



PATIENT

Barbie Egozcue

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.4 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Laura Solis

INVOICE

75638

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of vomiting and soft stool. Px was left at a hotel for boarding until May 18th. During this time she presented to rDVM with soft stools. Px started again with diarrhea after owner switched from the prescribed Gastrointestinal Low Fat diet to Maltese RC diet, which is the one she had been on since puppy. rDVM recommended switching to previous diet slowly and continuing with Propectalin in the meantime, but Px was still presenting with inappetence, diarrhea, and vomiting. Bloodwork was unremarkable. Radiographs showed some objects in stomach and a concern for GI FB was noted. Px has been doing well since May 23 and is now eating and defecating normally. Px is UTD on all vaccines. Sample of liver nodule was collected via FNA, results are currently pending.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

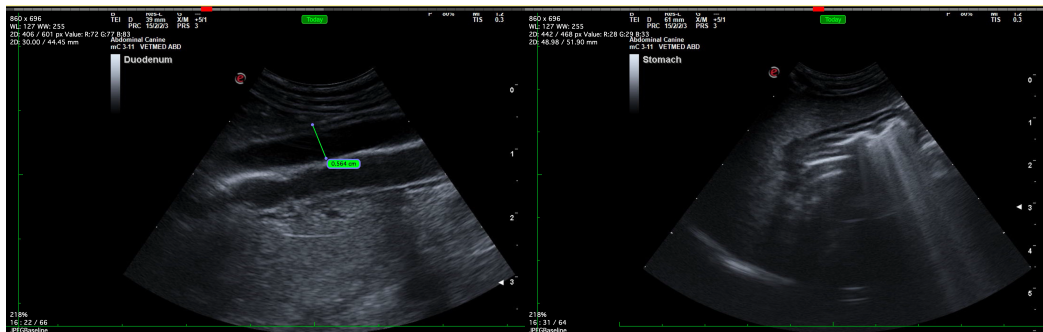
The duodenum remains mildly thick at 0.56 cm thick with less definitively visible speckling. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

ULTRASONOGRAPHIC FINDINGS

- The stomach is empty following additional fasting, removing foreign material as a differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations remain the same as on prior report.



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.

Beth Johnson, DVM, DACVIM

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