



PATIENT

Mavis Jiminez

SPECIES

Canine

BREED

Shiba Inu Mix

SEX

Male

AGE

5 Months

WEIGHT

13.1

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Nader

INVOICE

12089

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Pet ingested a baby sock, 2 hours ago, pet had 2 fits of explosive diarrhea and abdominal pain with arched back.

Abnormal PE/Chem/CBC/UA Results: Blood work, high WBC, high Lymphocytes and high potassium.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 change were noted.

The prostate exhibited expected presentation for a male puppy without 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 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering. The stomach contained mild primarily nonshadowing ingesta. Within the nonshadowing ingesta, a strongly shadowing mild irregular echo was present measuring approximately 1.5 cm in diameter. No overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty lumen without mechanical/metabolic ileus or shadowing content to the level of the colon.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.



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Pancreas

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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.

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Free Abdomen

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Minor intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Scant pockets of peritoneal free fluid were present most consistent with physiologic free fluid given the patient's age.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

AGE

5 Months

- Retained gastric ingesta with gastric foreign body.
- Normal empty small intestine.
- Semi formed/soft fecal matter in colon.
- Intermittent mild benign mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If available, gastric endoscopy for further assessment and potential retrieval of foreign body is recommended. If endoscopy is not available, laparotomy with gastrotomy is indicated.

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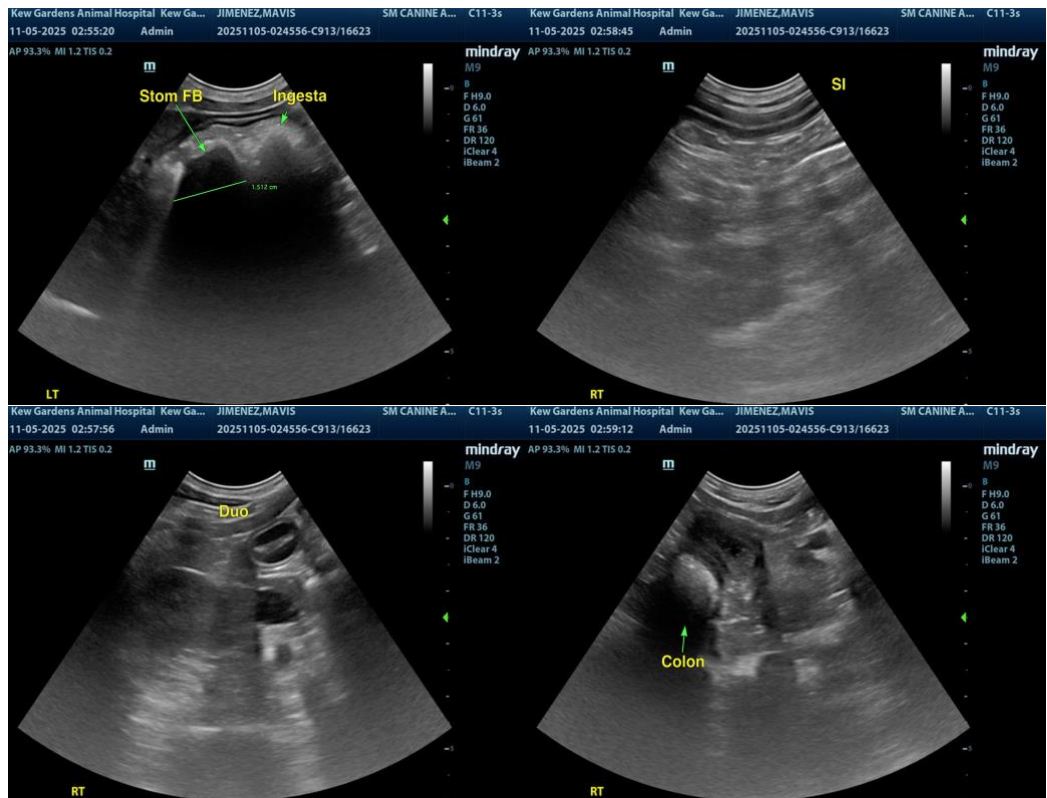
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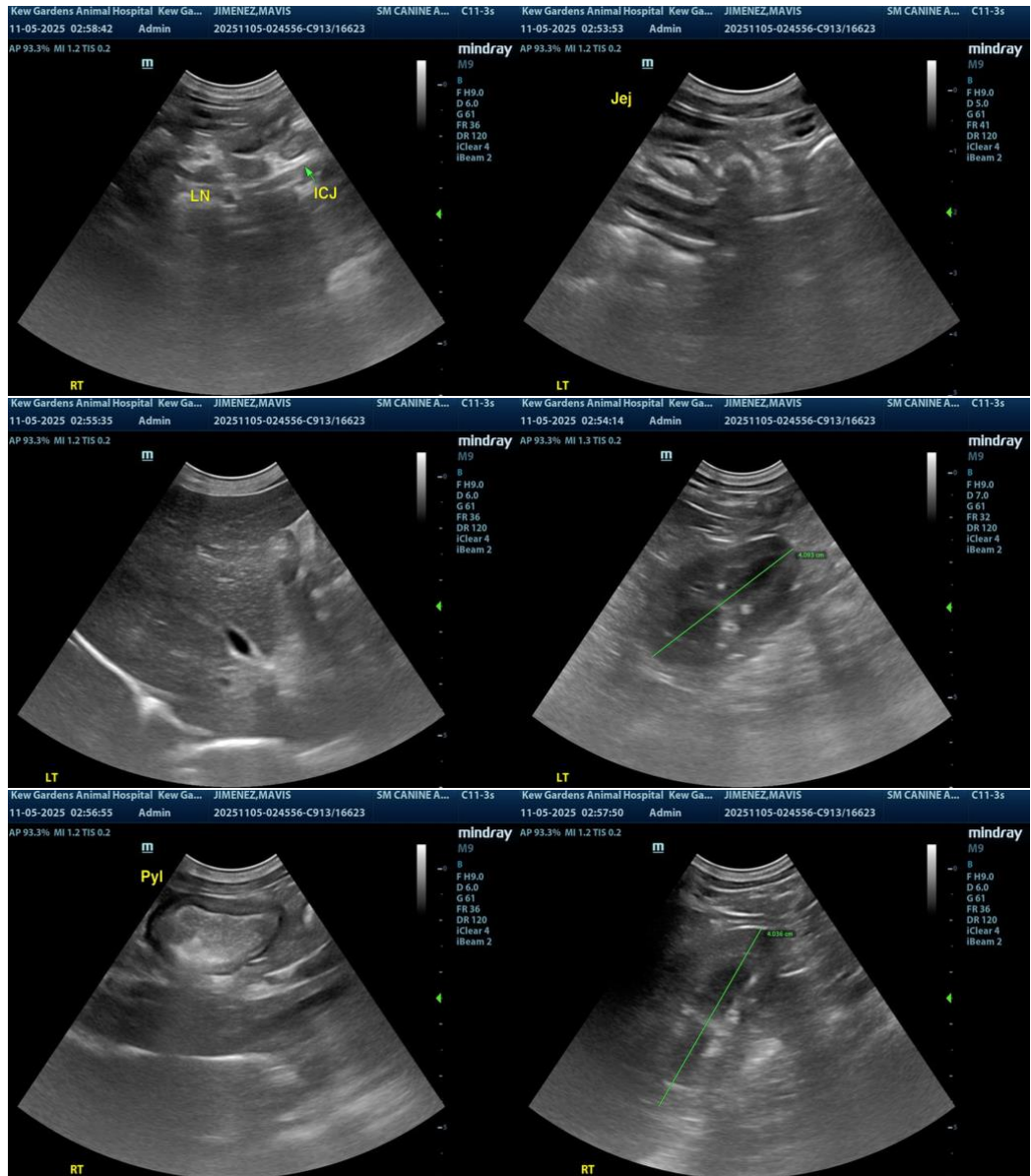
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com