



PATIENT

Nyla Sterling

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

4yrs 11 mos

WEIGHT

42 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Nader

INVOICE

12815

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Presented for acute onset of multiple vomiting for the past 2 days, lethargy, decrease appetite, soft stool, weight loss.

Abnormal PE/Chem/CBC/UA Results: PE: fractious, limited oral exam. Discomfort on abdominal palpation temp- 103.2 cPli test - marked elevated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.9 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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

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 minor, non-dependent, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended in size with lumen gas.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic ileus to the level of the colon.

Normal visible colon wall layers were present with apparent semi-formed to soft feces and lumen gas.

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

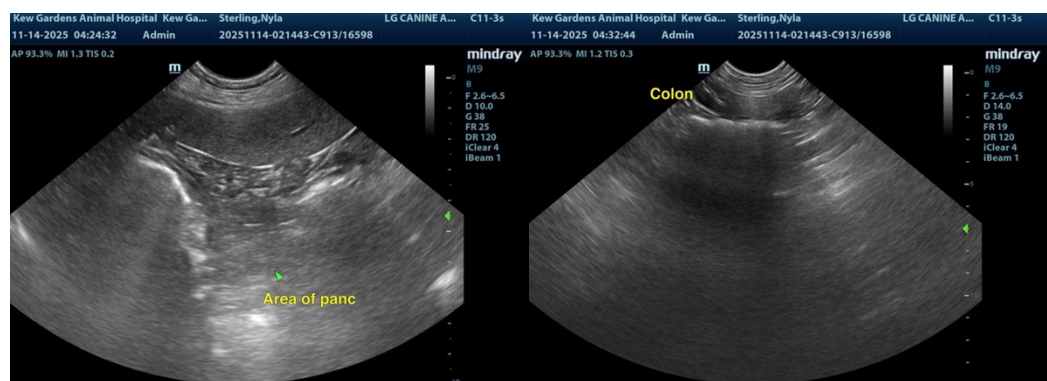
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis pattern
- Semi-formed/soft fecal matter and mild gas in colon
- Sonographically unremarkable area of pancreas
- Minor gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology, obstructive pattern or foreign material. Dietary indiscretion/intolerance, infectious disease, enterotoxic insult, non-structural inflammatory bowel, occult parasitism, occult Addison's disease, mild pancreatitis which may present sonographically normal, all potentials. Gastrointestinal support indicated with clinical monitoring. Given weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level recommended. Sonographic reassessment indicated if persistent or non-responsive gastrointestinal signs or weight loss.





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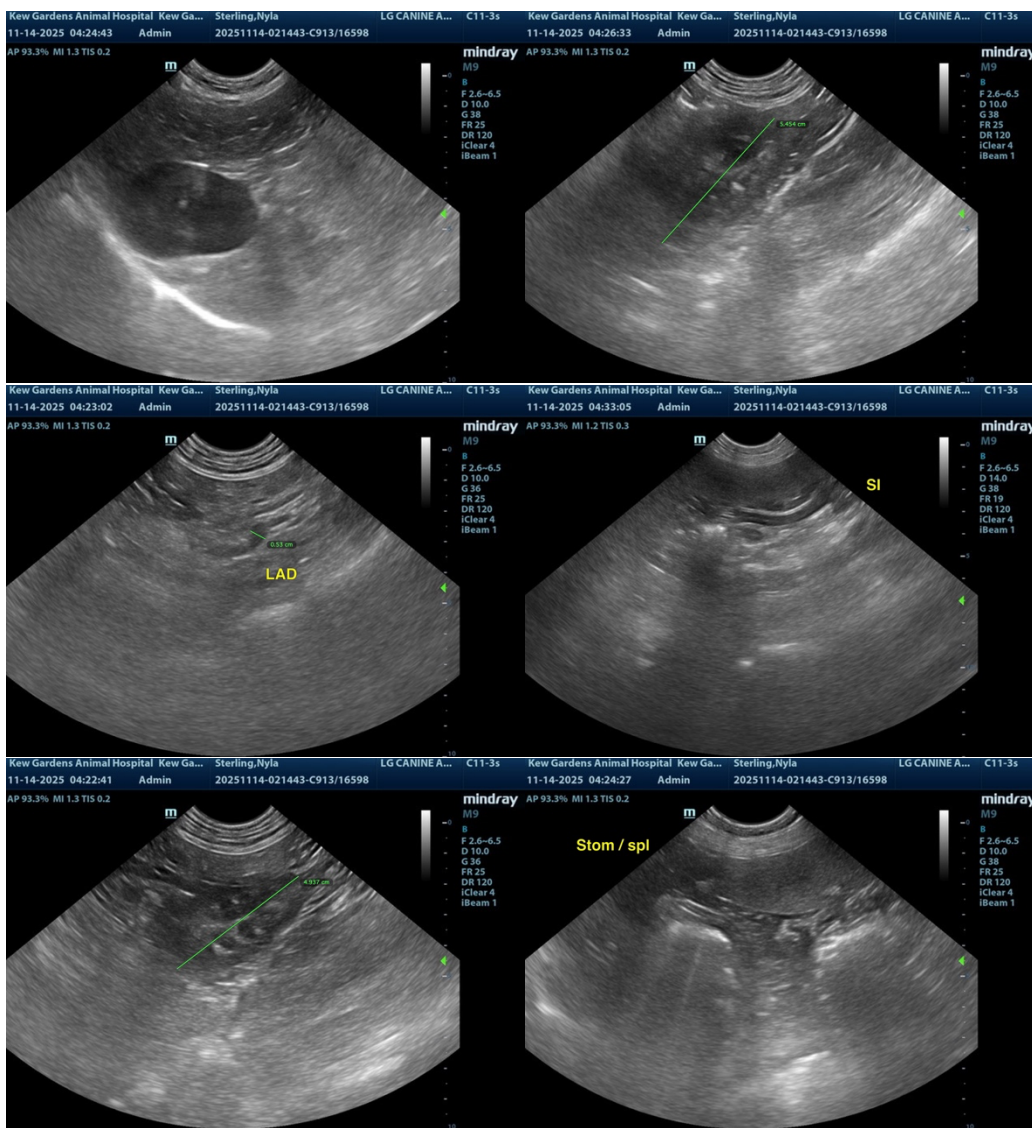
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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