



PATIENT

Dunkin Story

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

5yr

WEIGHT

6.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow
Veterinary Center

REFERRING VET

Matthew Olcha

INVOICE

23533

DATE

01/12/2026

PRESENTING CLINICAL SIGNS

Presents for intermittent vomiting and abdominal pain. Went to local ER on 1/5 for vomiting. CBC/chem and abdominal x-rays found to be normal. P was treated with fluids and cerenia and sent home with cerenia and cisapride. P did better until medications finished, then signs recurred. P does have a Hx of dietary indiscretion and prior foreign body Sx.

Abnormal PE/Chem/CBC/UA Results: Painful abdomen, otherwise exam NSF SpecCPL pending, restarted cerenia and prescribed gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 4.2 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing hypoechoic ingesta sonographically suggestive of food echogenicity with no signs of obstruction to pyloric outflow.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty intestinal lumen with mild segmental non-shadowing ingesta / chyme.

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Pancreas

The area of the pancreas was sonographically normal.

SEX

MN

Free Abdomen

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

AGE

5yr

Primary

- Sonographically normal gastrointestinal tract with non-shadowing gastric and segmental intestinal ingesta.
- Sonographically unremarkable area of pancreas.
- Variable formed fecal matter in colon.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

No evidence of significant or definitive visceral pathology as an obvious cause of the patient's intermittent gastrointestinal signs or abdominal pain. Correlation with pending spec cPL and assessment for cranial abdomen/ subxiphoid discomfort on palpation as mild to chronic pancreatitis may present sonographically normal is recommended. If documented fasted, some degree of metabolic or functional non-obstructive gastric ileus or delayed gastric emptying may be possible. No evidence of gastrointestinal foreign material or mechanical intestinal obstruction.

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Smaller, more frequent feedings of a canned novel protein or hydrolyzed diet trial and as needed gastric protectants may prove beneficial. Sonographic reassessment indicated if persistent or progressive gastrointestinal signs.

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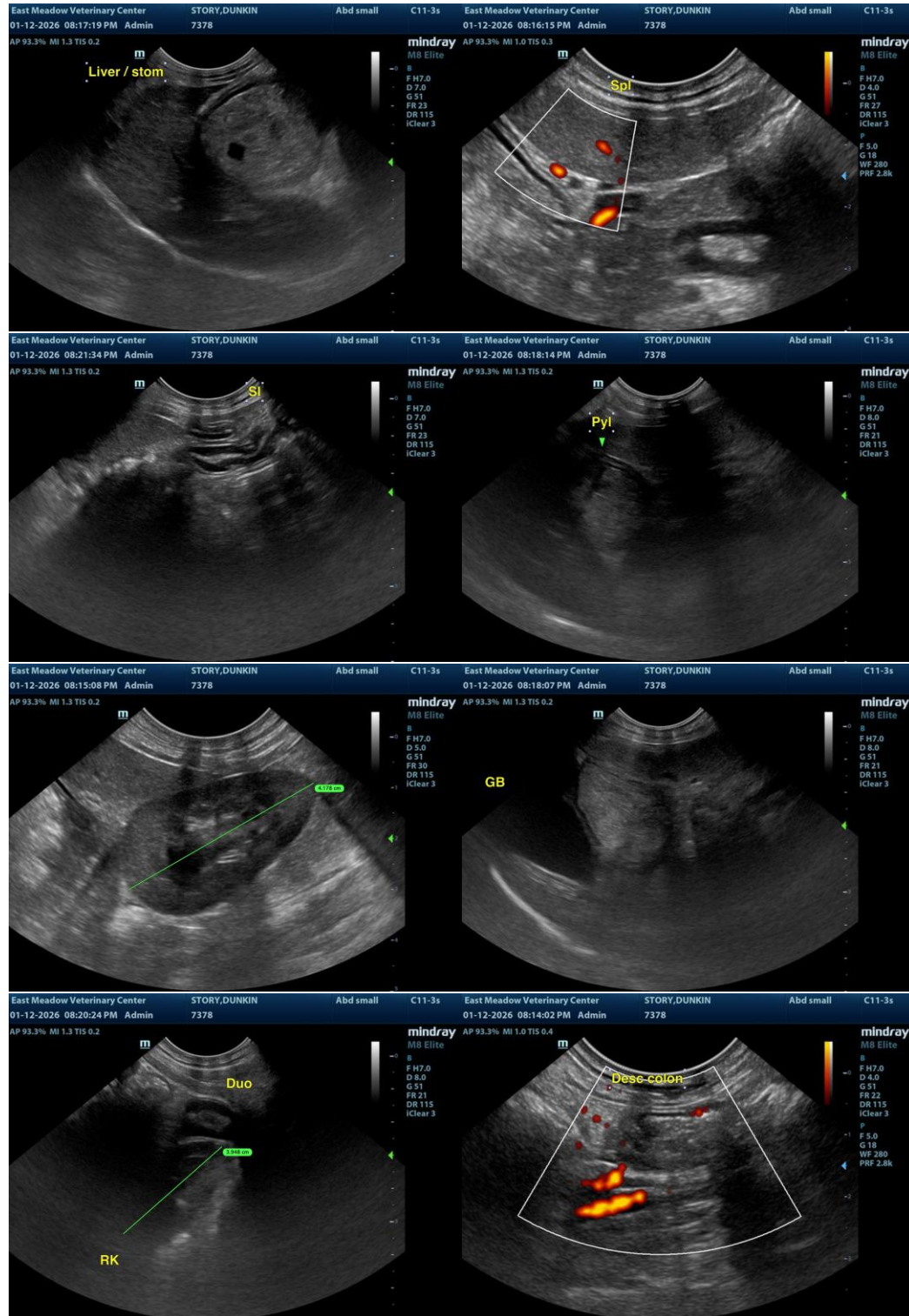
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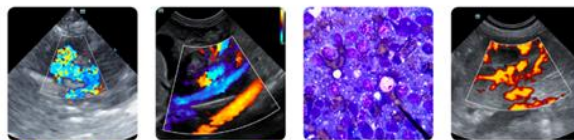
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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