



## PATIENT

Harley Berman

## PRESENTING CLINICAL SIGNS

vomiting lethargy

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

## BREED

Boxer

Normal size and margination were 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 7.5 cm in length. The right kidney measured 7.5 cm in length.

## SEX

FS

## AGE

4

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 0.66 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 0.55 cm width at the caudal pole.

## WEIGHT

53.5

### 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.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

### 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.

## HOSPITAL NAME

Rockaway Animal  
Hospital

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

## REFERRING VET

Dr Maniar

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 mechanical/metabolic ileus, obstruction or foreign material.

## INVOICE 25026

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The colon walls presented intact yet mild thickened descending colon wall layering. Semi formed to possible soft fecal matter was present in the colon lumen.



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## Pancreas

The area of the pancreas was sonographically normal.

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## Free Abdomen

No evidence of peritoneal effusion was present.

Generalized normal omental echogenicity was present.

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Intermittent mildly prominent to enlarged jejunal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.7 cm x 0.66 cm.

## ULTRASONOGRAPHIC FINDINGS

### SEX

FS

### Primary

- Sonographically unremarkable empty gastrointestinal tract
- Subjective mild colitis pattern with semi-formed to possible soft fecal matter
- Intermittent mild jejunal lymphadenopathy- consistent with benign criteria, i.e. reactive hyperplasia or possible mild lymphadenitis

### AGE

4

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

### WEIGHT

53.5

No evidence of mechanical gastrointestinal obstruction, foreign material or active pancreatitis. Dietary intolerance/ indiscretion, non-specific gastroenterocolitis, infectious disease, non-structural inflammatory bowel, enterotoxin, mild pancreatitis which may present sonographically normal, occult parasitism, occult Addison's disease (thought less likely given normal adrenal presentation) all potentials.

### INTERPRETED BY

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DVM, DABVP  
(Canine and Feline)

Gastrointestinal support indicated with clinical monitoring. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level may be considered. Sonographic reassessment recommended if non-responsive or persistent gastrointestinal signs.

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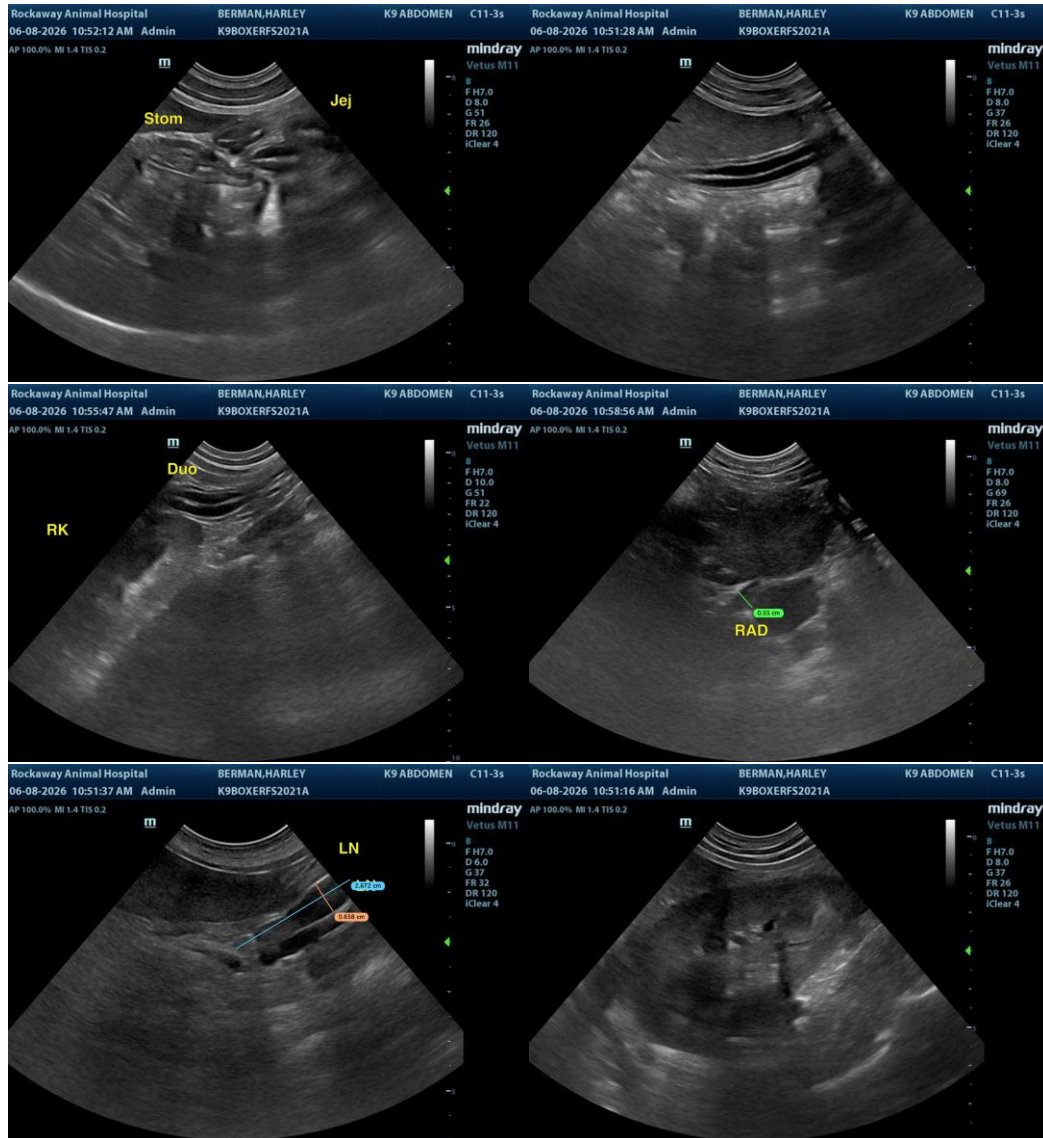
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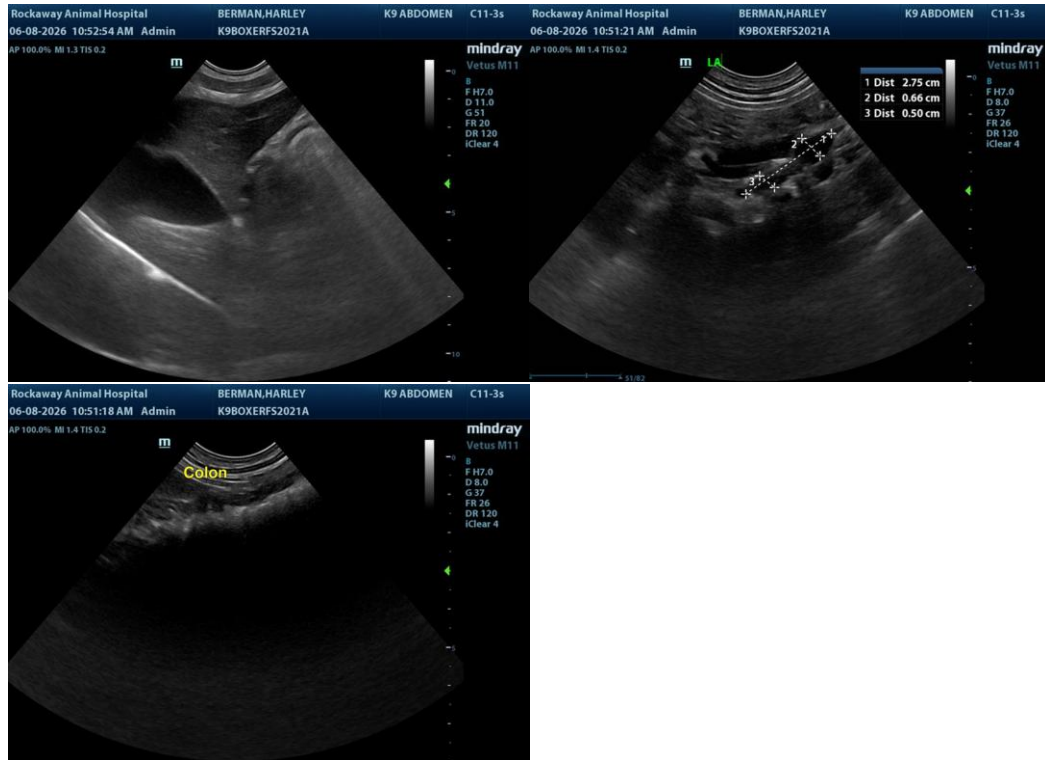
Dr Maniar

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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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