



## PATIENT

Echo Pilllco

## SPECIES

Canine

## BREED

Mixed

## SEX

MN

## AGE

2yr

## WEIGHT

71lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Shafik

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr Shafik

## INVOICE

24602

## DATE

04/24/2026

## PRESENTING CLINICAL SIGNS

Vomited a toy 4 days ago, did not stop vomiting since the toy ingestion.

## 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.

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 6.4 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### *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 intact mildly thickened wall. The stomach was primarily empty with lumen gas. The stomach wall measured 0.88 cm ventral wall width. No obvious visualized evidence of obstruction to pyloric outflow.



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The visualized segments of small intestine presented intact wall layering with normal muscularis/mucosa ratio. Primarily empty intestinal lumen with segmental intestinal gas to the level of the colon.

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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.

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### *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

### SEX

MN

### Primary

- Mild gastritis pattern with mild gastric lumen gas.
- Overtly normal visualized small intestine exhibiting primarily empty lumen and segmental intestinal gas.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of gastrointestinal obstructive pattern or definitive visualized persistent or retained foreign material. Gastritis secondary to previous dietary indiscretion is favored. Technically, small amounts of non-obstructive foreign material within the gastrointestinal tract cannot be definitively excluded given segmental limited assessment of the intestinal interior owing to gas artifact. No overt indication for immediate surgical intervention. Hospitalization with 24 - 48 hour gastrointestinal support including IV fluids with clinical monitoring is recommended. Sonographic reassessment indicated if non-responsive or persistent gastrointestinal signs.

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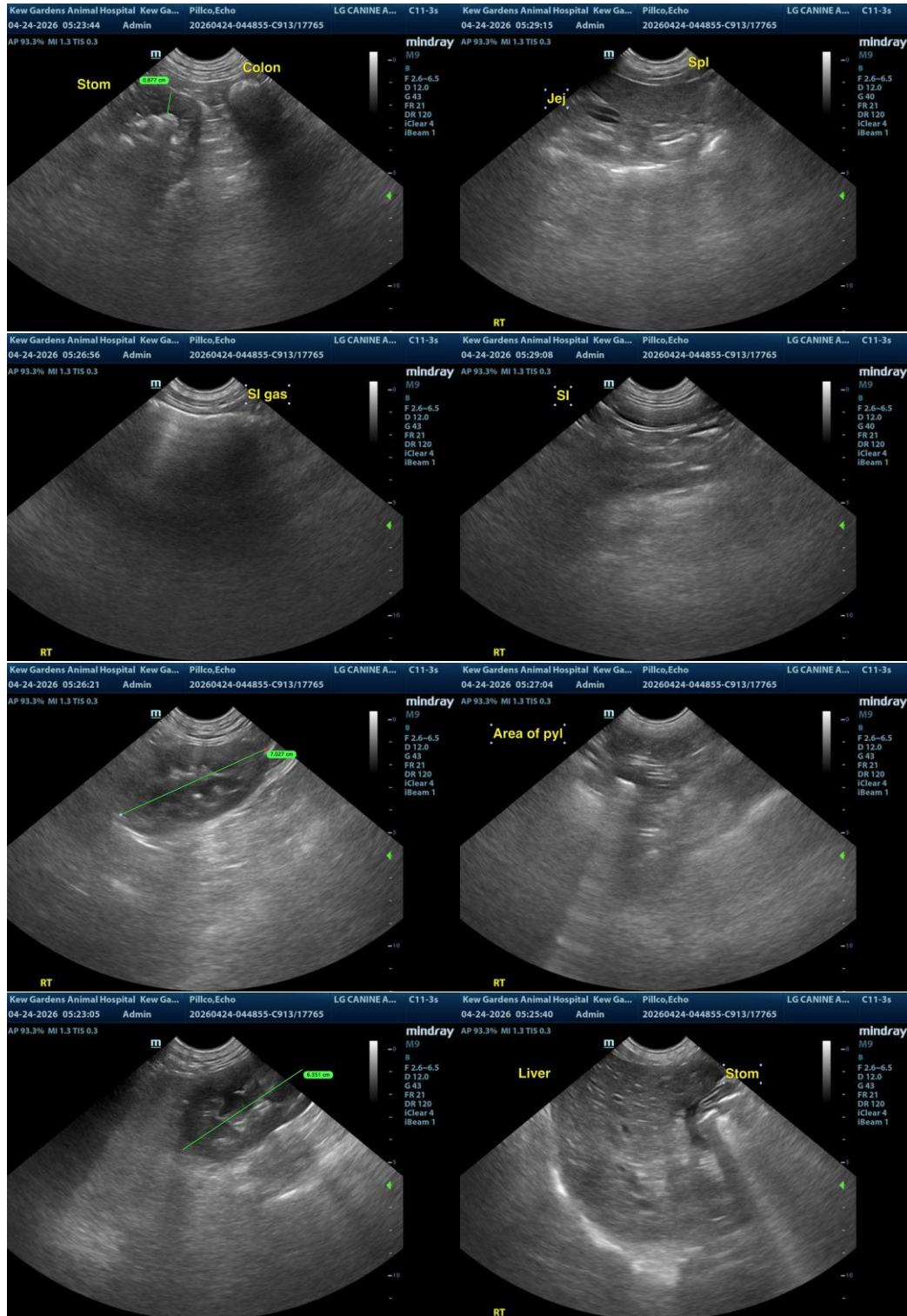
Dr Shafik

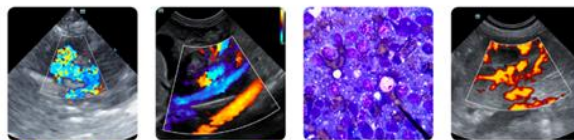
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@sonopath.com](mailto:info@sonopath.com)

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