



## PATIENT

Lady Vega

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

8.4 lbs

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound

## REFERRING VET

Dr. Maria Colon

## INVOICE

73332

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to episodes of vomiting. Px is anorexic, and some vomits were bloody. Px has Hx of Pancreatitis and Gastritis

Abnormal PE/Chem/CBC/UA Results: rDVM record/BW attached below

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. A cortical cyst is noted in the left kidney. Left kidney measures 3.54 cm. Right kidney measures 3.7 cm.

### *Adrenal Glands*

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 1.49 cm in length x 0.48 cm at the caudal pole and 0.41 cm at the cranial pole. Left measures 1.71 cm in length x 0.56 cm at the caudal pole and 0.49 cm at the cranial pole.

### *Spleen*

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

### *Gastrointestinal*

The stomach contains a small volume of fluid and is non-distended. The gastric wall is diffusely thickened with prominent/thickened rugal folds. There is maintenance of wall layering with a prominent hypoechoic muscularis layer noted. There are no focal lesions consistent with masses. The PDJ is empty.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.



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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SPECIES**

Canine

**Pancreas**

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

**BREED**

Shih Tzu

**Free Abdomen**

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Thickened stomach wall with prominent rugal folds and prominent muscularis layer.
- Aging renal changes with mild nephrocalcinosis.
- Gallbladder debris.

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastric thickening with maintenance of wall layering is likely secondary to reported chronic vomiting. Mural disease cannot be definitively ruled out, and given the chronic nature of vomiting, biopsy is indicated.

**WEIGHT**

8.4 lbs

Empiric treatments with anti-nauseas and antacids could be tried prior to more invasive sampling if desired.

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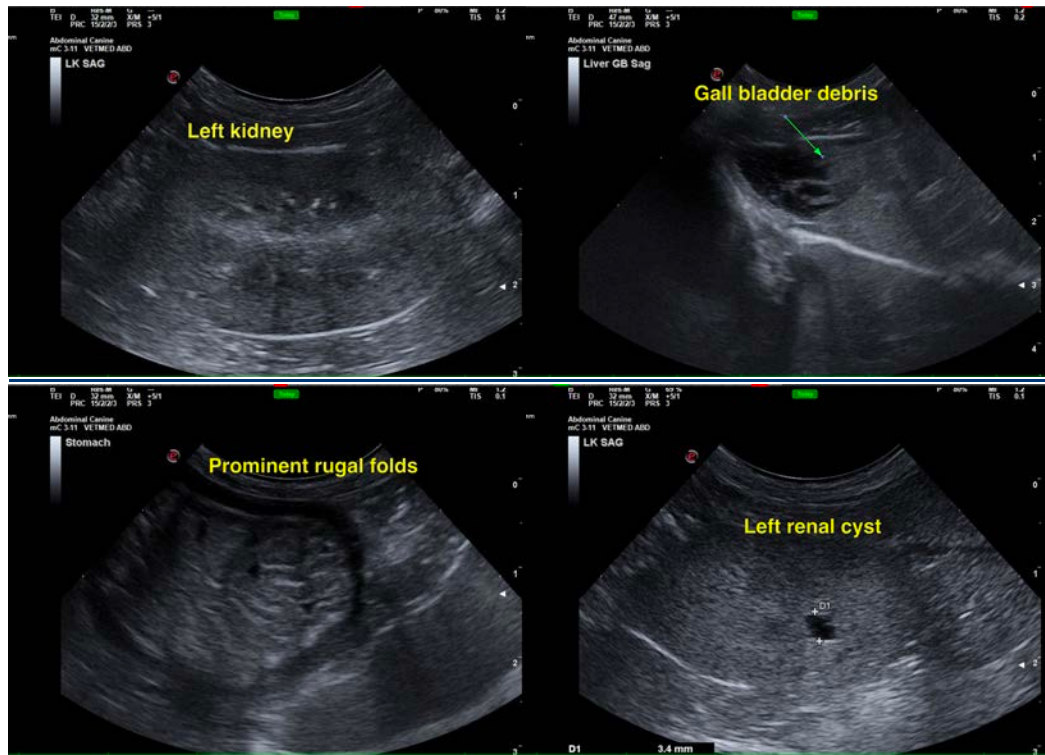
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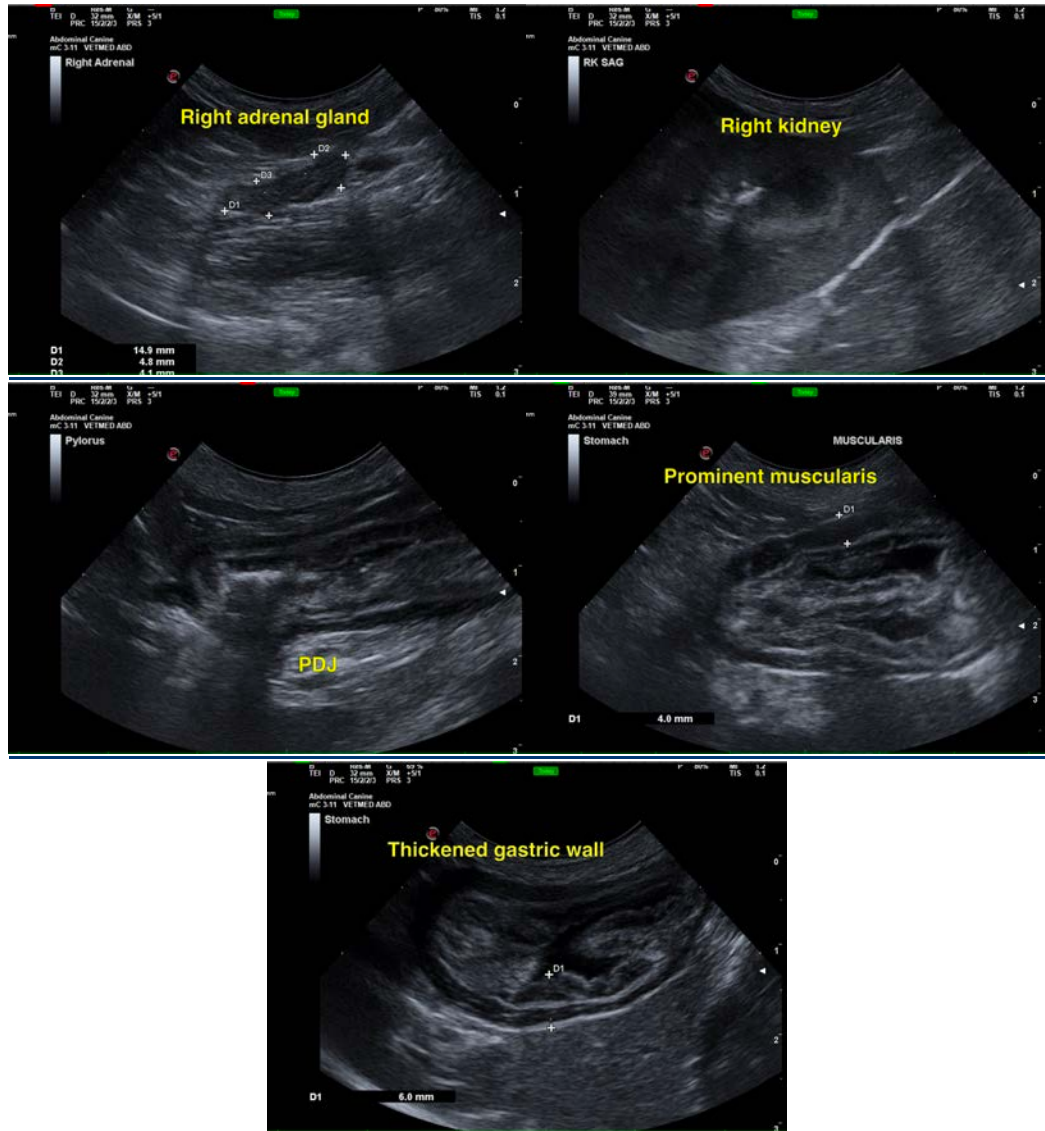
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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