



PATIENT

Truffles Vijayan

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

9

WEIGHT

23

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

16509

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Had a prev u/s 5/20, now came back not eating

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine, prohibiting full evaluation of the bladder wall. No overt tumors. Minimal anechoic urine present with small dependent to adhered lumen mineral to small calculi. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. 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. Bilateral medullary mineral to small nonobstructive right kidney renoliths. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland measured 0.46 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 presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 mild lumen gas and retained fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented non-thickened wall exhibiting overall maintained wall layer ratio with propensity for mildly prominent hyperechoic submucosal layer and subjective mild decreased intestinal mucosa echogenicity. Mild non-obstructive segmental duodenojejunal ileus. Minor segmental jejunal



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corrugation. The duodenum wall measured 0.4 cm wall width. The jejunum wall measured 0.42 cm wall width.

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.

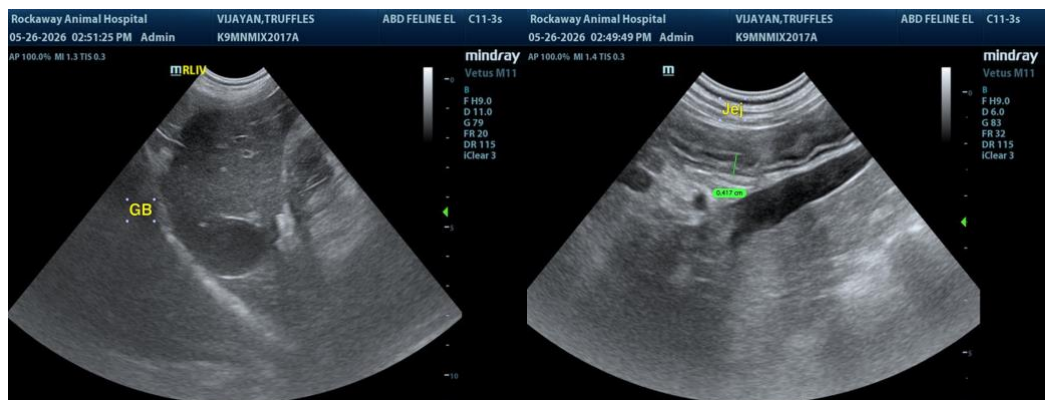
ULTRASONOGRAPHIC FINDINGS

- Sonographic normal mild hypomotile stomach.
- Nonspecific enteropathy pattern exhibiting mild segmental non-obstructive ileus.
- Normal area of pancreas.
- Static mild normal volume hepatomegaly.
- Static mild non-organized gallbladder debris (non-mucocele).
- Static bilateral renal medullary mineral/small right kidney renoliths.
- Static urinary bladder lumen mineral/small calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction. The small intestine in this study exhibited mild mural changes not previously visualized which suggests non-specific enteropathy with considerations including inflammatory, infectious disease, enterotoxin, occult parasitism, possible low-grade pancreatitis which may present sonographically normal, less likely occult neoplasia or other.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Gastrointestinal support is indicated with clinical and sonographic monitoring. Recheck sonogram is indicated if persistent or progressive gastrointestinal signs. Given potential recurrent gastrointestinal signs in this patient, biopsies may be required for a definitive diagnosis.





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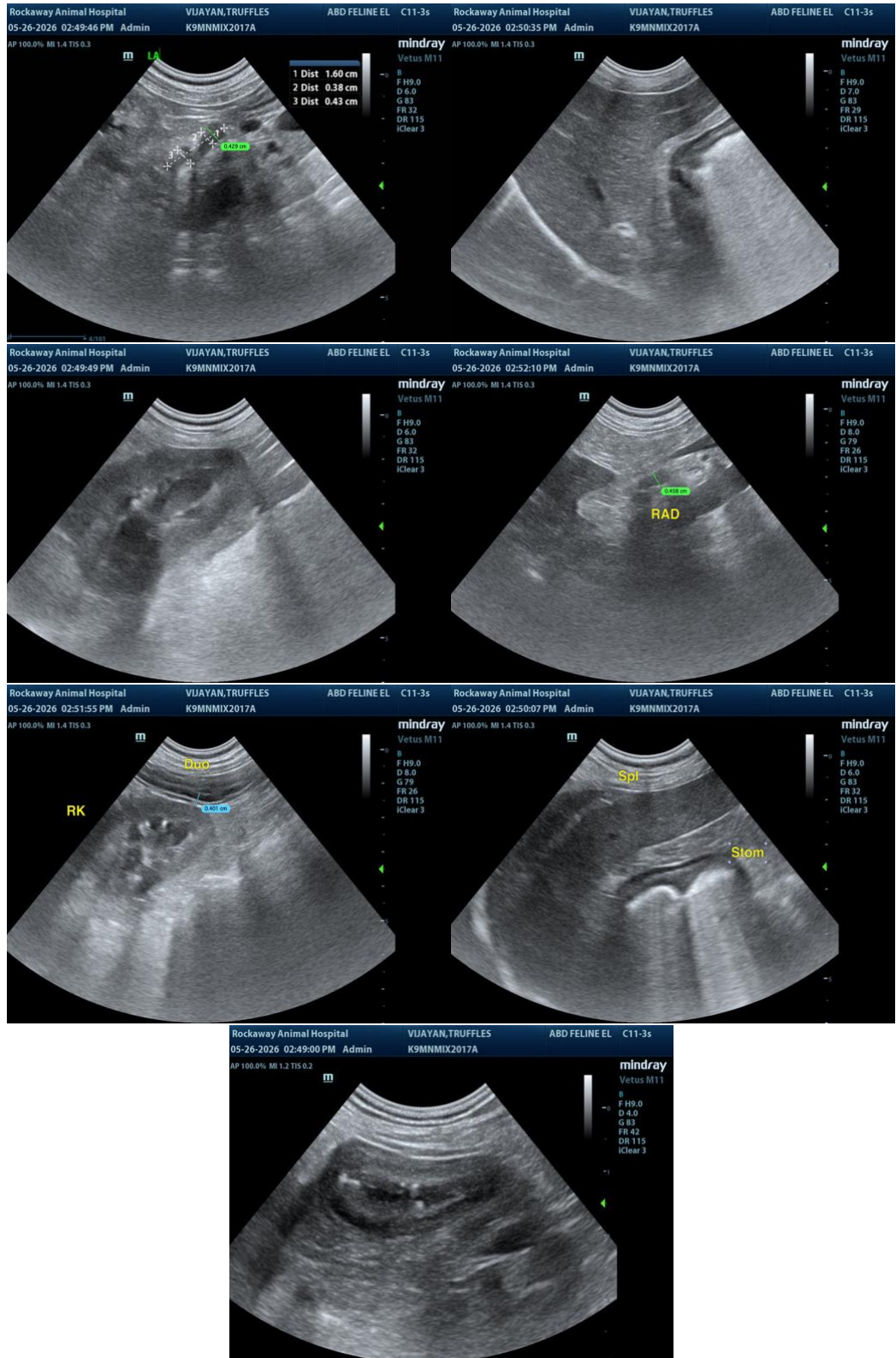
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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