



PATIENT

Floki Vega

SPECIES

Canine

BREED

Shih Tzu

SEX

M

AGE

3yr

WEIGHT

4.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Ray

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Ray

INVOICE 23597

DATE
01/18/2026

PRESENTING CLINICAL SIGNS

Anorexia, vomited once last Thursday, lethargic, and moderate wheezing, which increased with pressure on the belly area.

Abnormal PE/Chem/CBC/UA Results: Leukocytosis, Neutrophilia, Monocytosis.

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 3.0 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate gland was not definitively visualized.

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

The stomach presented intact visible gastric wall. The stomach exhibited mild to moderate distension with gas. No obvious obstruction to pyloric outflow visualized.



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The visualized segments of small intestine exhibited intact normal wall layering with overall empty intestinal lumen. Mild segmental intestinal gas present to the level of the colon.

Normal visible colon wall layers were present with semi formed feces and lumen gas.

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

BREED

Shih Tzu

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

ULTRASONOGRAPHIC FINDINGS

SEX

M

Primary

- Mild to moderate gas distended stomach
- Normal empty small intestine with mild segmental intestinal gas
- Semi-formed fecal matter in colon
- Normal area of pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No obvious evidence of mechanical gastrointestinal obstruction or foreign material, although assessment of the gastric interior was limited by gas artifact. Empirical therapy for nonspecific gastroenteritis with correlation of current clinical status and sonographic reassessment if persistent or progressive gastrointestinal signs would be reasonable. Occult Addison's disease is considered less likely given evidence of stress leukogram.

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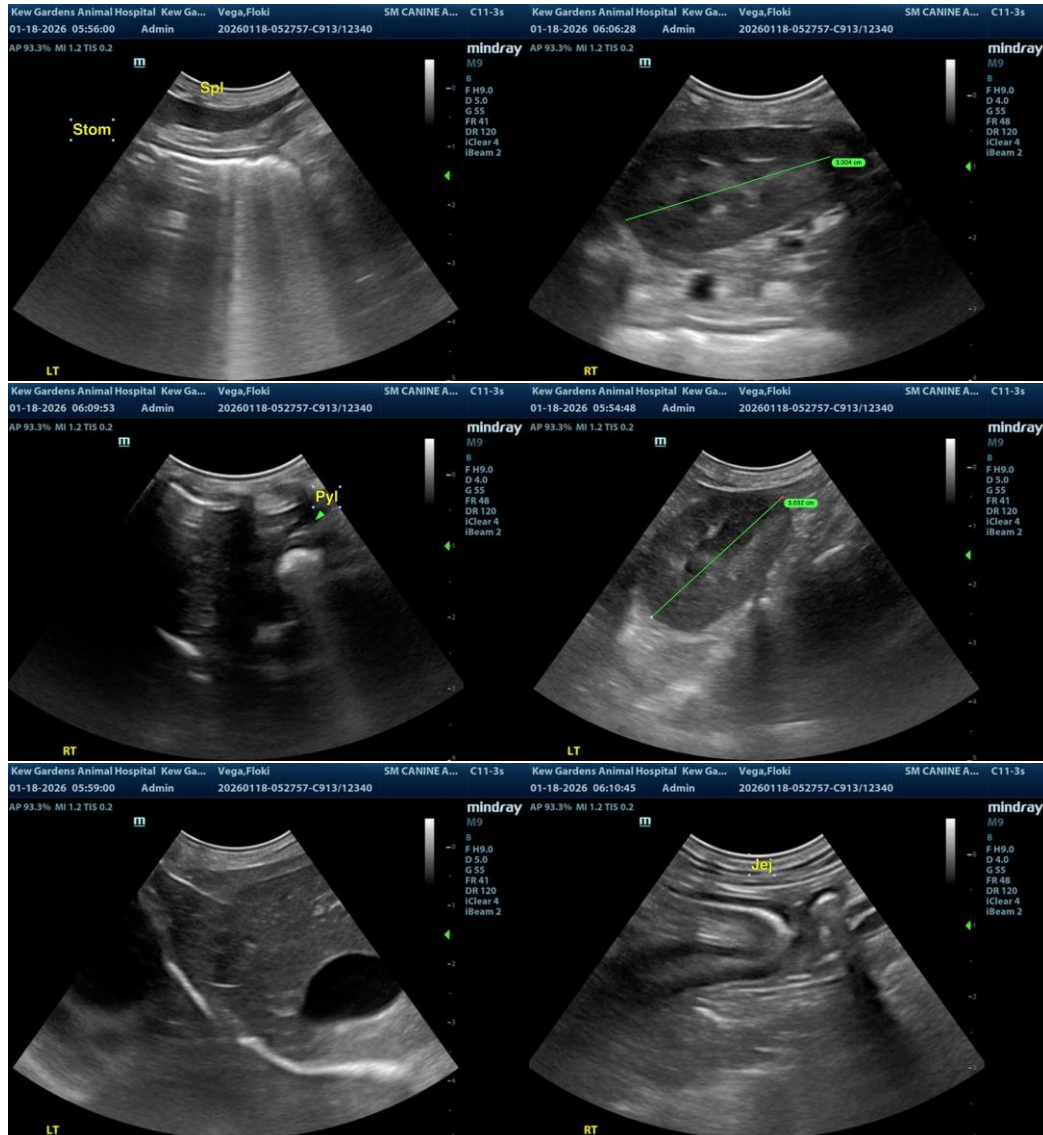
Dr Ray

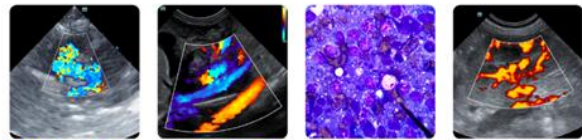
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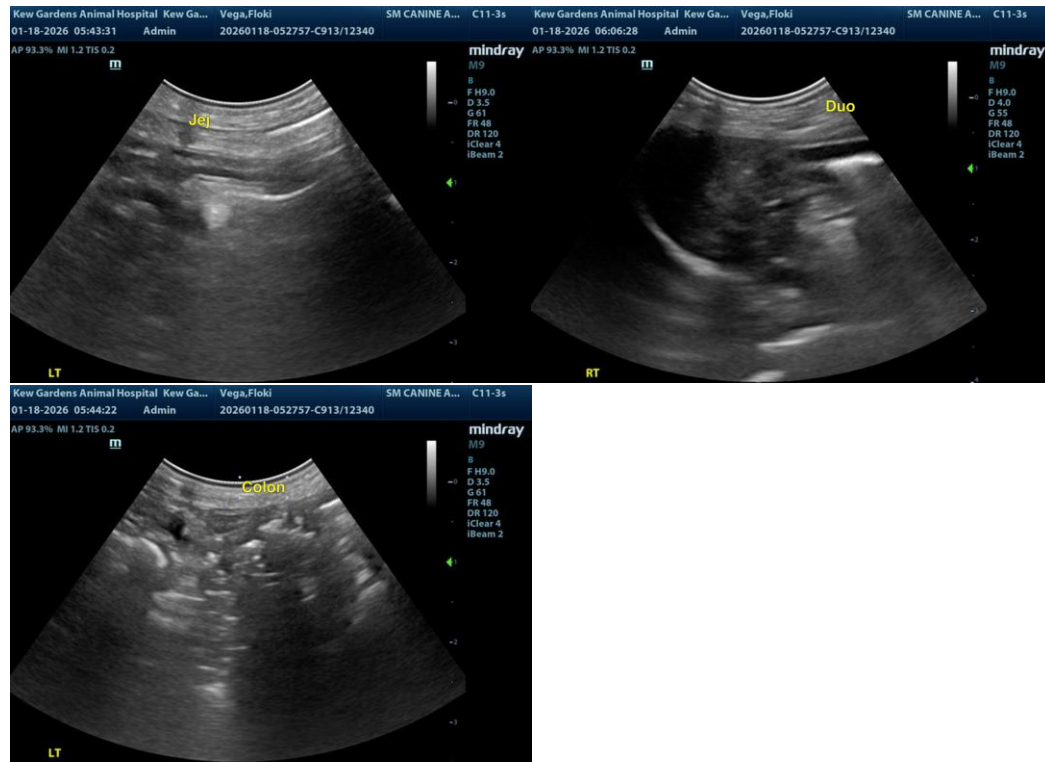
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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