



PATIENT

Nube Vivas

SPECIES

Canine

BREED

Pomeranian Mix

SEX

F

AGE

8

WEIGHT

14.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

De Nader

INVOICE

22941

DATE

11/12/2025

PRESENTING CLINICAL SIGNS

Anorexia Ate a Tampon 3 days ago The pet on lactulose for 3 ds

Abnormal PE/Chem/CBC/UA Results: BW-WNL Anorexia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 non-dependent particulate debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The uterine body dorsal to slightly craniodorsal to the urinary bladder was sonographically unremarkable and empty. Suspect mild fluid dilated proximal uterine horn cranial to the urinary bladder containing anechoic to mildly echogenic fluid was present measuring 1.1 cm in diameter.

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 4.3 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

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 mild non-organized primarily gravity dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended in size containing a mild amount of non-shadowing to progressively shadowing ingesta or



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content extending into the pyloric outflow. No evidence of obstruction to pyloric outflow. The area of progressively shadowing gastric content measured 1.2 cm in diameter

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental gas and minor non-shadowing chyme to the level of the colon.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended stomach with non-shadowing to progressively shadowing ingesta/ content
- Empty small intestine
- Mild urine sediment
- Mild gallbladder debris
- Suspect mild fluid dilated proximal uterine horn -non-specific, incidental finding, possible emerging pyometra or similar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The progressive shadowing gastric content may indicate variably dense ingesta although suspicion for non-obstructive partial fluid absorbing material given patient history is warranted. No evidence of gastrointestinal obstructive pattern.

Documented 12-hour fast and sonographic reassessment of the gastrointestinal tract and suspect mild fluid dilated uterine horn would be reasonable. Alternatively, if continued anorexia or progressive gastrointestinal signs, gastrotomy and diagnostic /prophylactic OVH should be considered.



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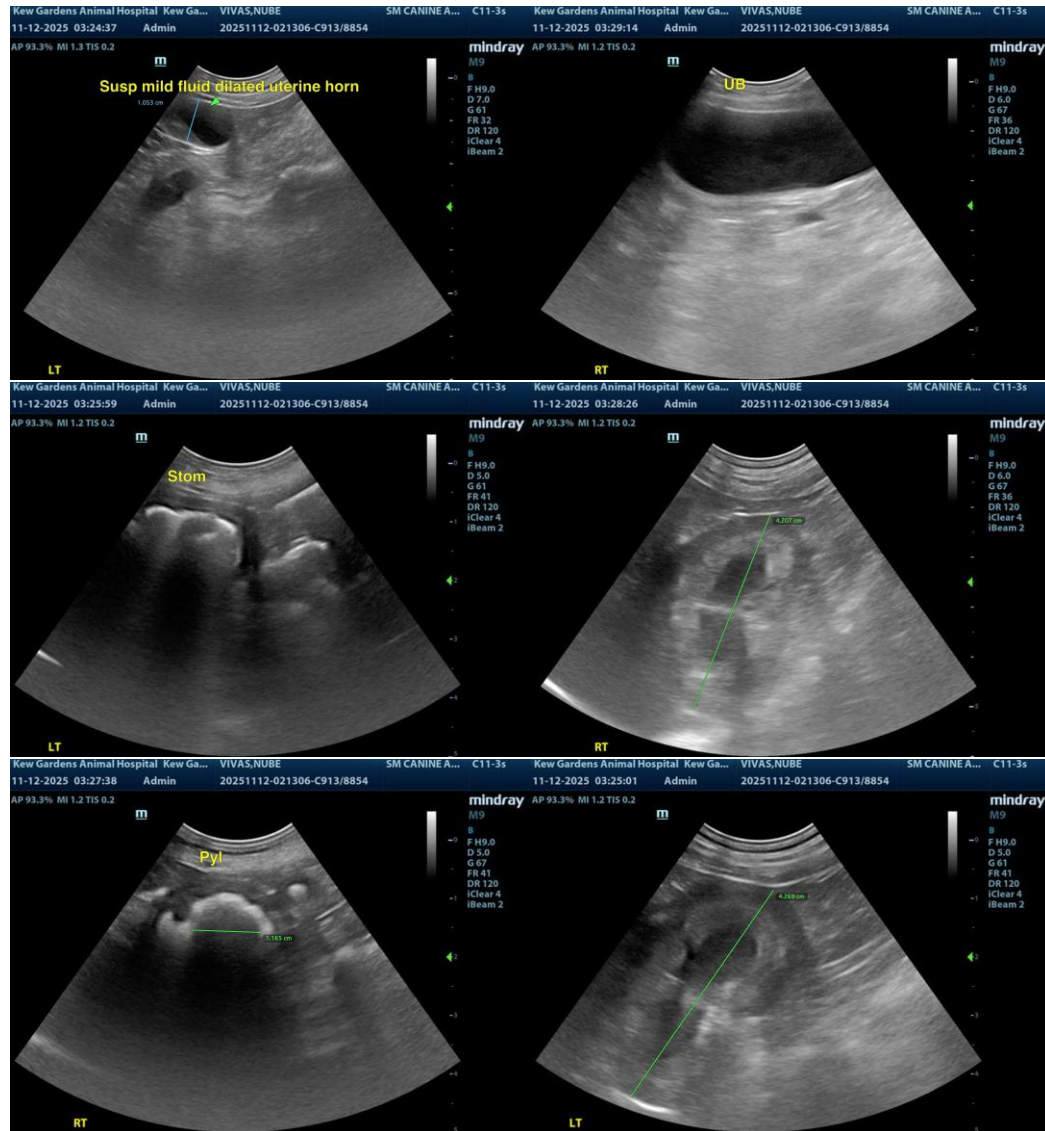
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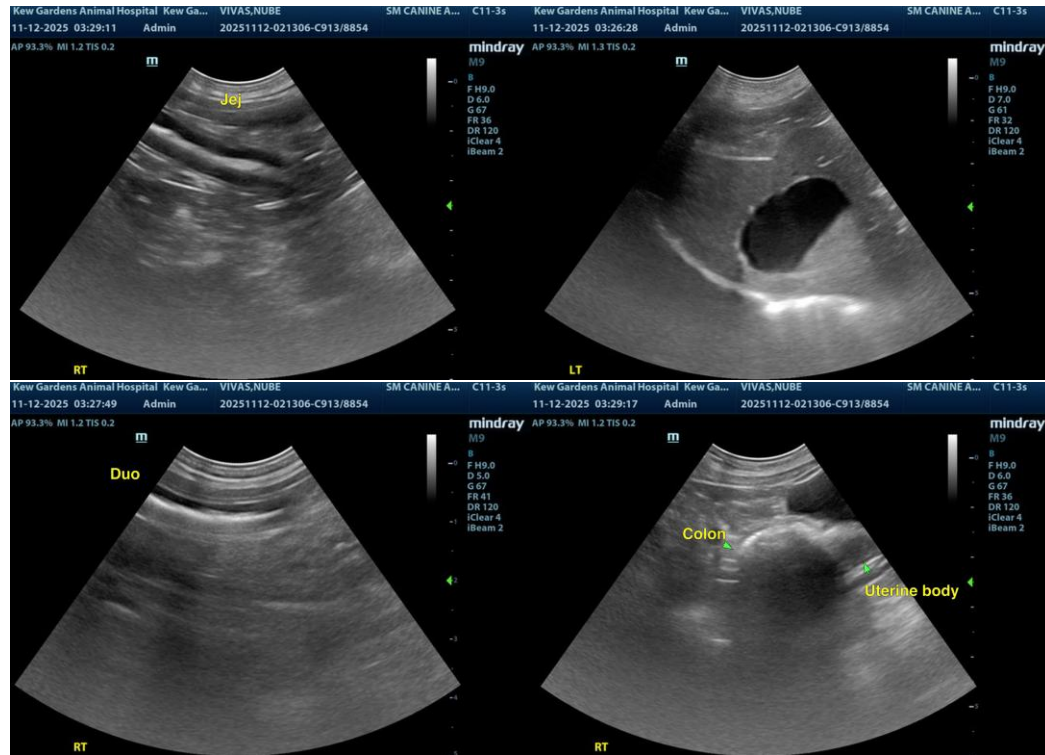
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com