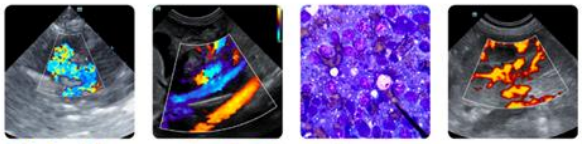


PATIENT

Max BienAime

SPECIES

Canine

BREED

Shih Tzu

SEX

M

AGE

9

WEIGHT

23.4lb

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
23854

DATE
2/10/2026

PRESENTING CLINICAL SIGNS

- Not eating, not drinking one day ago . vomiting two to three times today. and he just started diarrhea , also he likes to eat paper
- Abnormal PE/Chem/CBC/UA Results: mildly elevated HCT, HB, RBC, WBC, NEU, ALP, and PT, PTT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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.

The prostate gland and proximal urethra were not definitively visualized.

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. Non-obstructive medullary renoliths were present primarily in the lateral diverticuli. 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 0.63 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.55 cm width at the caudal pole.

Spleen

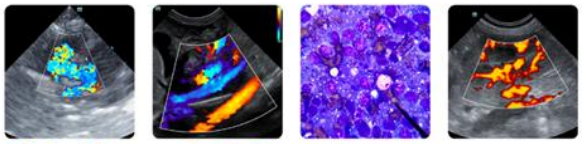
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 borderline to mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.



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The visualized segments of small intestine exhibited intact, normal wall layer ratio. Empty intestinal lumen with segmental gas and minor segmental duodenojejunal corrugation without obstructive pattern to the level of the colon.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Primarily empty visualized colon lumen with lumen gas and soft fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastroenterocolopathy with mild non-obstructive hypomotile stomach
- Heterogenous pancreas
- Bilateral mild non-obstructive medullary renolithiasis
- Normal volume liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, acute hemorrhagic diarrhea syndrome, occult parasitism, occult Addison's Disease, occult neoplasia, or other. No evidence of gastrointestinal obstructive pattern or overt foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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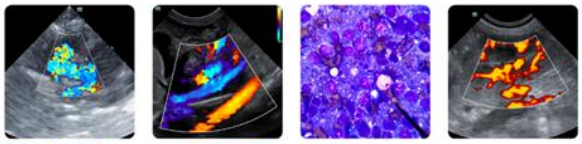

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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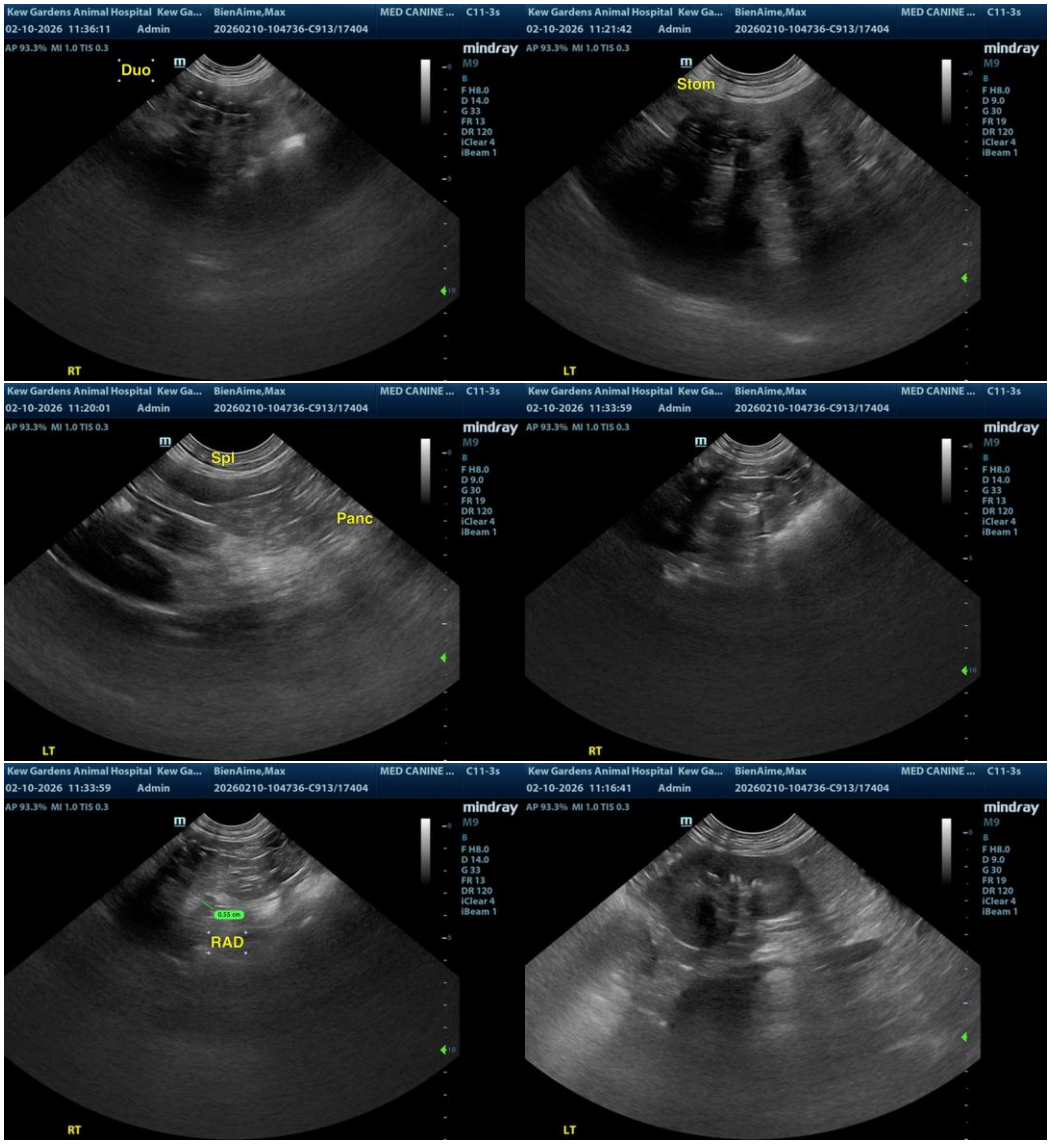

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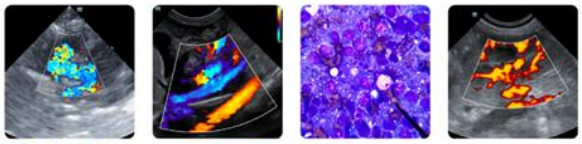

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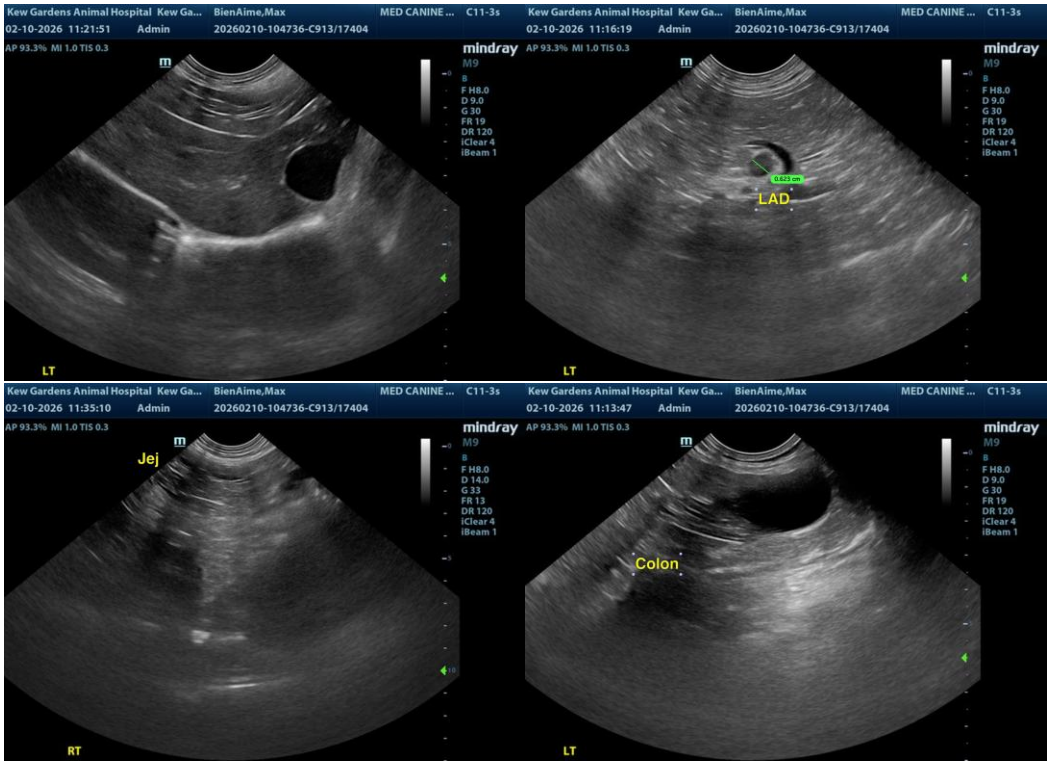

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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