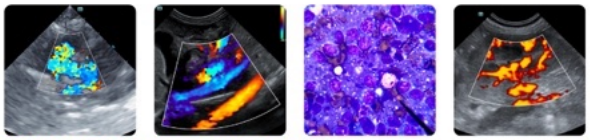


PATIENT

Roka McKinney

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

11 years

WEIGHT

65.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

75598

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Previous ultrasound showed a solitary focal hypoechoic hepatic region and gastric and pyloric wall thickness at the upper end of normal. Roka has been on Maropitant daily since March 6th, if she stops she begins to vomit again. She seems to be having GI upset now, even on Maropitant. She is acting like she needs to vomit and stools were hard. Owner stopped Galliprant and Gabapentin and stools seem more normal now. Owner wanted liver nodule and stomach thickness to be reassessed. Labs from December 2025 ALT 132, K 3.8, rest of chem and CBC WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic mural disease.

Both kidneys are normal in shape and size. The renal cortices are isoechoic compared to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.59 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland is only partially visualized and measures 0.64 cm at the caudal pole.

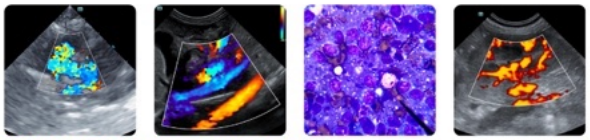
Spleen

Splenic thickness is 2.82 cm. The parenchyma demonstrates normal echogenicity and the splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. The previously described hypoechoic hepatic region does not demonstrate appreciable interval change or progression on the current examination. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin. A moderate amount of hyperechoic non-shadowing biliary sludge is present within the lumen. No ultrasonographic evidence of cystic duct or common bile duct dilation is identified.



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Gastrointestinal

The stomach is completely empty and folded, with preserved wall layering and mural thickness measuring approximately 3.91 mm. A very small focal hyperechoic mucosal interface irregularity is noted within the gastric mucosa, raising mild suspicion for a small superficial mucosal erosion/ulceration; however, this finding is subtle and nonspecific. No perigastric fat reaction, focal wall loss, transmural defect, regional lymphadenopathy, or ultrasonographic evidence of perforation is identified in the submitted images. The pylorus measures 8.19 mm. The duodenum measures 3.64-4.28 mm. The jejunum measures 3.56-4.05 mm. Wall layering is preserved throughout the evaluated intestinal tract. No ultrasonographic evidence of obstructive disease, ileus, focal gastrointestinal mass, or foreign material is identified.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Gastric and pyloric wall thickness at the upper end of normal
- Small focal gastric mucosal hyperechoic irregularity, possibly representing mild superficial mucosal erosion/ulceration

SECONDARY FINDINGS

- Stable previously identified focal hypoechoic hepatic region without evident progression
- Moderate biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach and pylorus remain at the upper end of normal in thickness, with preserved wall layering and no focal mass effect. A subtle focal hyperechoic irregularity is identified within the gastric mucosa, which may represent an artifact, a mild superficial mucosal erosion or early ulcerative change. No perigastric inflammatory reaction, transmural wall disruption, regional lymphadenopathy, or ultrasonographic evidence of perforation is identified, supporting that, if ulceration is present, it is likely mild and superficial.

Overall, the gastric findings are most compatible with mild chronic gastropathy/gastritis. Chronic inflammatory mucosal disease, mild erosive gastritis, or functional gastric disorder remain possible despite the relatively subtle ultrasonographic abnormalities identified.

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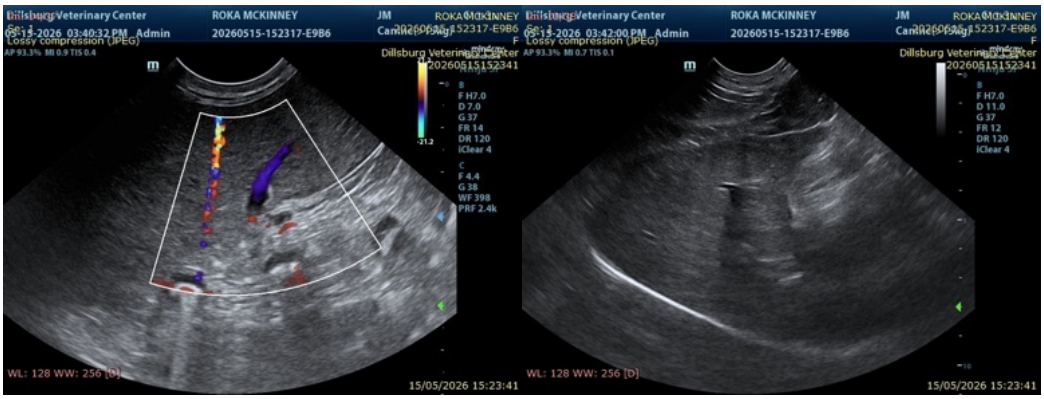
The previously identified focal hypoechoic hepatic region currently measures 3.02×2.40 cm and does not demonstrate significant interval progression compared to the prior examination. The slight variation in measurements is most likely attributable to differences in imaging plane and measurement acquisition rather than true biologic growth. The overall stability over time continues to favor a benign or slowly progressive process such as focal hepatocellular change, nodular hyperplasia, or focal vacuolar change, although definitive differentiation from indolent neoplasia remains beyond the limits of ultrasonography alone.

Recommendations

- Continued maropitant therapy may remain beneficial for symptomatic nausea control; however, additional gastroprotective therapy such as omeprazole could be considered, particularly given the subtle suspected superficial gastric mucosal erosion/ulceration and the history of previous NSAID administration.
- Additional mucosal protectants such as sucralfate may also be considered at the discretion of the attending veterinarian if clinical concern for erosive gastritis or early ulcerative disease persists.
- Moderate biliary sludge may also contribute to intermittent nausea or gastrointestinal discomfort, although there is currently no ultrasonographic evidence of significant inflammatory biliary disease or biliary obstruction. Supportive hepatobiliary/choleretic therapy could therefore also be considered at the discretion of the attending veterinarian as part of the overall medical management plan.
- Upper gastrointestinal endoscopy with gastric mucosal biopsies (gastroscopy) is recommended for further characterization of the persistent vomiting/nausea despite ongoing antiemetic therapy, and to evaluate for chronic gastritis, erosive/ulcerative disease, or other mucosal pathology not reliably detectable ultrasonographically.
- Periodic ultrasonographic monitoring of the stable focal hepatic lesion remains reasonable, as the lack of interval progression continues to favor a benign or slowly progressive process.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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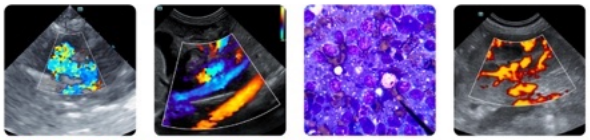

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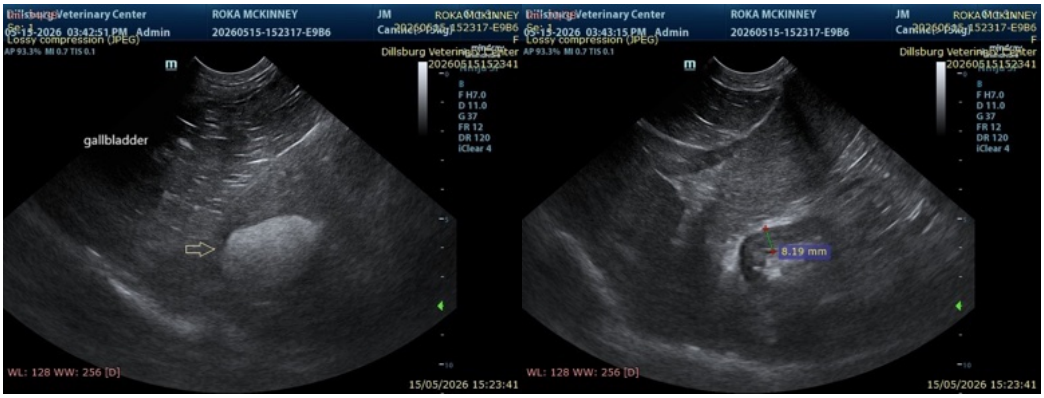

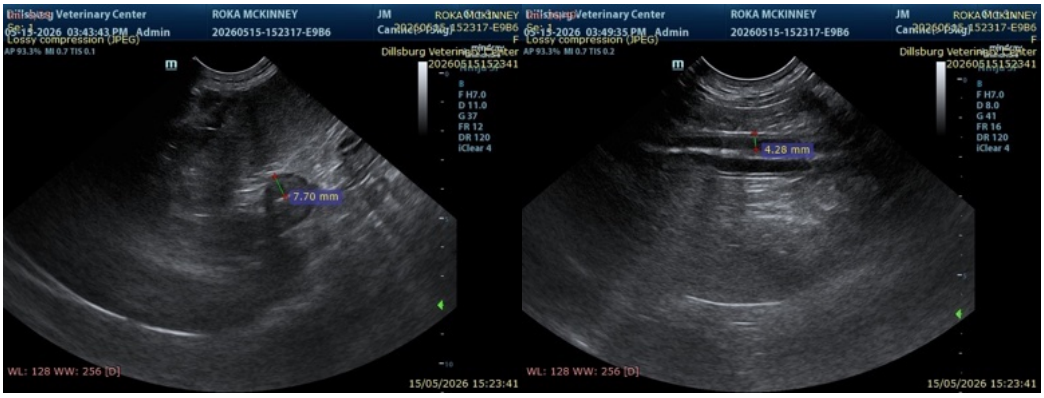

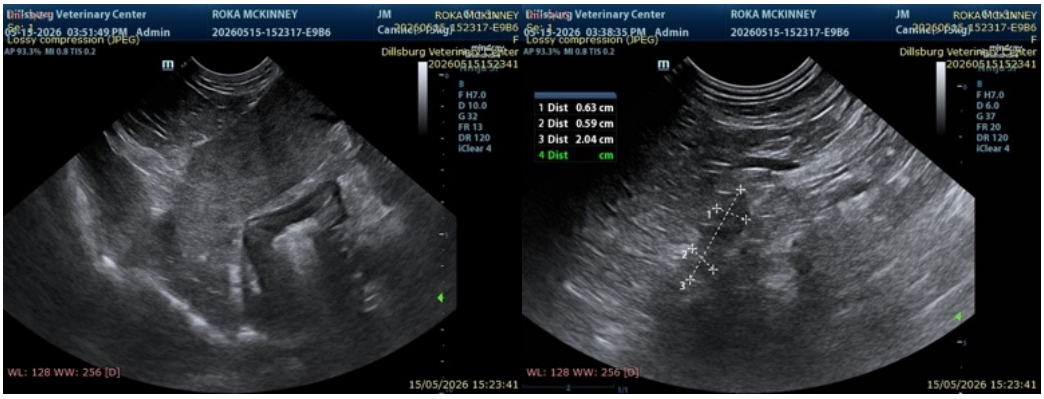

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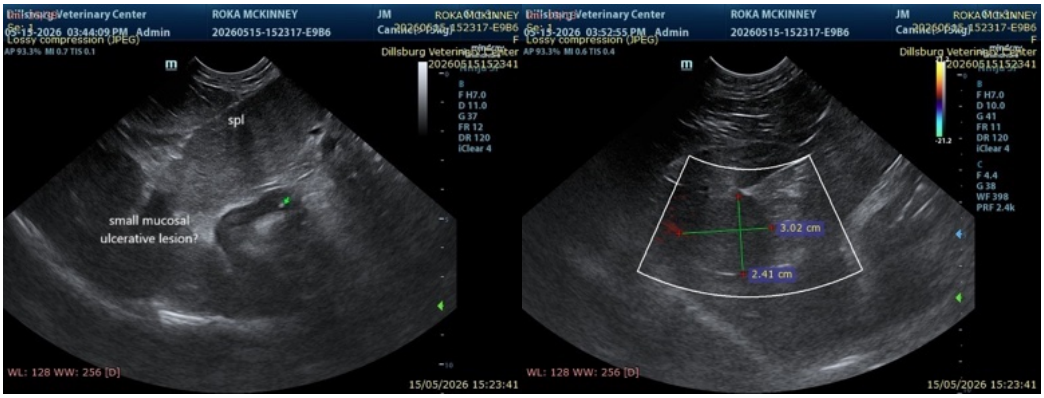

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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