



PATIENT

Kodi Millar

PRESENTING CLINICAL SIGNS

5 day hx of shaking /hiding with decreased appetite , improvement with Cerenia and Pepcid but still small amt of material persisting in stomach

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

BREED

Shih Tzu Mix

SEX

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 3.3 cm in length. The right kidney measured 3.6 cm in length.

MN

AGE

3

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology

WEIGHT

11.2

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

Liver/Gallbladder

HOSPITAL NAME

Rockaway Animal
Hospital

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.

REFERRING VET

Dr Kahn

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended containing lumen gas which prohibited full evaluation of the gastric lumen. No evidence of obstruction to pyloric outflow.

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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 mild segmental gas and no signs of mechanical/metabolic ileus, obstruction or foreign material.

SPECIES

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

Pancreas

The area of the pancreas was sonographically normal.

BREED

Shih Tzu Mix

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

SEX

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Primary

- Non-distended stomach with mild lumen gas
- Normal empty small intestine with mild segmental intestinal gas
- Normal area of pancreas.

AGE

3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.2

No evidence of gastrointestinal obstructive pattern or definitive foreign material. A small amount of retained non-obstructive gastric ingesta possible or foreign material obscured by gas thought less likely. No indication for immediate surgical intervention without evidence of gastrointestinal obstructive pattern. Continued gastrointestinal support with clinical and as needed sonographic monitoring is recommended.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

Correlation with a spec cPL as well as a neurological/ musculoskeletal examination to assess for low-grade pancreatitis or extra-abdominal disease as a contributing factor may be considered. Recheck sonogram recommended if clinically indicated.

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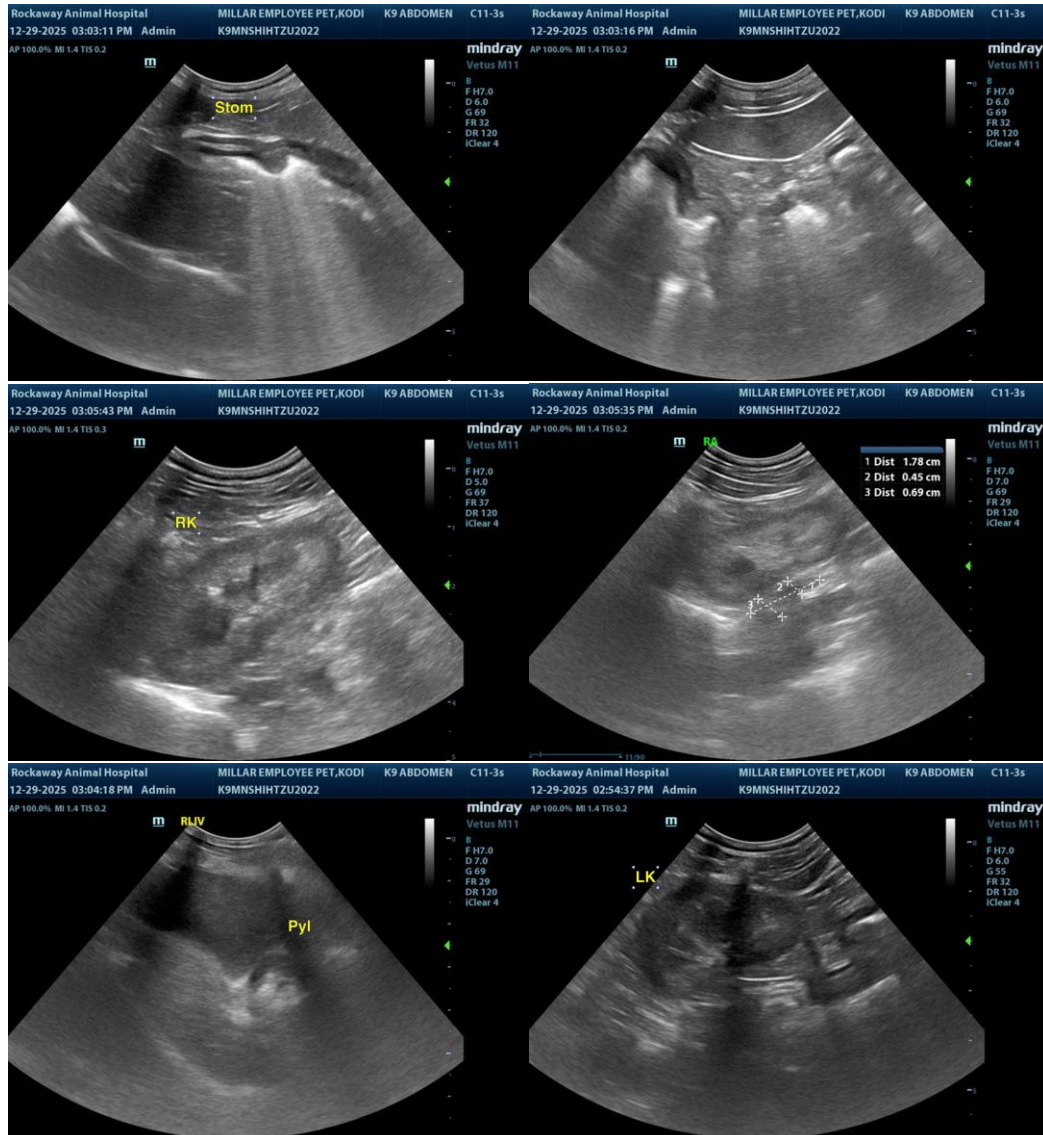
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SEX

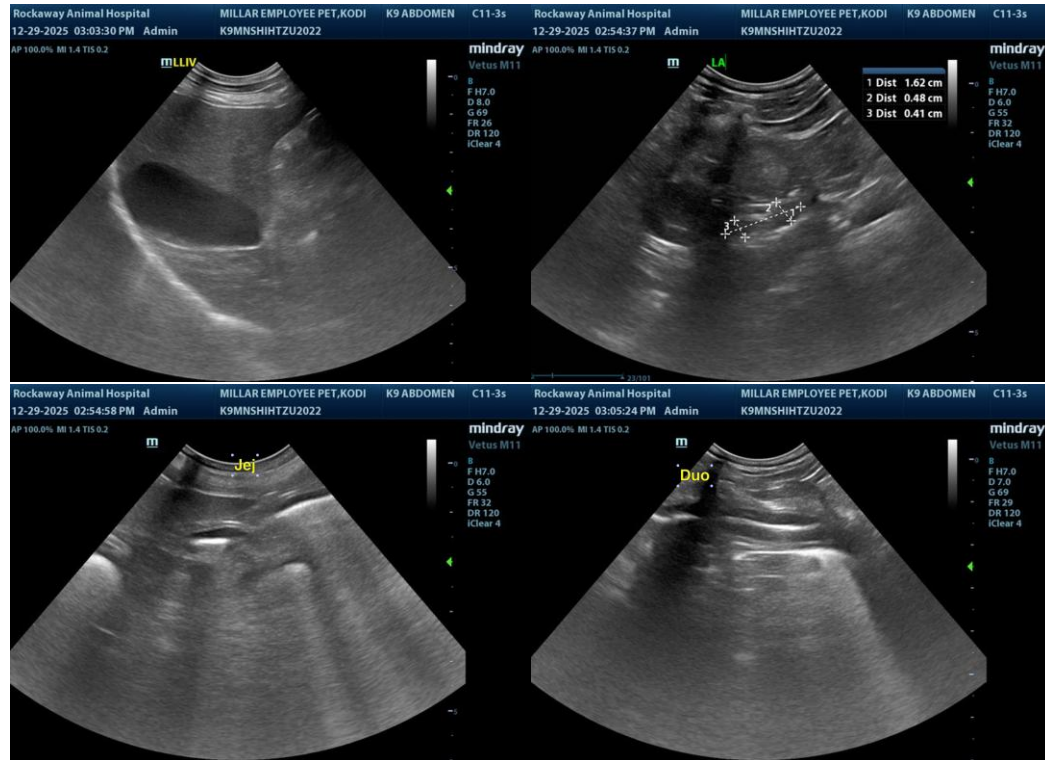
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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