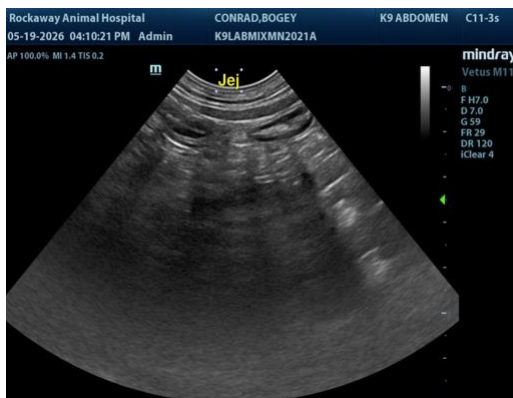
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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