



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Maxie Yehuda	MILD TO MODERATE TACHYPNEA VOMITED ONCE Abnormal PE/Chem/CBC/UA Results: MILD TO MODERATE LUNG WHEEZING BW- WNL RADIOGRAPH - SUSPECTED INGESTA OPACITY IN THE STOMACH AREA, STOMACH IS DISTENDED WITH AIR, LEFT HIP DYSPLASIA, MILD RIGHT LUNG INTERSTITIAL PATTERN
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Westie	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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>SEX</b>	
MN	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 4.5 cm in length. The right kidney measured 4.8 cm in length.
<b>AGE</b>	
10	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
19.1	The left adrenal gland was indistinctly visualized. The left adrenal gland measured 0.46 cm width. The right adrenal gland was visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Sharkaway	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. 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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Kew Gardens Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The stomach appeared to be mildly distended with luminal gas. Mild retained non-shadowing ingesta/chyme was present in the area of the antrum and pylorus with no overt signs of ileus, obstruction or foreign material. The gastric body wall measured 0.6 cm in width.
<b>REFERRING VET</b>	
Dr. Sharkaway	The small intestine presented intact yet mildly prominent wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal chyme was present with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.38 cm width.
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**PATIENT**

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

Maxie Yehuda

**Pancreas**

**SPECIES**

The pancreas was normal in size with subtle non-homogeneous to hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

Canine

**Free Abdomen**

**BREED**

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

Westie

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Mild gastritis pattern with mild to moderate gastric gas distention
- Sonographically unremarkable small bowel
- Possible low-grade pancreatitis

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No obvious evidence of GI foreign material or mechanical GI obstructive pattern was observed. Technically while the presence of mild to moderate gastric gas distention prohibited full evaluation of the gastric interior, the possibility of a small mobile gastric foreign body cannot be definitively excluded yet no overt indication for immediate surgical intervention.

10

**WEIGHT**

Empirical therapy for gastritis with as needed GI support and sonographic/radiograph monitoring of the stomach for evidence of persistent or progressive gas dilation would be reasonable.

19.1

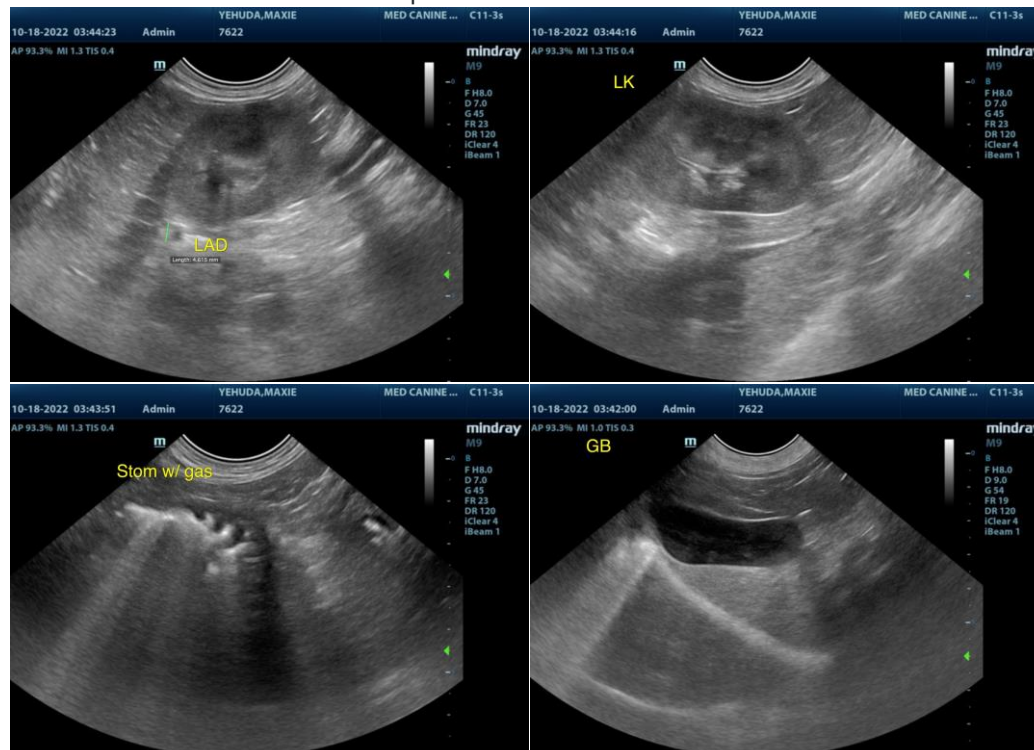
**INTERPRETED BY**

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

No evidence of intra-abdominal neoplastic criteria.

**IMAGING PERFORMED BY**

Dr. Sharkaway



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**PATIENT**

Maxie Yehuda

**SPECIES**

Canine

**BREED**

Westie

**SEX**

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**AGE**

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**WEIGHT**

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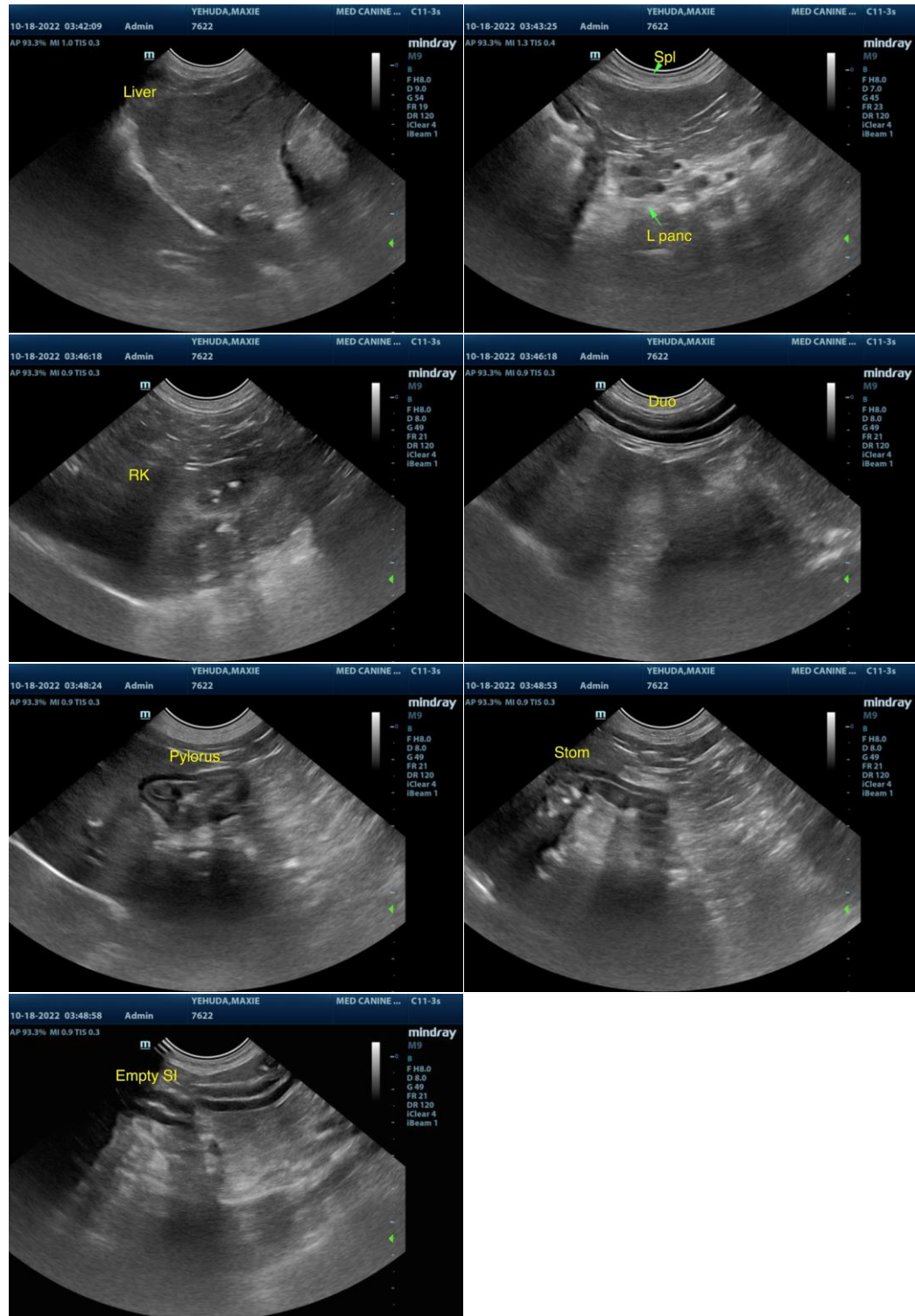
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance please contact me.

Maxie Yehuda

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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Westie

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