



PATIENT

Sara Babadzhyanov

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

9 Years 8 Months

WEIGHT

26.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Bassem

INVOICE

15643

DATE

04/30/26

PRESENTING CLINICAL SIGNS

The owner reports abdominal discomfort, low appetite for the past 2 days, dry stool, peeing less and less urine output. No vomiting but the owner reports that the patient gagging.

Abnormal PE/Chem/CBC/UA Results: CYSTATIN B 122 Ph 8.5 Bacterial infection E-coli detected in the urinalysis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length.

The right kidney was indistinctly visualized with subjective similar appearance compared to the left kidney.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.45 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was not definitively visualized.

Liver & Gallbladder

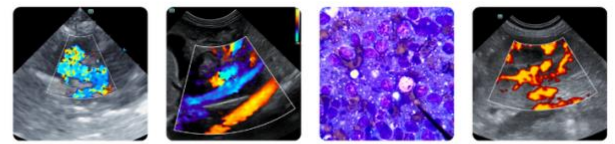
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio and overall empty intestinal lumen with mild segmental lumen gas and nonshadowing ingesta. No obstructive pattern 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

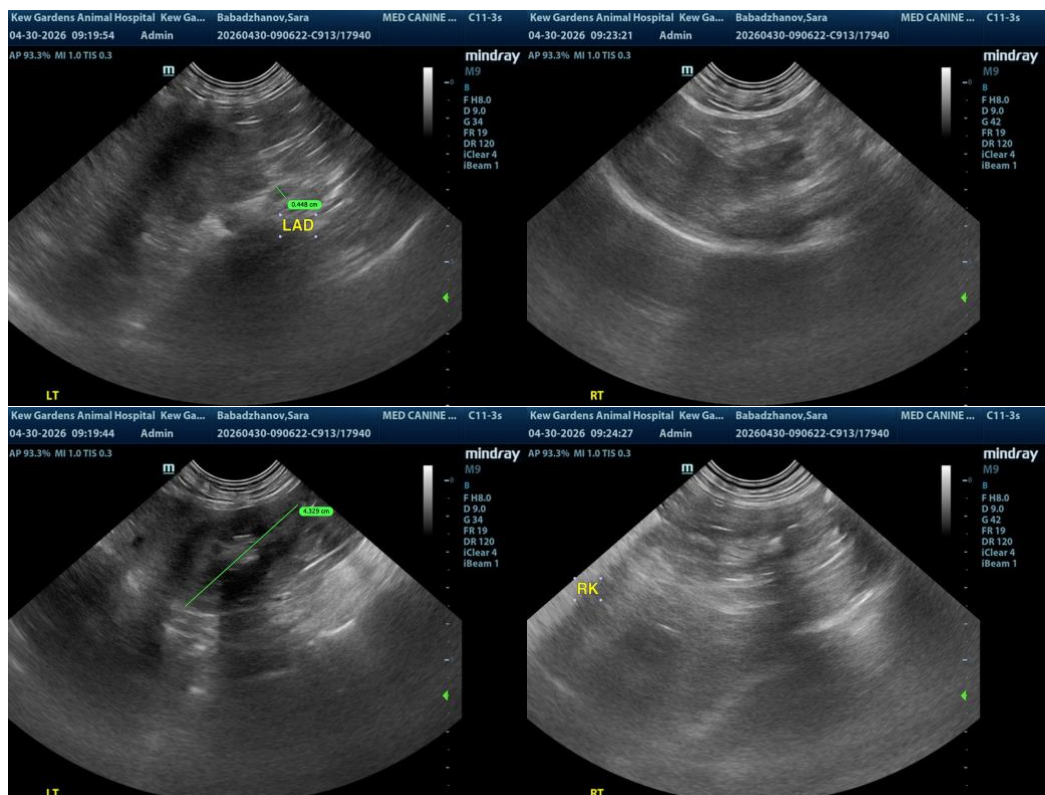
ULTRASONOGRAPHIC FINDINGS

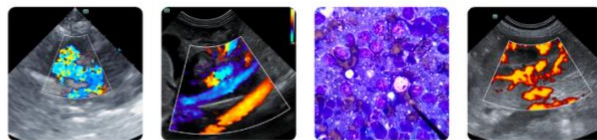
- Sonographically normal urinary bladder.
- Age-related left kidney.
- Sonographically normal gastrointestinal tract with empty stomach and mild segmental nonobstructive intestinal ingesta/gas.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visceral pathology as a definitive cause of the patient's clinical signs. UTI protocol is indicated if positive urine culture and sensitivity.

Thoracic radiographs and a GI panel to include PLI, TLI, cobalamin and folate to assess for occult disease as a contributing factor may be considered. Empirical therapy for possible mild gastritis or esophagitis given clinical signs in conjunction with dietary trial may prove beneficial. Screening cortisol level to rule out occult Addison's disease given vague clinical signs is suggested.





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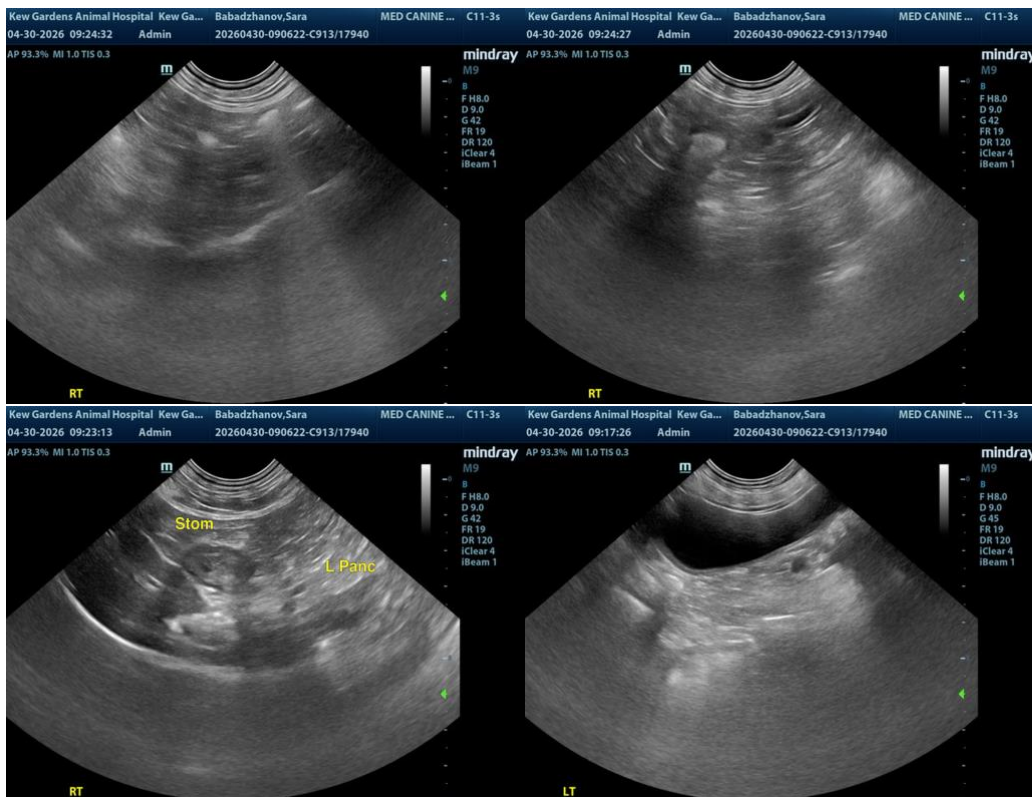
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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