



PATIENT	PRESENTING CLINICAL SIGNS
Billie Jo	<ul style="list-style-type: none"> Excessive vomiting since last Saturday, Monday, the owner presents the patient for vomiting excessively with blood, Anorexia since last Saturday, no diarrhea.
SPECIES	<ul style="list-style-type: none"> The owner mentioned that all the signs started last Saturday after the owner gave a cheese stick as a treat, and is not sure if the patient swallowed the whole stick or chewed it. Treatment started Monday with Sucralfate, Famotidine, I/D diet, and Metronidazole.
Canine	
BREED	<ul style="list-style-type: none"> The owner presents the patient again today for one episode of vomiting with less blood in it.
Cavalier King Charles	
SEX	Abnormal PE/Chem/CBC/UA Results: GGT slight elevation and all the other markers within the normal levels.
FS	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
4yr	Urinary System
WEIGHT	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 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.
21.3lb	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 3.3 cm in length. Probable underestimation of left kidney size. The right kidney measured 4.9 cm in length.
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.41 cm width at the caudal pole The right adrenal gland subjectively measured .037 cm width at the caudal pole.
Dr Ray	Spleen
HOSPITAL NAME	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.
Kew Gardens Animal Hospital	Liver/Gallbladder
REFERRING VET	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
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PATIENT	non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Billie Jo	
SPECIES	Gastrointestinal
Canine	The stomach presented primarily normal intact wall layering with borderline thickened pylorus wall. The stomach contained a mild to moderate amount of ingesta and mild lumen gas. The ventral gastric body wall measured 0.33 cm in width. The pylorus wall measured 0.45 cm in width.
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, primarily mild non-shadowing ingesta without obstructive pattern to the level of the colon.
Cavalier King Charles	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
FS	The area of the pancreas was sonographically normal.
AGE	Free Abdomen
4yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
21.3lb	Primary
	<ul style="list-style-type: none">Intact primarily sonographically normal gastrointestinal wall with borderline thickened non-obstructive pylorus wall and gastrointestinal ingestaNormal area of pancreas
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of mechanical gastrointestinal obstruction secondary to gastrointestinal mass, foreign body, or stricture. Mild to possibly resolving gastritis or gastroenteritis is favored. Correlation with most recent meal ingestion given presence of gastrointestinal ingesta is recommended. If documented NPO, the gastric ingesta most suggestive of food echogenicity may suggest some degree of associated or secondary non-obstructive delayed gastric emptying or metabolic gastric ileus.
IMAGING PERFORMED BY	Documented NPO with sonographic monitoring of gastrointestinal motility if clinically indicated could be considered. Continued gastrointestinal support and dietary therapy assuming clinical improvement would be reasonable. A screening cortisol level to rule out occult Addison's disease is suggested.
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PATIENT

Billie Jo

SPECIES

Canine

BREED

Cavalier King Charles

SEX

FS

AGE

4yr

WEIGHT

21.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Ray

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

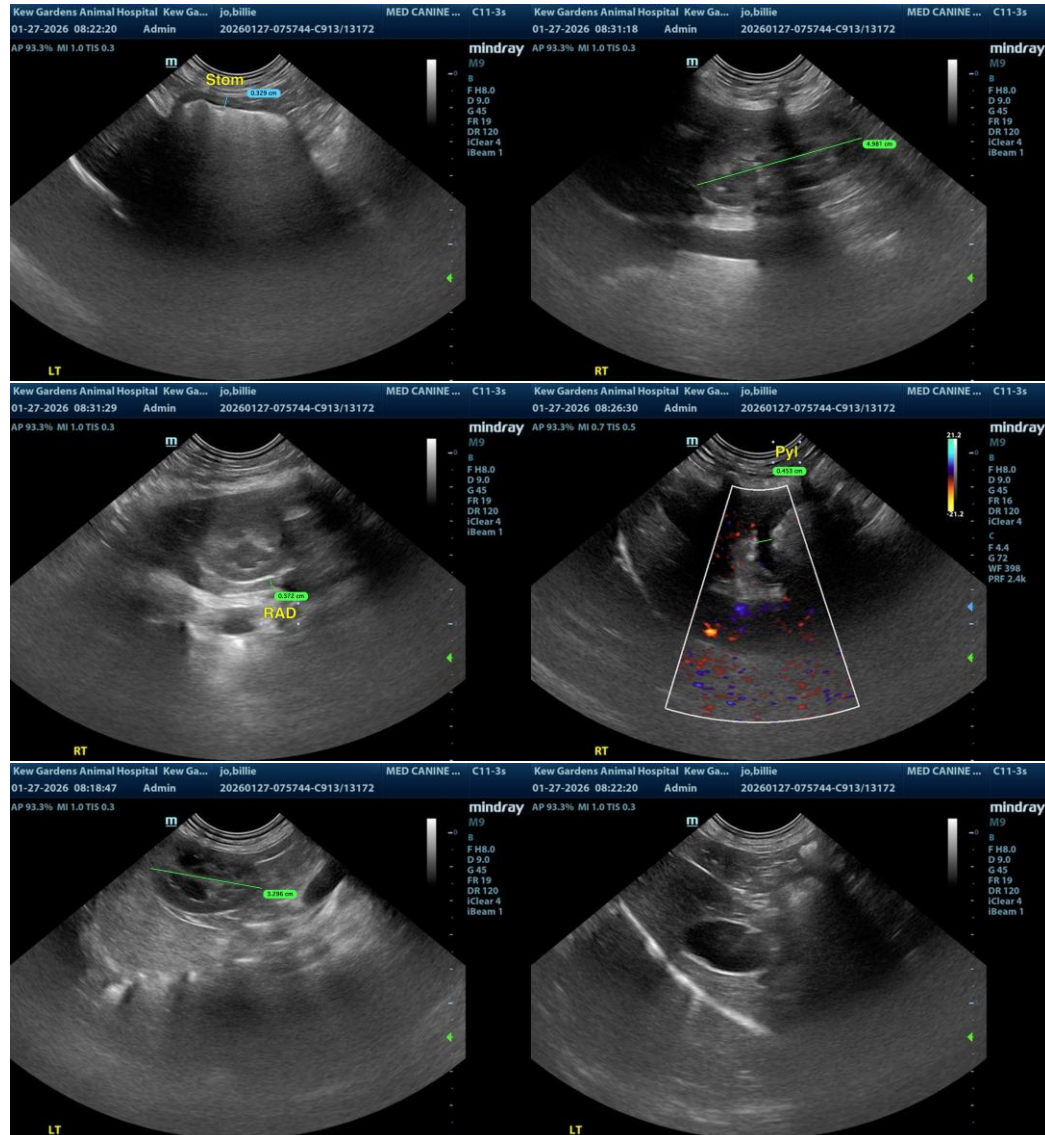
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PATIENT

Billie Jo

SPECIES

Canine

BREED

Cavalier King Charles

SEX

FS

AGE

4yr

WEIGHT

21.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Ray

HOSPITAL NAME

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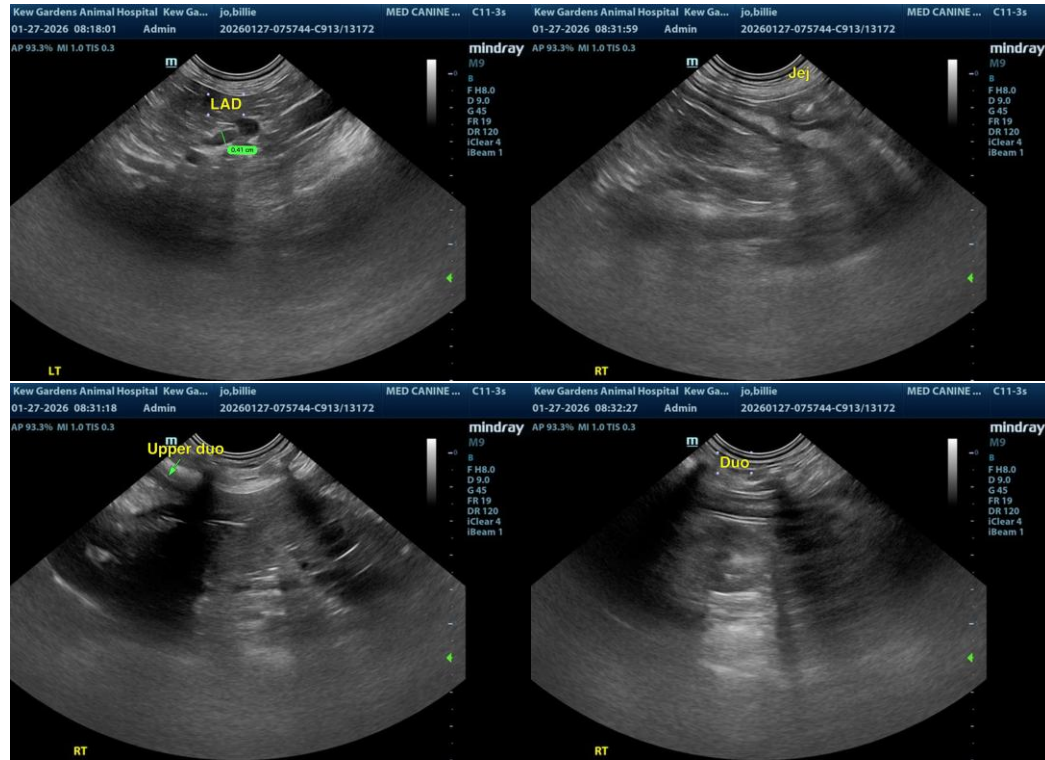
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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