



## PATIENT

Rocky Lucero

## SPECIES

Canine

## BREED

Pomeranian

## SEX

M

## AGE

3mo

## WEIGHT

4.1lb

## 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

24288

## DATE

03/25/2026

## PRESENTING CLINICAL SIGNS

- Vomiting 3 times today, decreased appetite for the past 3 days, tremors, and low energy.
- Abnormal PE/Chem/CBC/UA Results: Macrocytosis and Thrombocytopenia. Elevated Total protein, Albumin, Globulin, ALT, GGT, and total bilirubin. Lepto tested -ve Parvovirus tested -ve 4 DX tested -ve

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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.

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

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were 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. 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 mild non-organized debris. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact mildly thickened wall. The lumen of the stomach contained mild retained non-shadowing ingesta and lumen gas.



## PATIENT

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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.

Normal visible colon wall layers were present with semi formed to soft feces in lumen.

## SPECIES

Canine

### **Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## BREED

Pomeranian

### **Free Abdomen**

No evidence of peritoneal effusion was present.

## SEX

M

Mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present.

## ULTRASONOGRAPHIC FINDINGS

### AGE

3mo

### Primary

- Mildly thickened stomach with mild retained ingesta
- Empty small intestine with semi-formed to soft fecal matter in colon
- Intermittent mild mesenteric lymphadenopathy - potential mild mesenteric lymphadenitis owing to inflammatory bowel episode vs immunologic immaturity
- Normal volume liver - consistent with benign hepatopathy
- Mild gallbladder debris

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstructive pattern or definitive foreign material. Hepatotoxic insult and non-obstructive cholestasis, potentially secondary to dietary indiscretion in conjunction with ALT /GGT elevation possible. Infectious disease, enterotoxin, subacute inflammatory bowel episode, occult parasitism are all potentials.

## IMAGING PERFORMED BY

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No indication for immediate surgical intervention with gastrointestinal support and clinical monitoring indicated. Recheck sonogram recommended if non-responsive or progressive gastrointestinal signs.

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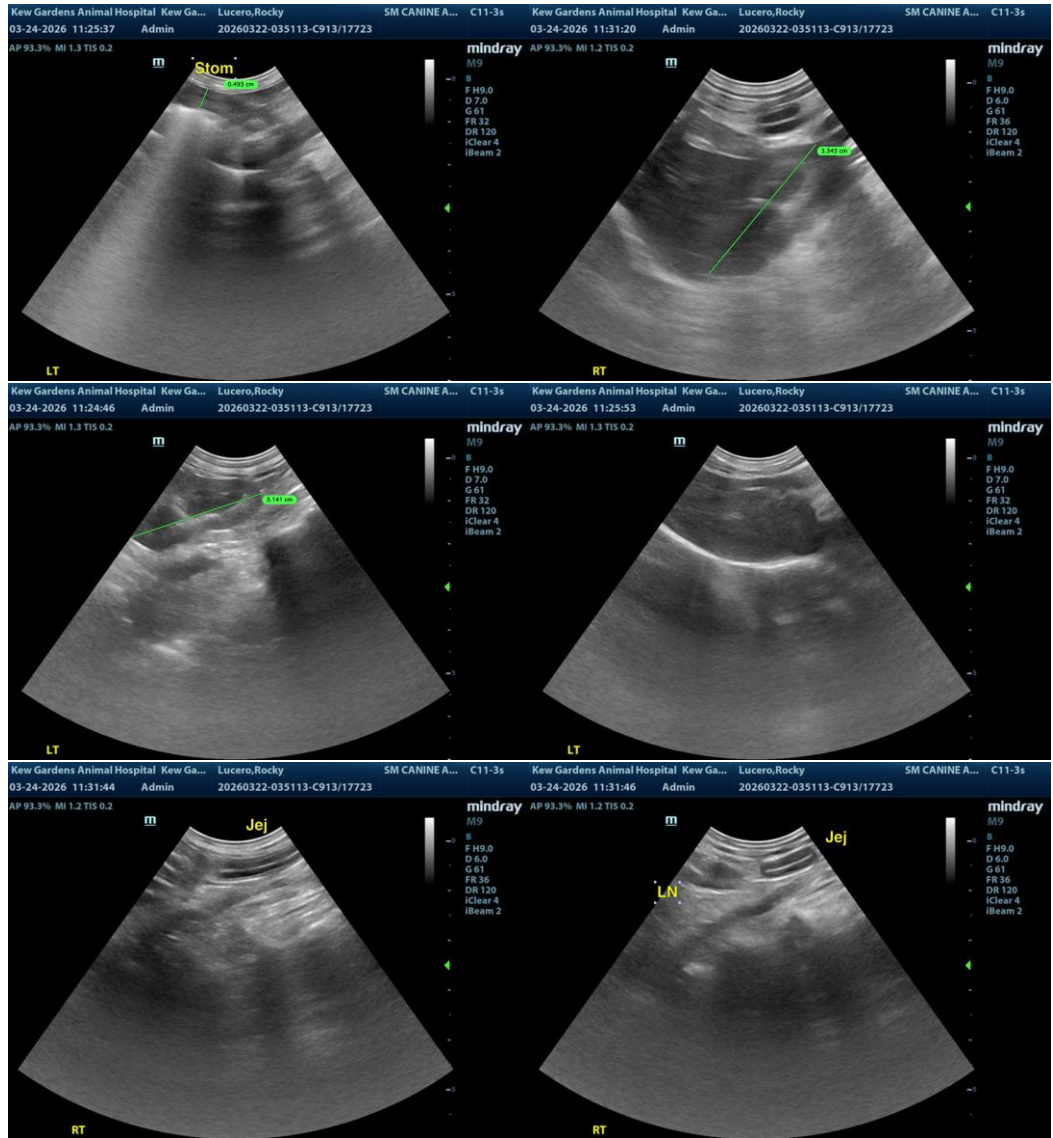
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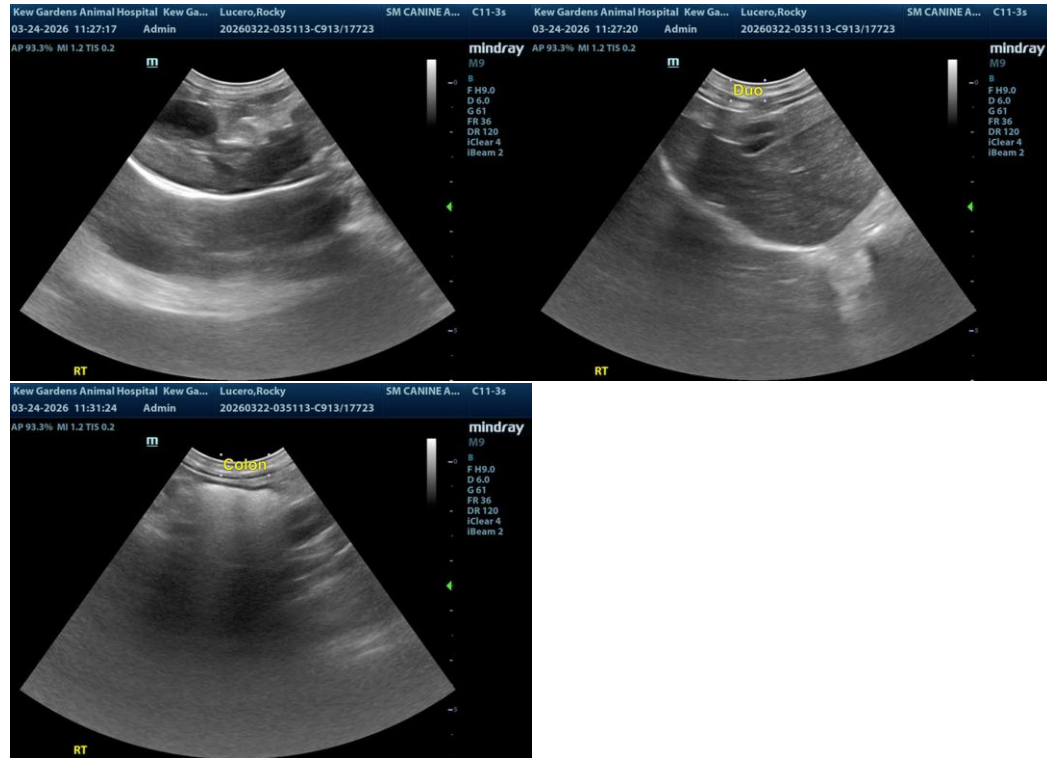
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)