



## PATIENT

Tofu Howlader

## SPECIES

Canine

## BREED

Bichon Frise

## SEX

Female

## AGE

4

## WEIGHT

14.4 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Ray

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Ray

## INVOICE

13890

## DATE

02/19/26

## PRESENTING CLINICAL SIGNS

- vomiting and bloody diarrhea for more than six days

Abnormal PE/Chem/CBC/UA Results: high neutrophil, low lymphocyte, monocyte, and eosinophil. high amylase

## 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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.5 cm in length.

### 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 not definitively visualized.

### 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. 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 nonthickened to mildly prominent wall. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of retained anechoic fluid. No overt obstruction to pyloric outflow.



**PATIENT**

Tofu Howlader

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Female

**AGE**

4

**WEIGHT**

14.4 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Dr. Ray

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**REFERRING VET**

Dr. Ray

**INVOICE**

13890

**DATE**

02/19/26

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present without obstruction or foreign material. Subjective intact mildly thickened ileum wall at the level of the ileocolic junction.

The colon walls presented intact yet mild thickened wall layering. The colon was nondistended with soft to nonformed fecal matter and gas was present in the colon lumen.

**Pancreas**

The pancreas was indistinctly visualized yet hyperechoic perigastric to peripancreatic omentum noted caudal to the stomach.

**Free Abdomen**

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific gastroenterocolonopathy accentuated by nonobstructive hypomotile gastritis and possible ileitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia, or other. No overt mechanical gastrointestinal obstruction or foreign material.

Hospitalization with gastrointestinal support, empirical therapy for potential acute to subacute hemorrhagic diarrhea syndrome, and clinical monitoring is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended.

Sonographic reassessment or monitoring is indicated if non-responsive or continued gastrointestinal signs.





## PATIENT

Tofu Howlader

## SPECIES

Canine

## BREED

Bichon Frise

## SEX

Female

## AGE

4

## WEIGHT

14.4 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Ray

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

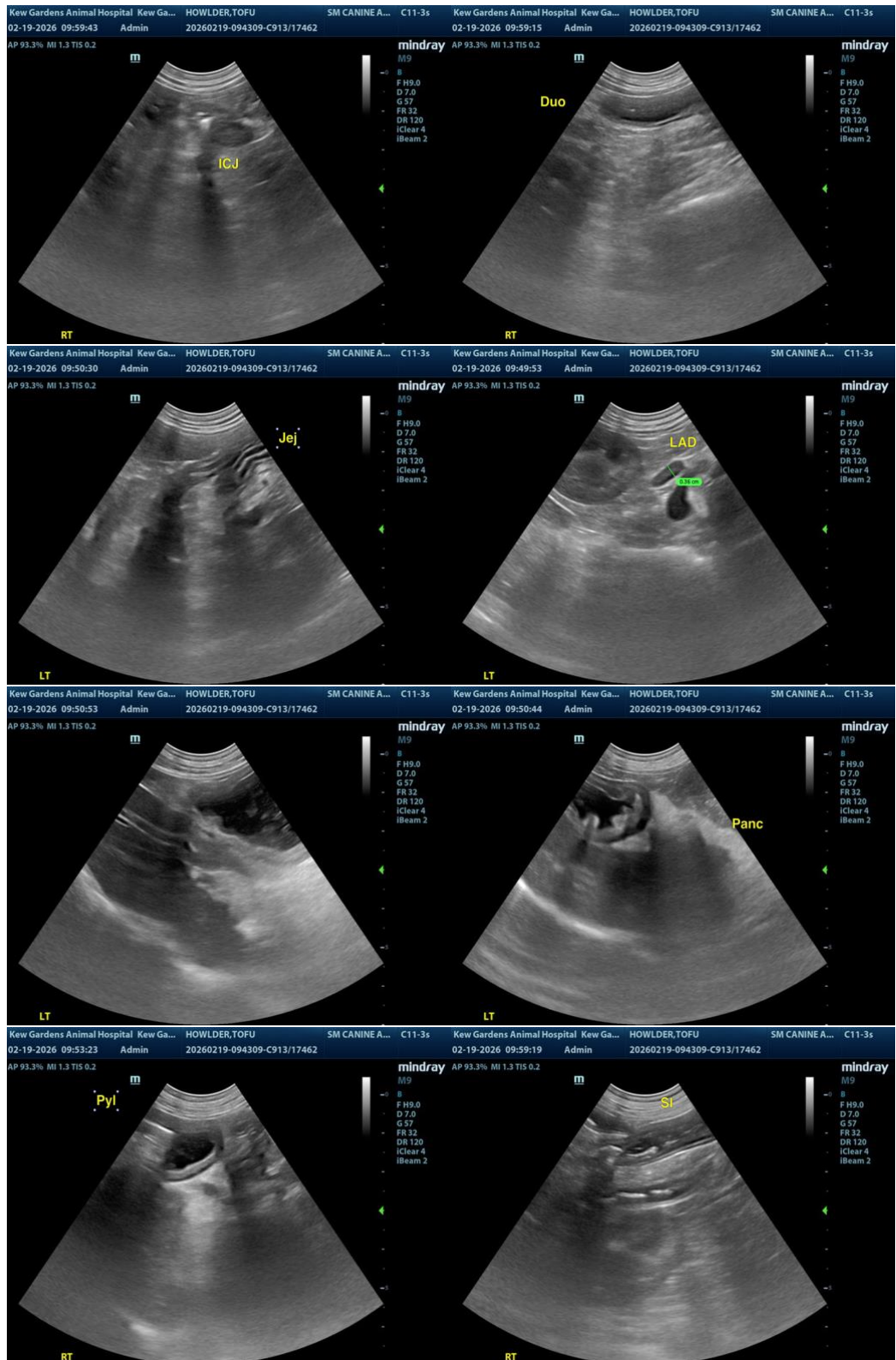
Dr. Ray

## INVOICE

13890

## DATE

02/19/26





## PATIENT

Tofu Howlader

## SPECIES

Canine

## BREED

Bichon Frise

## SEX

Female

## AGE

4

## WEIGHT

14.4 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Ray

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Ray

## INVOICE

13890

## DATE

02/19/26

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)