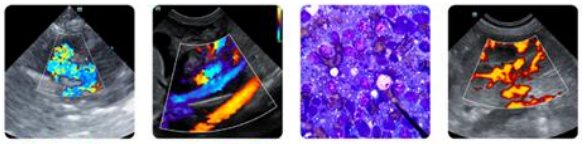


PATIENT

Holly Boglioli

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

3

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
23510

DATE
01/12/2026

PRESENTING CLINICAL SIGNS

Hacking with blood in it

Abnormal PE/Chem/CBC/UA Results: WBC 19.07

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 mild to moderate dependent to non-dependent sediment. 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 4.1 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland measured 0.61 cm width at the caudal pole.

Spleen

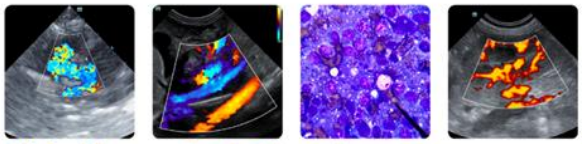
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy, most notable in the area of the antrum and pylorus. Intact wall layering was maintained and distinct. The pylorus wall measured 0.54 cm width. Moderate gastric distension with primarily anechoic fluid and chyme was



PATIENT

Holly Boglioli

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

3

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
23510

DATE
01/12/2026

present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The intestinal walls demonstrated overall intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental primarily jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with soft to non-formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile gastritis pattern with moderate retained gastric fluid
- Non-specific potentially acute enteritis exhibiting segmental to primarily generalized mild intestinal ileus
- Soft to non-formed fecal matter in colon
- Normal area of pancreas

Secondary

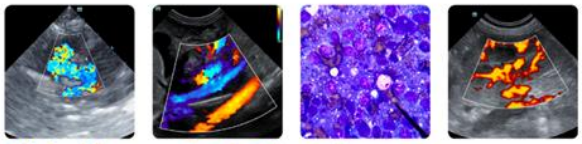
- Overtly normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion /intolerance, enterotoxic insult, acute inflammatory bowel, infectious disease, occult parasitism, mild pancreatitis all potentials. Occult neoplasia or non-obvious potentially passing intestinal foreign body felt less likely. A screening cortisol level to rule out occult Addison's disease is warranted.

Gastric evacuation with broad-spectrum gastrointestinal support, including broad-spectrum gastroprotectants given potential for non-obvious or gastrointestinal micro-ulceration with clinical monitoring over the next 18 to 24 hours is recommended. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs or evidence of progressive gastrointestinal ileus.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Holly Boglioli

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

3

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

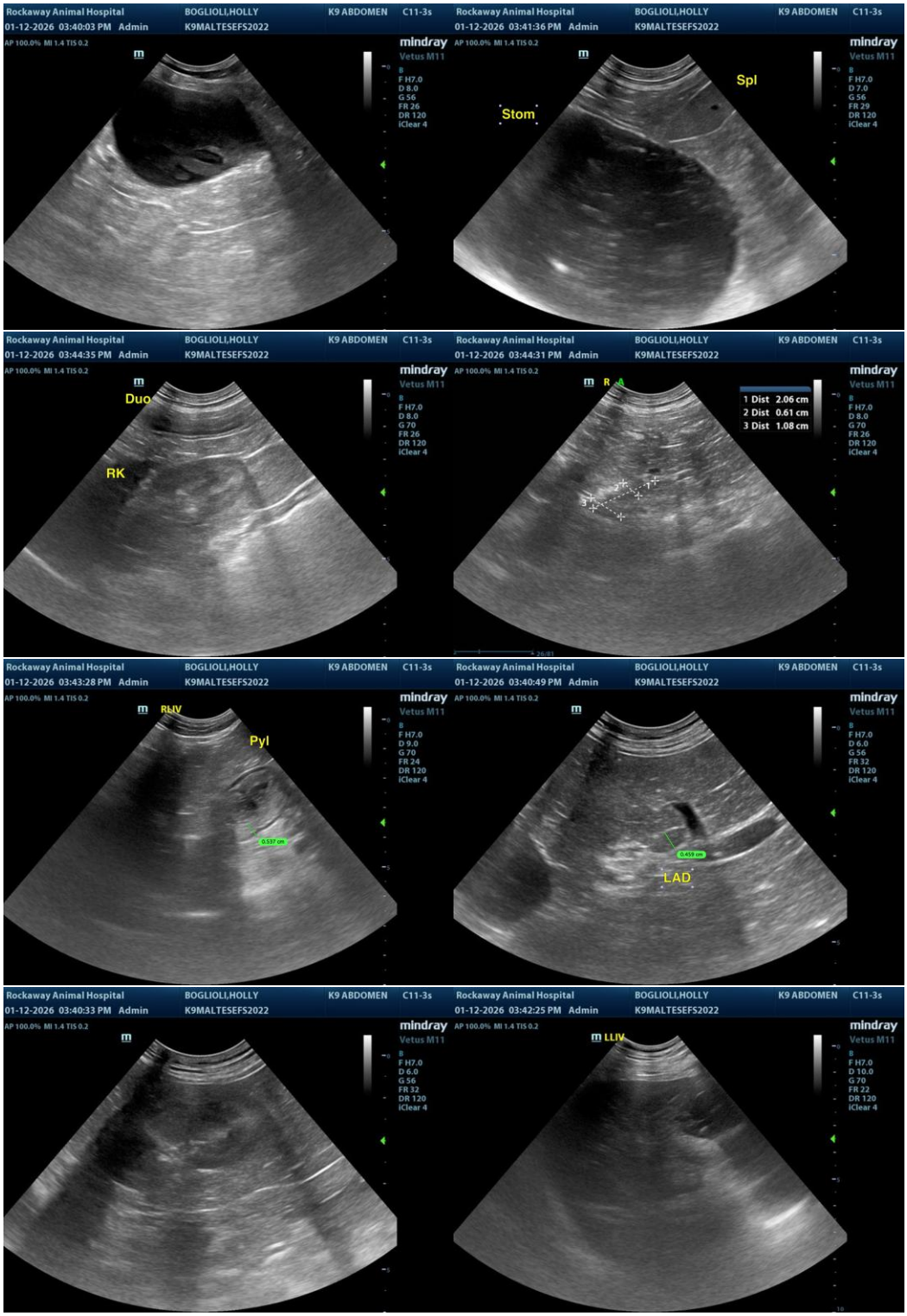
Rockaway Animal Hospital

REFERRING VET

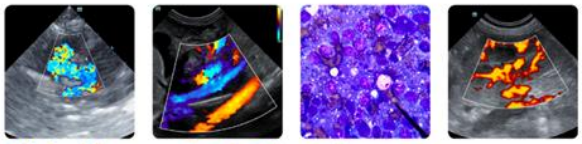
Dr Maniar

INVOICE
23510

DATE
01/12/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Holly Boglioli

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

3

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

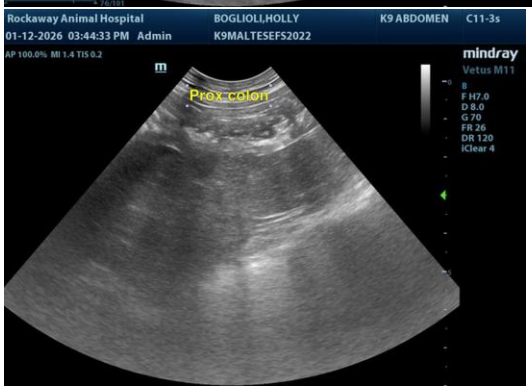
Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
23510

DATE
01/12/2026



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