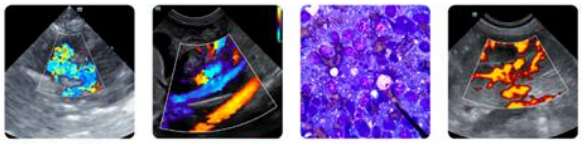


PATIENT

Fiona Clark

SPECIES

Canine

BREED

Maltese Mix

SEX

FI

AGE

6

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24968

DATE
05/28/2026

PRESENTING CLINICAL SIGNS

Had puppies Sat, now severe diarrhea and anorexia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The visualized uterus dorsal to craniodorsal to the urinary bladder exhibited mild prominent wall and contained a mild amount of echogenic lumen content. The uterine wall measured 0.34 cm in width. Left /right ovaries not definitively visualized.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The kidneys exhibited mild nonspecific hyperechoic medullary echogenicity. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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 0.57 cm width at the caudal pole.

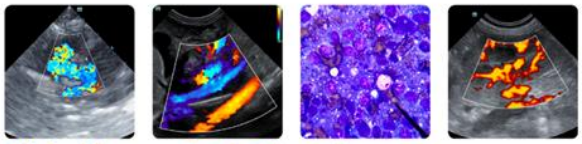
Spleen

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. Normal vascular volume. 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



PATIENT

Fiona Clark

SPECIES

Canine

BREED

Maltese Mix

SEX

FI

AGE

6

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24968

DATE
05/28/2026

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta. No evidence of visible gastric mural pathology or obstruction to pyloric outflow.

The small intestine presented overall intact wall layering exhibiting propensity for mildly prominent duodenal and segmental jejunal mucosa with segmental mild hyperechoic mucosal speckling. The duodenum wall measured 0.48 cm width. The jejunum wall measured 0.42 cm width.

Normal visible colon wall layers were present. The colon contained generalized soft and non-formed fecal matter consistent with patient history.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate non-shadowing gastric ingesta
- Non-specific enteritis pattern exhibiting mild segmental mucosal speckling
- Generalized soft to non-formed fecal matter in colon
- Normal area of pancreas
- Normal adrenal glands
- Subjective normal postpartum visible uterus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is recommended. Correlation with full lab work to assess electrolytes and calcium level if not done suggested.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Sonographic reassessment indicated if non-responsive or persistent gastrointestinal signs. Correlation with most recent meal ingestion recommended given reported anorexia. The gastric ingesta is most suggestive of food echogenicity. Metabolic gastric ileus without mechanical obstruction may be suspected if documented NPO.

PATIENT

Fiona Clark

SPECIES

Canine

BREED

Maltese Mix

SEX

FI

AGE

6

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

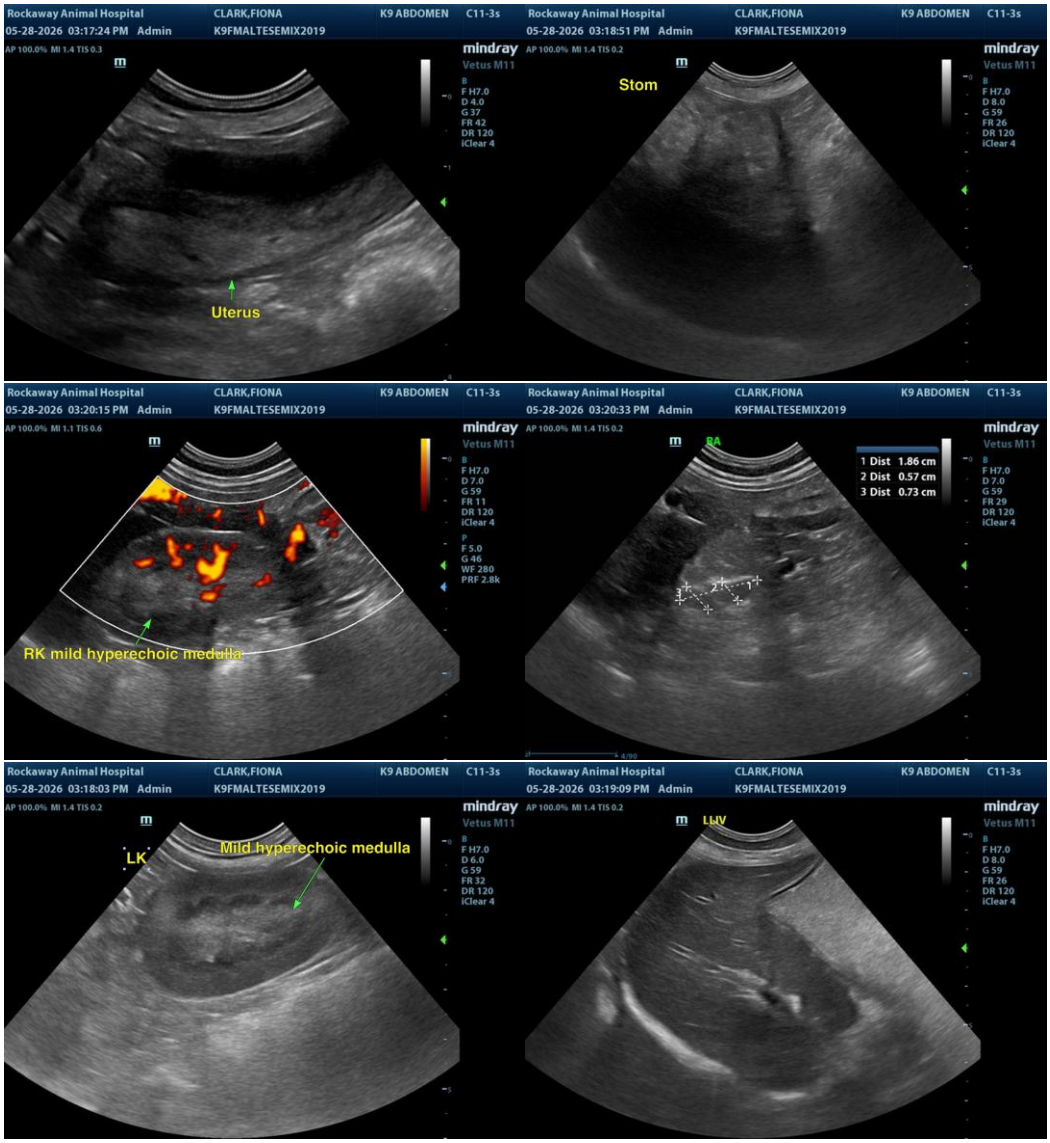
Rockaway Animal Hospital

REFERRING VET

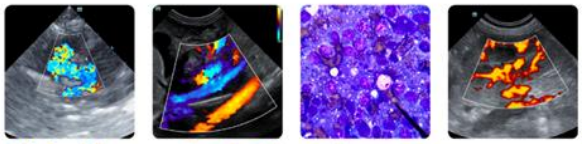
Dr Maniar

INVOICE
24968

DATE
05/28/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Fiona Clark

SPECIES

Canine

BREED

Maltese Mix

SEX

FI

AGE

6

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24968

DATE
05/28/2026

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