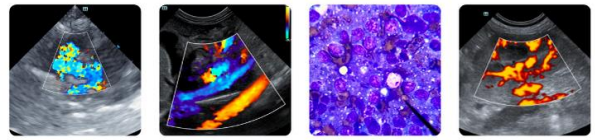




PATIENT	PRESENTING CLINICAL SIGNS
Summer Simpson	Vomiting 7 times in the last 2 days
SPECIES	Abnormal PE/Chem/CBC/UA Results: Blood work—mild elevated ALT
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Yorkie	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Female	
AGE	No evidence of pathology in the area of the aortic trifurcation.
4	
WEIGHT	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. No evidence of renomegaly or calculi. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.
6.3	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.33 cm width.
IMAGING PERFORMED BY	Spleen
Dr. Sharkaway	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.
HOSPITAL NAME	Liver/ Gallbladder
Kew Gardens AH	The liver was subjectively normal in size, structure, and contour. Subjective adequate hepatic vascular volume was present. 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.
REFERRING VET	
Dr. Bassem	
INVOICE	
10310	
DATE	
11/5/25	



PATIENT	<i>Gastrointestinal</i>
Summer Simpson	The stomach presented intact, mildly prominent gastric wall owing to mild to variably prominent gastric mucosa. The stomach was nondistended containing mild anechoic fluid. There was no obvious obstruction to pyloric outflow.
SPECIES	
Canine	Mid-abdomen segmental plicated intestinal segments were noted with concurrent mild to variable fluid-dilated intestine. Within the plicated intestinal segments, an indistinct yet subjective linear intestinal lumen echo was visualized. Empty intestinal segments were also present and likely distal to plicated to mild fluid dilated intestinal segments.
BREED	
Yorkie	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	
Female	<i>Pancreas</i>
AGE	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 were evident.
4	
WEIGHT	<i>Free Abdomen</i>
6.3	No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present. Subjective mild peri intestinal reactive omentum was noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Subjective adequate volume liver • Normal gallbladder • Hypomotile gastritis • Segmental midabdomen intestine plication and ileus with subjective linear foreign body • Concurrent empty small intestinal segments
IMAGING PERFORMED BY	
Dr. Sharkaway	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Kew Gardens AH	No obvious evidence of intrahepatic or extrahepatic macroscopic shunt. Low-grade primary hepatic parenchymal disease, portal hypoplasia / microvascular dysplasia are possible with non-visualized shunt considered less likely in conjunction with lack of renal or urinary bladder mineral / calculi.
REFERRING VET	
Dr. Bassem	
INVOICE	
10310	Given the timeframe between the ultrasound study and interpretation, sonographic reassessment of the gastrointestinal tract is indicated. However, if not possible, direct exploratory laparotomy with gross inspection of the gastrointestinal tract and with strong consideration for hepatic and intestinal biopsies despite exploratory findings is recommended.
DATE	
11/5/25	



PATIENT

Summer Simpson

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

4

WEIGHT

6.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

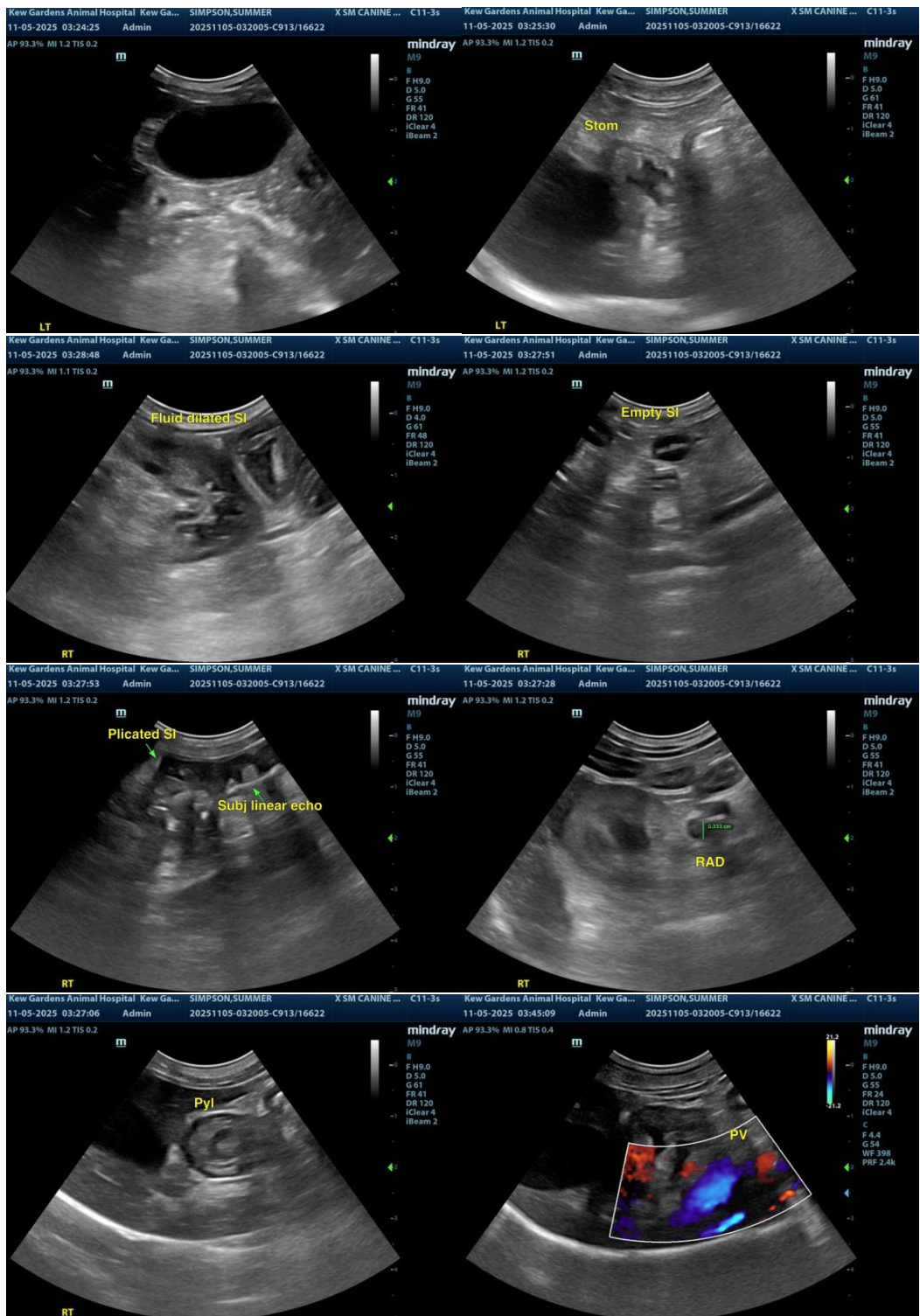
Dr. Bassem

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DATE

11/5/25





PATIENT

Summer Simpson

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

4

WEIGHT

6.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

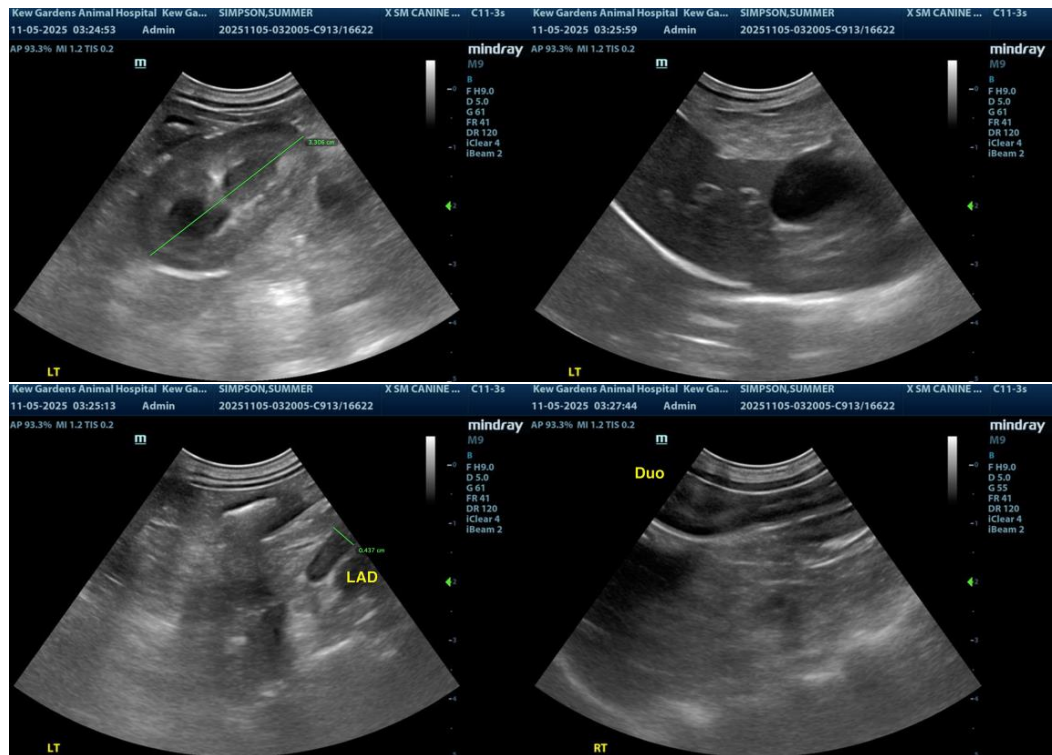
Dr. Bassem

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10310

DATE

11/5/25



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