

## PATIENT

Zeke Watts

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Male Intact

## AGE

8 months

## WEIGHT

5.3 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. Ghobrial

## INVOICE

12818

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

History: Presented for 1x vomiting today, no diarrhea. Owner stated possible the pet might have gotten into something.

Abnormal PE/Chem/CBC/UA Results: PE: retained deciduous bilateral upper canine teeth, mild discomfort on abdominal palpation.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 3.1 cm in length. The right kidney measured 3.2 cm in length.

### Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.32 cm width at the caudal pole. The right adrenal gland measured 0.42 cm width at the caudal pole.

### 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.

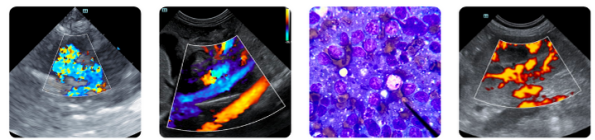
### Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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 mild, non-organized, 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 lumen of the stomach was empty with mild lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mechanical/metabolic ileus to the level of the colon.



**PATIENT**

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

Zeke Watts

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Yorkshire Terrier

Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Male Intact

- Empty gastrointestinal tract
- Mild gallbladder debris
- Intermittent mild benign mesenteric lymphadenopathy – mild hyperplasia or immunologic immaturity

**AGE**

8 months

**WEIGHT**

5.3 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastrointestinal structural pattern or foreign material. Empirical therapy for nonspecific gastroenteritis should prove beneficial. Recheck sonogram if non-responsive or persistent gastrointestinal signs.

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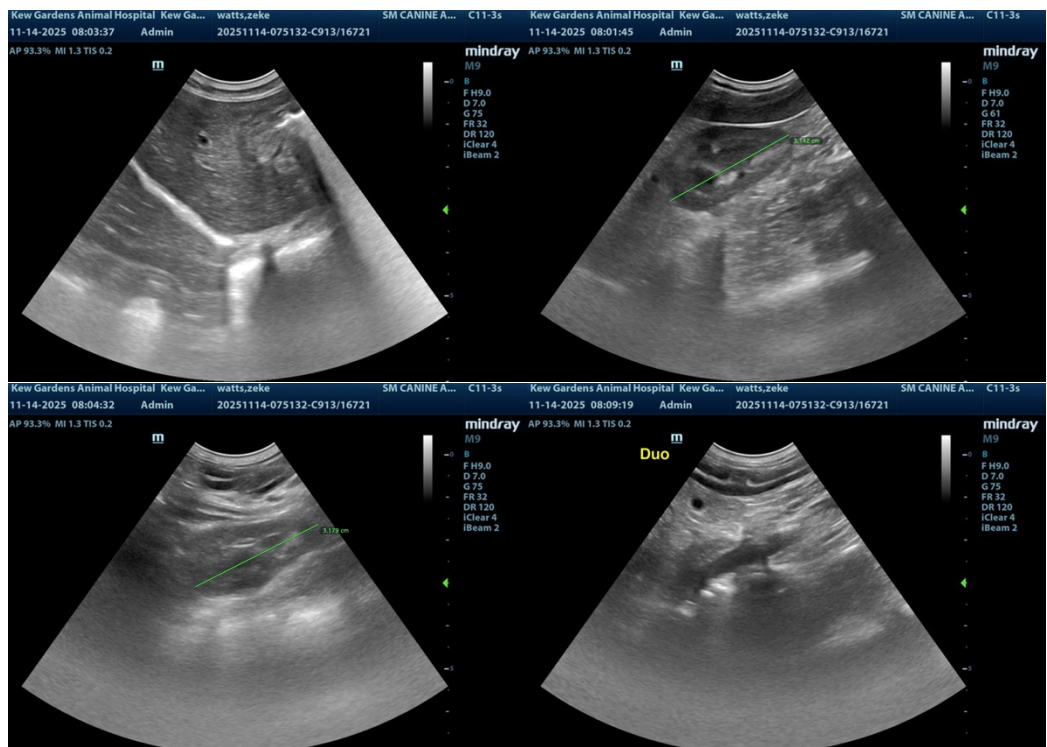
Dr. Ghobrial

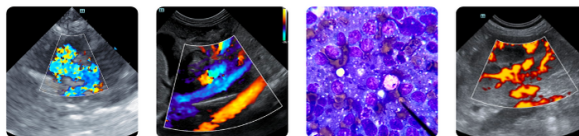
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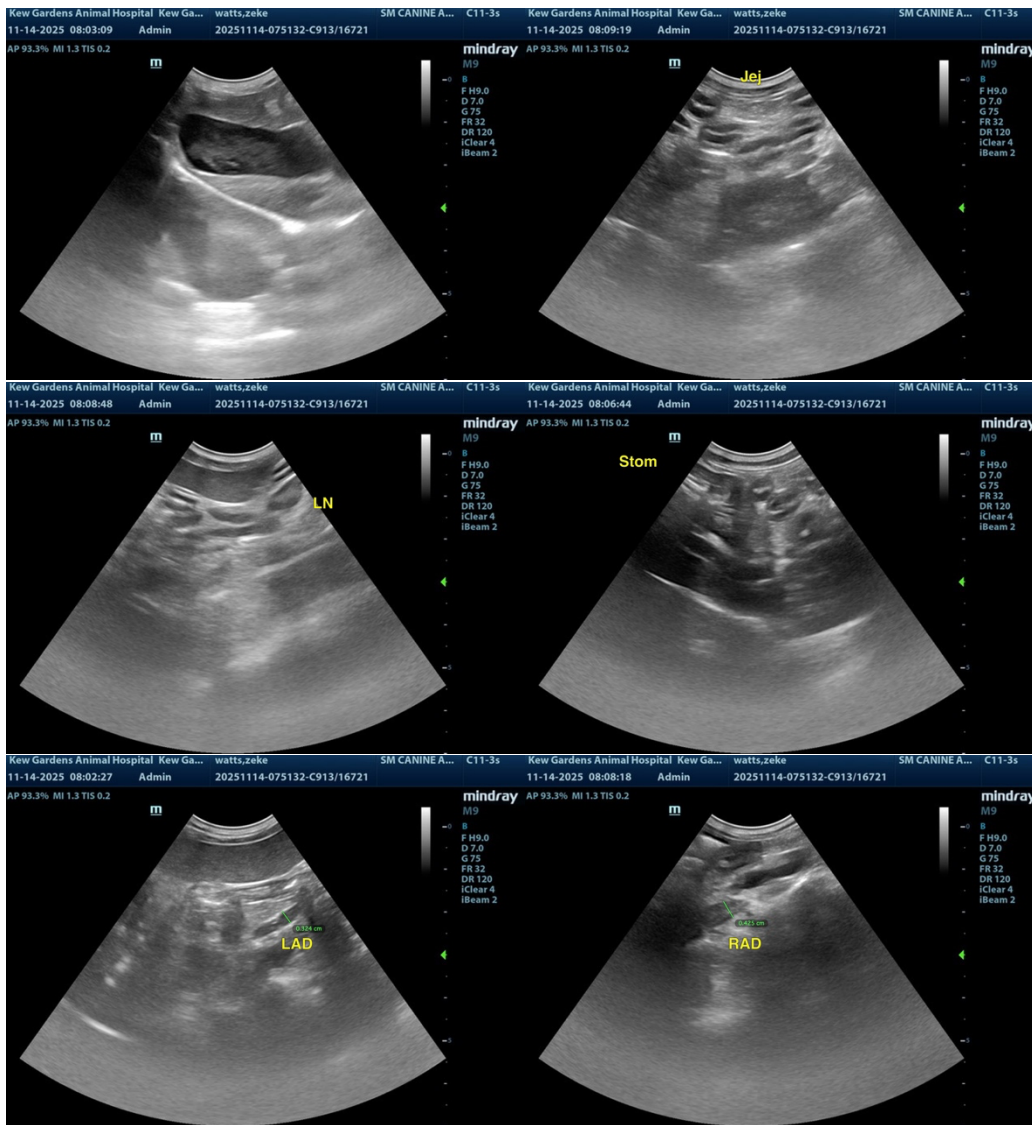
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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