

## PATIENT

Luna Gillinov

## SPECIES

Canine

## BREED

Pug

## SEX

Spayed Female

## AGE

6 Years 1 Month

## WEIGHT

17.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Turkell

## INVOICE

16183

## DATE

05/14/26

## PRESENTING CLINICAL SIGNS

Luna Gillinov presents for recheck following ER visit on 5/5/26 for vomiting. Patient History: Previous visit 4/28/26 for vomiting due to potential obstruction. Current vomiting episode began 1.5 weeks ago after play date at another client's house. Vomiting pattern: initial episode with watermelon, hair, food, and black string material; subsequent episodes of yellow bile with small amounts of food; most recent episode Sunday (day before Cerenia dose was due). History of previous abdominal surgeries for blockage removal. Weight gain of 2 pounds over past 6 months. Diet: Health Extension Little Bites chicken and brown rice formula, 1/2 cup total daily (1/4 cup morning, 1/8 cup afternoon, 1/8 cup evening), occasional watermelon treats. Had a normal bowel movement this morning. Last ate food at 7 pm last night. NPO for ultrasound.

Abnormal PE/Chem/CBC/UA Results: Pending radiology results

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 3.6 cm in length. The right kidney measured 3.7 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 0.52 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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. 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.



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## ***Gastrointestinal***

The stomach presented overtly normal intact wall. The stomach exhibited moderate to significant distention with retained primarily nonshadowing ingesta/chyme appearing to extend into the pyloric outflow. Free floating variably sized to shadowing ingesta echoes were present with an example measuring 1.0 cm to 1.5 cm in diameter. The subjective pylorus wall measured 0.34 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild nonshadowing upper to mid duodenal and segmental jejunal chyme without obstructive pattern to the level of the colon. The duodenum wall measured 0.4 cm wall width. The jejunum wall measured 0.38 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter.

## ***Pancreas***

The area of the pancreas was sonographically normal.

## ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Moderate to significant retained primarily nonshadowing gastric ingesta/chyme with free-floating variably shadowing ingesta echoes.
- Sonographically normal small intestine with mild nonshadowing duodenojejunal chyme.
- Normal area of the pancreas.
- Normal adrenal glands.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A definitive area of mechanical upper to generalized gastrointestinal obstruction, i.e. mural pathology, foreign body, stricture given patient history, etc. was not definitively visualized. This may suggest significant metabolic or functional gastric ileus or nonobstructive delayed gastric emptying. The area of the pyloroduodenal junction, however, was not definitively visualized and potential obstructive pathology at this location is not definitively excluded. The free-floating echoes within the retained gastric ingesta are nonspecific and may indicate dense ingesta, treat, medication, although non-obstructive gastric foreign material, which may be partial or variably fluid absorbing is not excluded.

Given reported NPO, additional documented 12 to 18-hour fast with as needed gastroprotectants, consideration for prokinetic agent and monitoring of gastric emptying is recommended. If persistent, moderate to significant gastric ileus, upper gastrointestinal endoscopy or laparotomy with gross inspection of the upper gastrointestinal tract, gastric evacuation and biopsies may be indicated.



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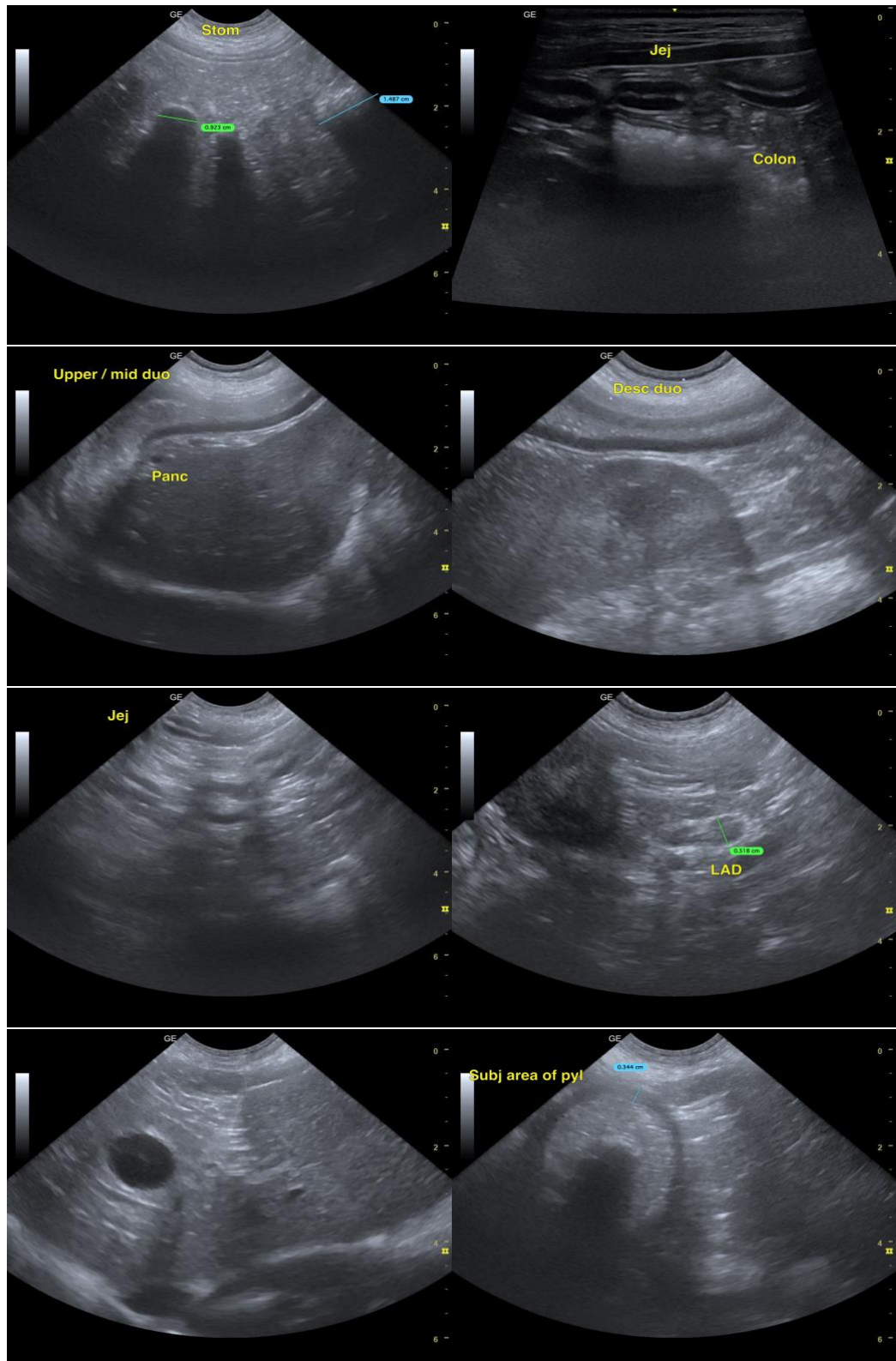
Dr. Turkell

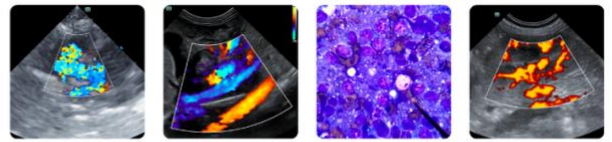
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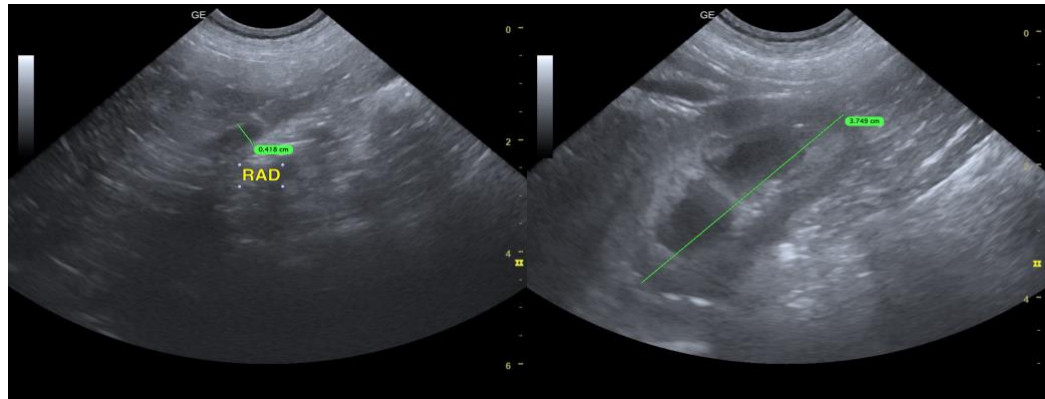
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)