



## PATIENT

Milo Zhukousky

## SPECIES

Canine

## BREED

Mix

## SEX

MN

## AGE

3

## WEIGHT

20.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sharkawy

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr Ray

## INVOICE

23084

## DATE

12/1/2025

## PRESENTING CLINICAL SIGNS

On and Off Vomiting blood for the last 2 months

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

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen 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.

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 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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.

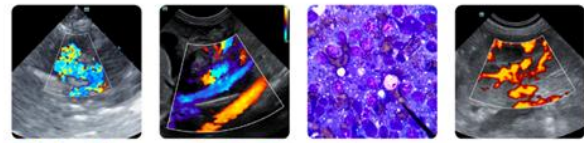
### *Liver/Gallbladder*

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact mildly thickened wall. The stomach contained mild retained anechoic fluid and lumen gas. The gastric body wall measured 0.6 cm in width. The pylorus wall measured 0.53 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.



**PATIENT**

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

Milo Zhukousky

**Pancreas**

The area of the pancreas was sonographically normal.

**SPECIES**

**Free Abdomen**

Canine

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

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Mix

**Primary**

- Mild hypomotile gastritis
- Sonographically normal empty small intestine
- Normal area of pancreas

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

No evidence of gastrointestinal foreign material or obstructive pattern. Empirical therapy for gastritis with consideration for empirical helicobacter coverage with clinical and as needed sonographic monitoring may prove beneficial. A screening cortisol level to rule out occult Addison's disease is suggested. Empirical deworming should be considered. Upper gastrointestinal endoscopy may be indicated if continued hematemesis despite empirical therapy.

3

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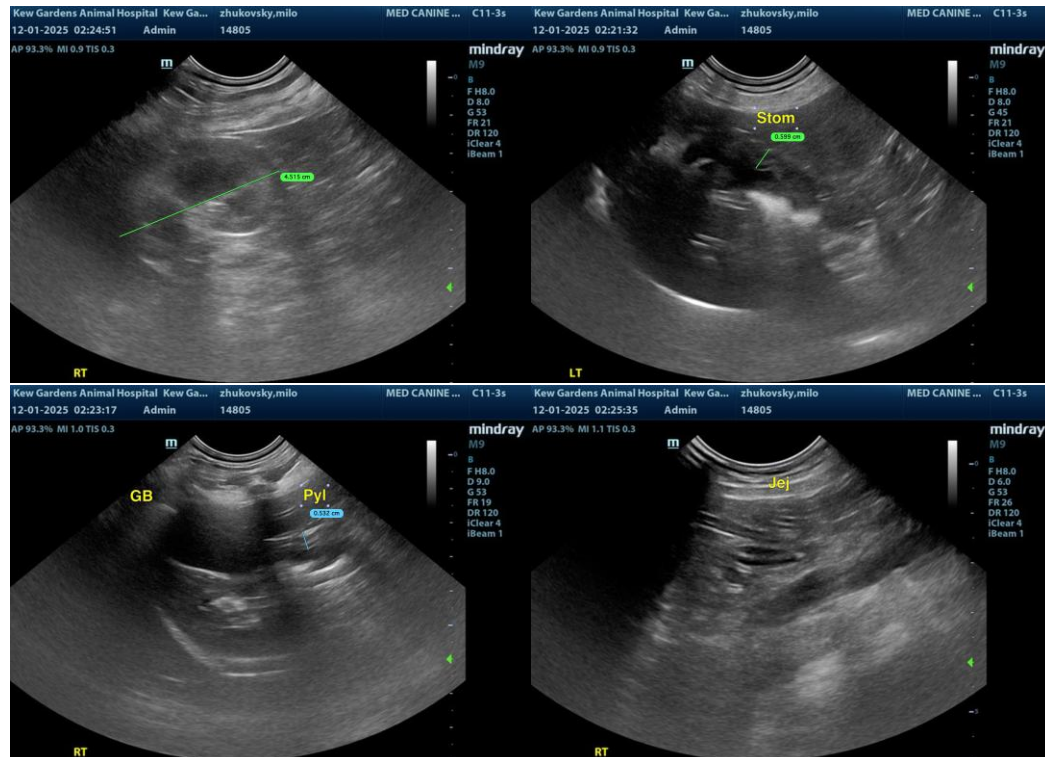
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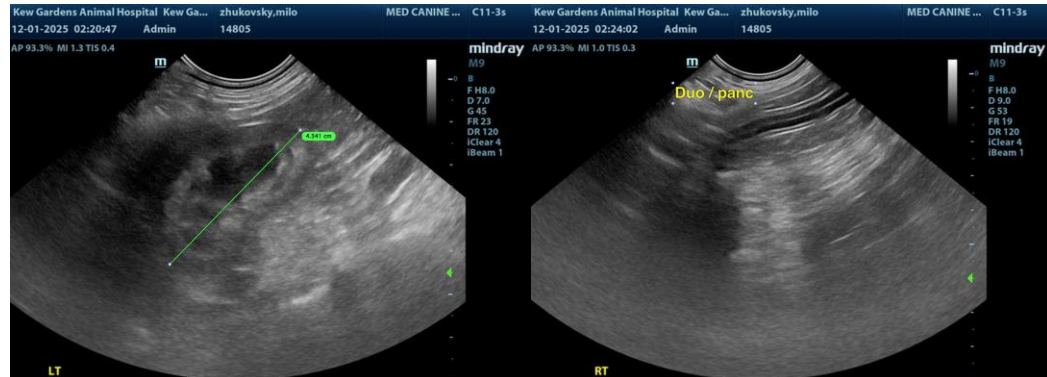
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)