



PATIENT

Carlisle Rosen

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

4 Years

WEIGHT

2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Matthew Olcha

HOSPITAL NAME

East Meadow
Veterinary Center

REFERRING VET

Dr. Matthew Ochla

INVOICE

16768

DATE

06/18/26

PRESENTING CLINICAL SIGNS

Sudden onset PU/PD yesterday. Acting normal otherwise. Received Cytopoint Tuesday afternoon. Has received Cytopoint prior multiple times with no adverse effects, but I know PU/PD can be a side effect.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable. UA 1.020 USG. Urine C&S, 4Dx, T4 pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Submitted study contained 20 videos for review.

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.

No visualized pathology in the area of the residual prostate.

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 2.6 cm in length. The right kidney measured 2.6 cm in length.

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.

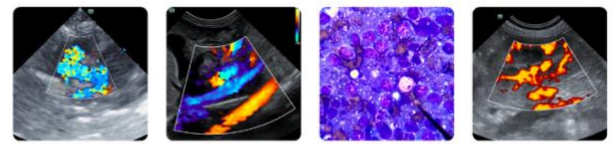
Liver & Gallbladder

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. Subjective adequate vascular volume given the patient's body size.

The gallbladder was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained concurrent mild nonshadowing intestinal ingesta.

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

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.

Free Abdomen

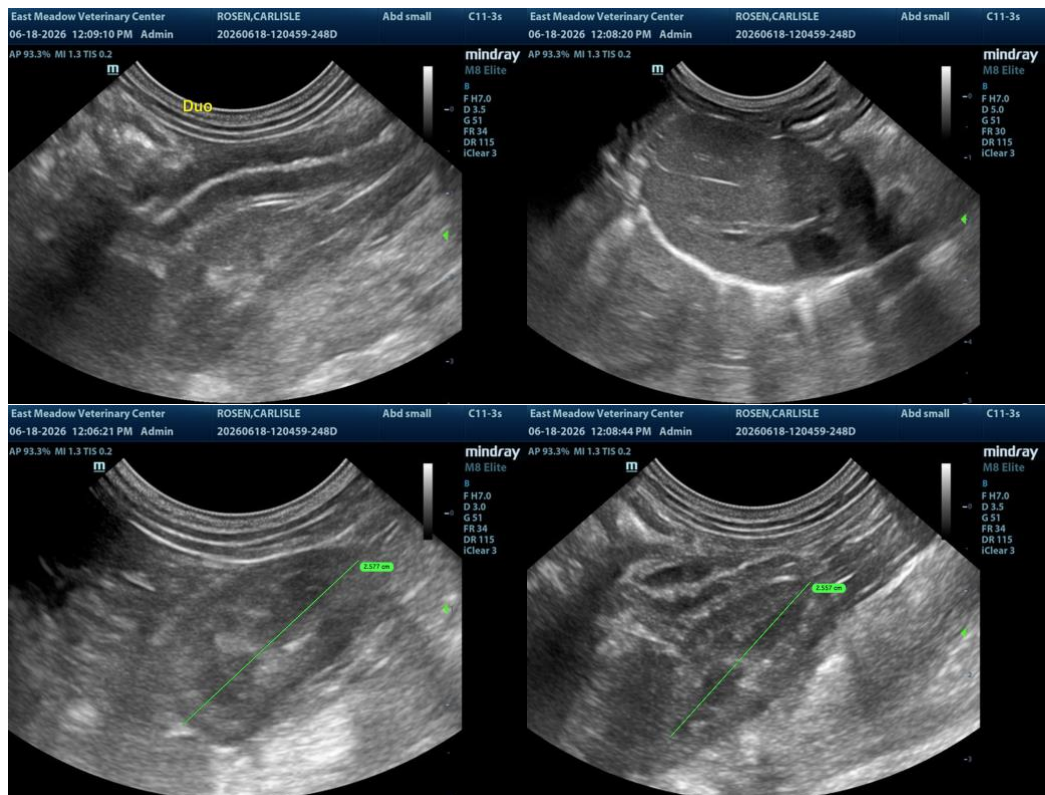
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder.
- Normal bilateral kidneys.
- Normal volume liver.
- Gastrointestinal ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology as an obvious cause of the patient's clinical signs. Correlation with pending diagnostics is recommended. Further assessment if PU/PD is persistent may include screening cortisol level, leptospirosis titers/PCR, and bile acid profile.





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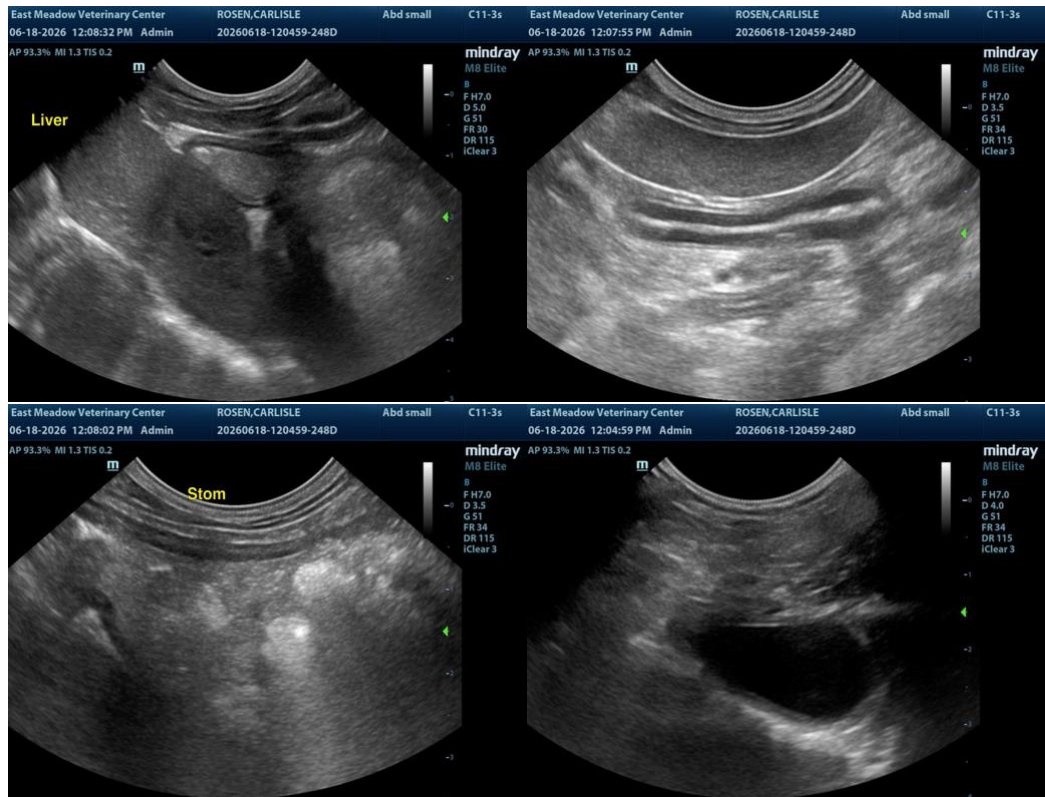
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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