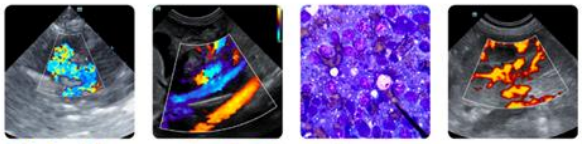


PATIENT

MOO MOO Canas

SPECIES

Canine

BREED

Chihuahua

SEX

F

AGE

5yr

WEIGHT

10.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Ray

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Ray

INVOICE
23853

DATE
02/10/2026

PRESENTING CLINICAL SIGNS

- for the past 2 days, loss of appetite, polyuria, polydipsia, vomiting on the first day, and bloody diarrhea.
- Abnormal PE/Chem/CBC/UA Results: Blood glucose 221, electrolytes within low values (Potassium 2.6, Calcium 6.9, Sodium 126, phosphorus 1.7, and chloride 89) • elevated ALP 503 • leukocytosis, neutrophilia, and Anemia.

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 4.2 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 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 0.48 cm width at the caudal pole.

Spleen

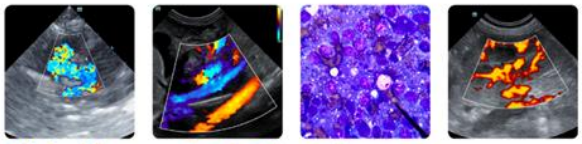
The spleen exhibited subjective subnormal size suggestive of volume contraction with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

Generalized hepatomegaly exhibiting variably non-homogenous parenchyma and variable coarse echo texture. Intermittent discrete hypoechoic hepatic nodules were present; an example measured 0.77 cm in diameter. The gallbladder was not definitively visualized, no evidence of visualized gallbladder overdistention or post-hepatic obstruction.

Gastrointestinal

The stomach presented borderline wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.51 cm width. Mild gastric distension with mild lumen gas was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.



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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 no signs of mechanical/metabolic ileus, obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Soft to non-formed fecal matter was present in the colon lumen with lumen dilation. The descending colon measured 0.36 cm in width.

Pancreas

The pancreas was normal in size and contour with homogenous mildly hypoechoic parenchyma compared with adjacent omentum.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastritis with concurrent colitis, sonographically unremarkable empty visualized small intestine, potential for generalized non-specific gastroenterocolitis.
- Hypoechoic pancreas- consistent with mild pancreatitis.
- Enlarged non-homogenous subtle nodular liver-vacuolar hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, hepatotoxicosis or other hepatopathy with hepatic neoplasia thought less likely yet not excluded.
- Overtly normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted. Further assessment of the PU/PD may include adrenal screening or workup despite lack of overt adrenal pathology, +/- leptospirosis titer/ PCR, or bile acid profile. Correlation with USG is recommended.

Supportive care for non-specific gastroenterocolitis and mild pancreatitis with clinical monitoring and sonographic reassessment if progressive clinical signs, lab abnormalities, or hepatopathy would be appropriate.

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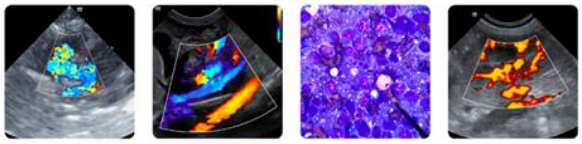

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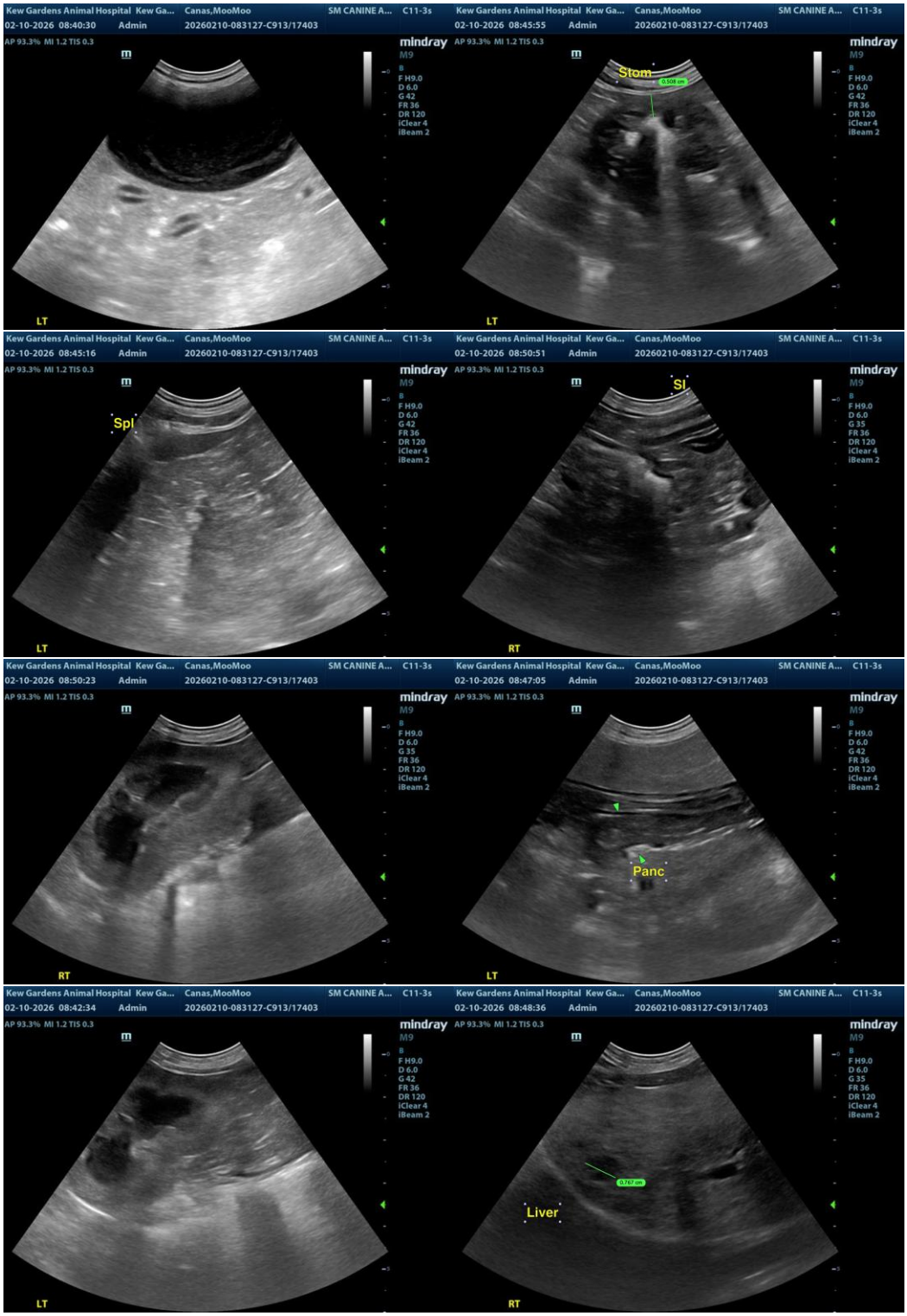

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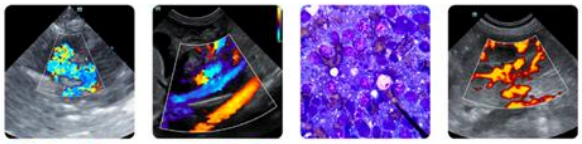

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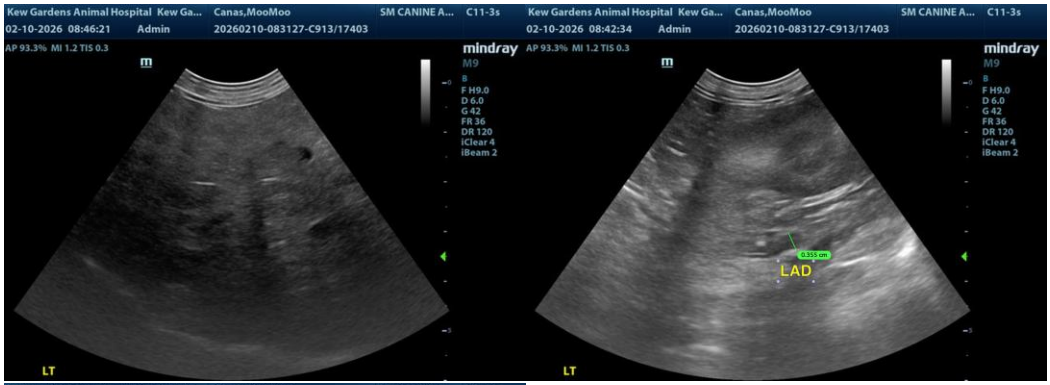

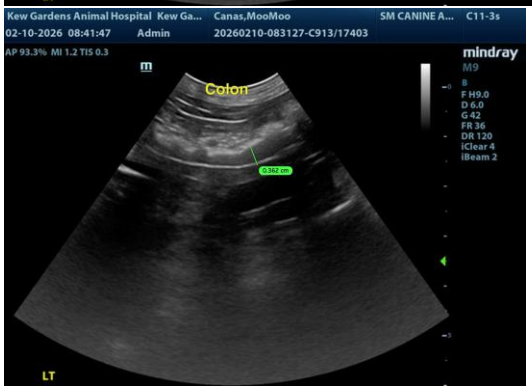

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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