



PATIENT

Layla Rpobels

SPECIES

Canine

BREED

Pitbull

SEX

F

AGE

3

WEIGHT

90

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Bassem

INVOICE

23534

DATE

01/12/2026

PRESENTING CLINICAL SIGNS

Lethargy Melina Anorexia

Abnormal PE/Chem/CBC/UA Results: Bw- Non reg. Anemia CBC with path review- pending Pale mm PCV- 20

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.

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 7.2 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt visualized pathology in the area of the uterus. The bilateral ovaries were not definitively visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with segmental lumen gas and no signs of obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

SEX

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Primary

- Overall sonographically normal abdomen
- Mild non-shadowing gastric ingesta-consistent with food echogenicity

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs or anemia. No definitive evidence of neoplastic criteria. Correlation with pending CBC pathology review is warranted. Consideration for fresh fecal analysis, screening cortisol level or a GI panel to include PLI/TLI/Cobalamin/Folate is suggested.

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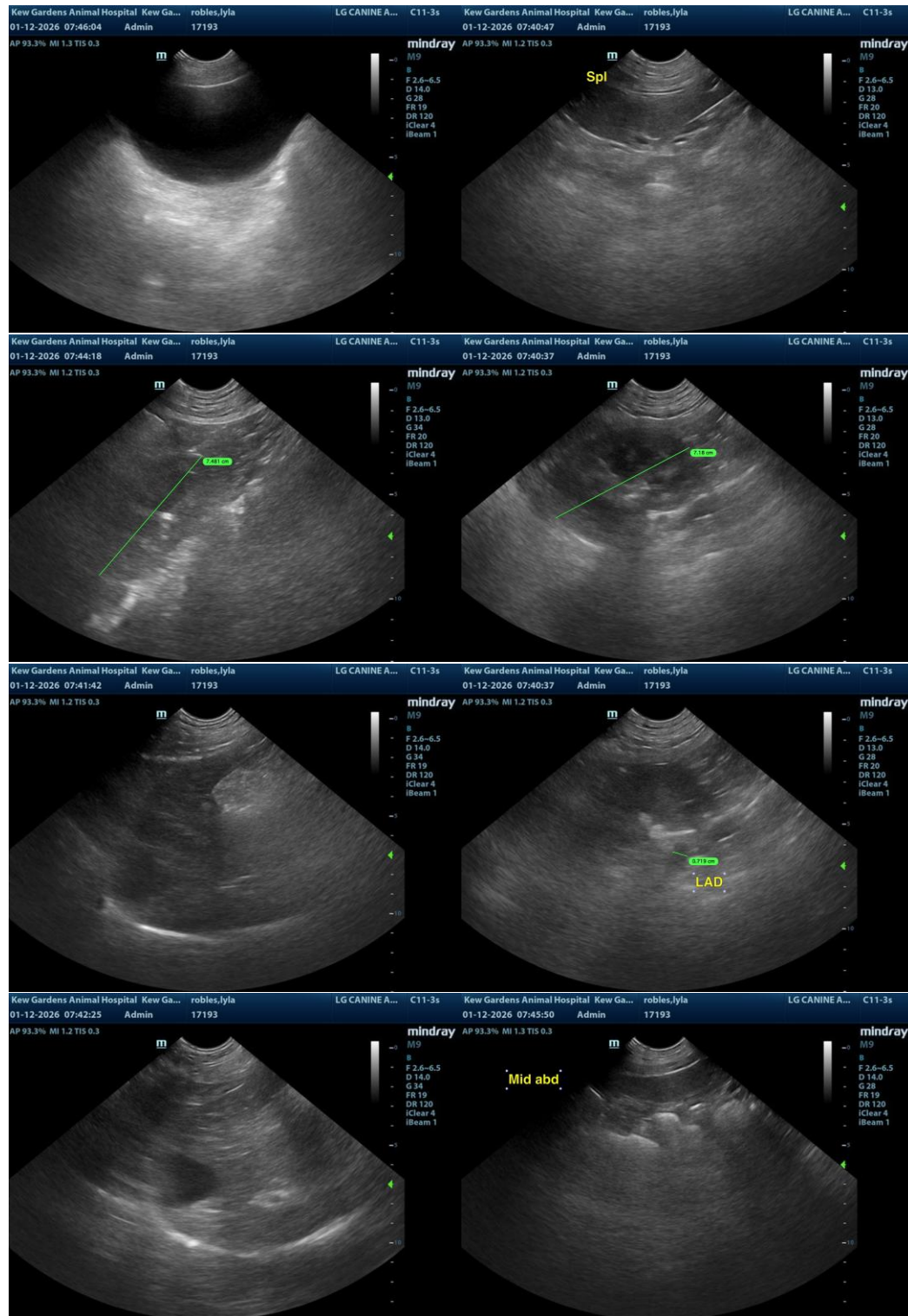
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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info@sonopath.com

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