



## PATIENT

Rocco Soriano

## SPECIES

Canine

## BREED

Pitbull

## SEX

MN

## AGE

6yr

## WEIGHT

21kg

## 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

23633

## DATE

01/20/2026

## PRESENTING CLINICAL SIGNS

### History:

- Vomiting since Friday. Wants to eat but is unable to keep anything down. No improvement following treatment with fluids and Cerenia administered yesterday.
- CBC/Chem NS

## 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 6.5 cm in length. The right kidney measured 6.0 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 adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 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



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The stomach presented overall non-distended containing a mild amount of retained variably echogenic non-shadowing ingesta. Variably thickened gastropyloric wall exhibiting a combination of intact indistinct to loss of mural detail was present. Intact non-thickened stomach wall measured ~ 0.3 cm wall width. Intact mildly thickened stomach wall measured 0.67 cm wall width. Areas of thickened gastric wall exhibiting loss of mural detail measured up to 1.0 cm in width.

Ventral pylorus wall 0.74 centimeters wall width.

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. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.44-0.49 cm width.

Normal visible colon wall layers were present with apparent 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**

- Variably thickened stomach wall exhibiting intact indistinct regional loss of gastric mural detail, mild retained non-shadowing gastric ingesta
- Sonographically normal empty small intestine.
- Normal area of pancreas

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the primary finding of the variable thickened stomach may indicate inflammatory, infectious, granulomatous or neoplastic etiologies. Definitive evidence of obstruction to pyloric outflow was not obvious which may suggest metabolic or functional gastric ileus. Upper gastrointestinal endoscopy if available would be ideal for further assessment of the pyloric outflow and potential for gastric biopsies.

Supportive care including gastric protectants, canned hydrolyzed diet trial with possible slurry feeding with avoidance of dry food +/- empirical therapy for helicobacter with clinical and sonographic monitoring is recommended. Three view chest radiographs and screening cortisol level to rule out occult disease is suggested. Surgical gastric biopsies may be required for definitive diagnosis.



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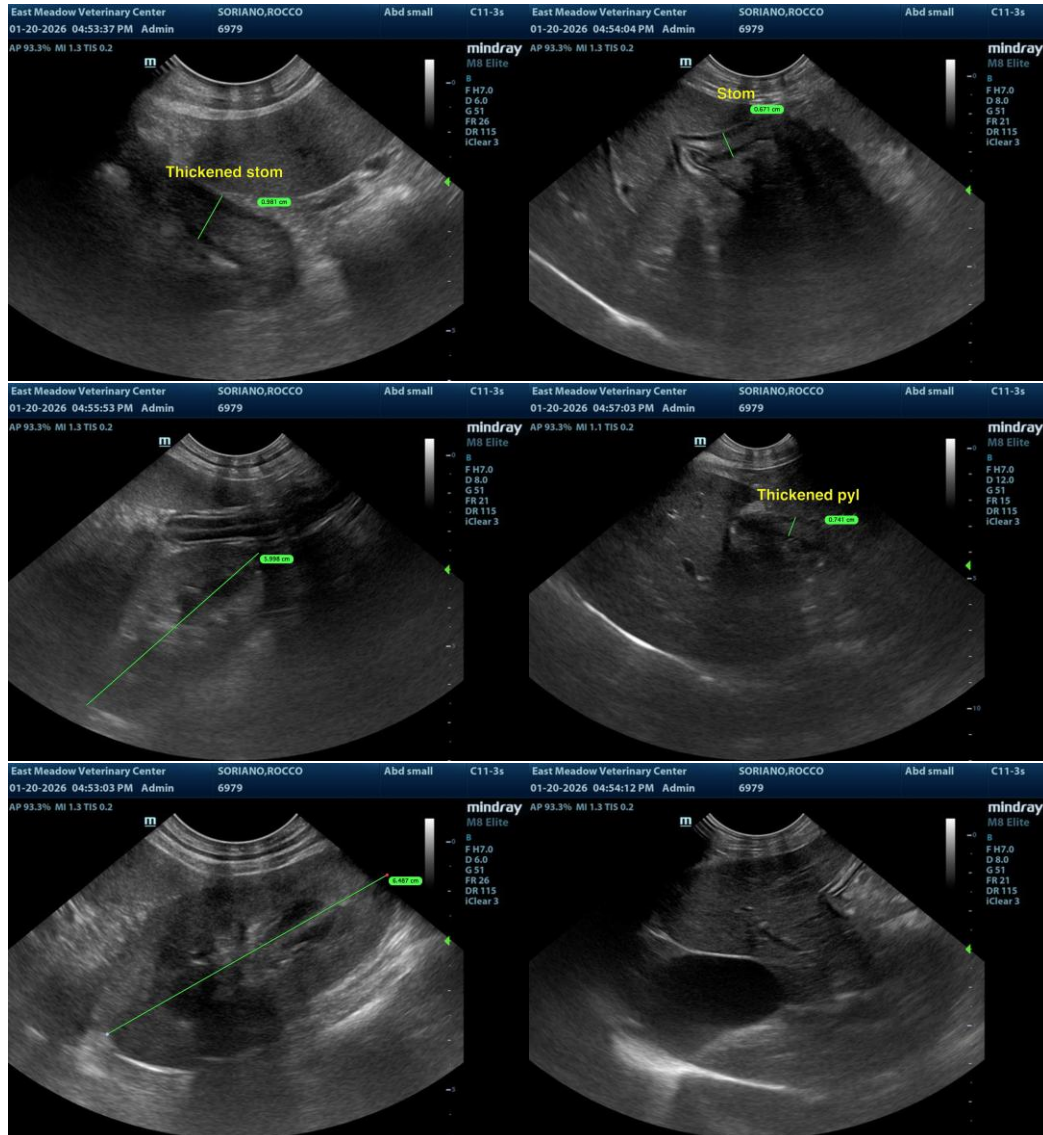
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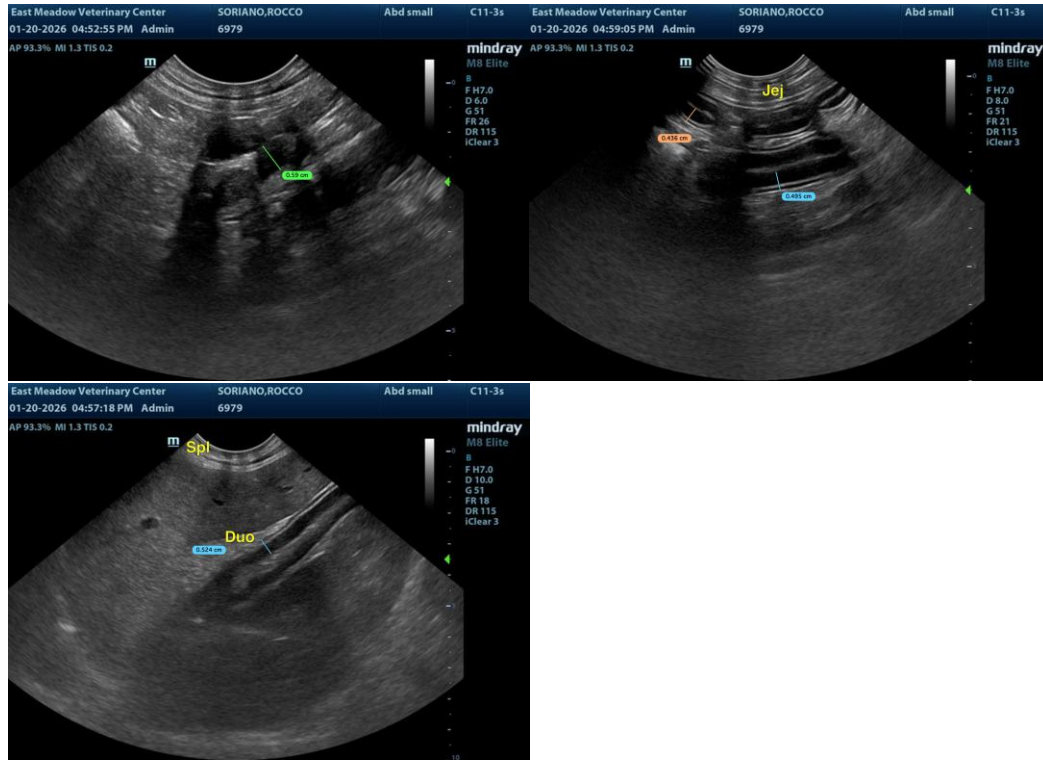
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)