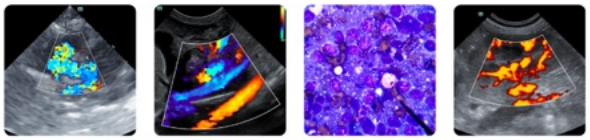


PATIENT

Zoey Knaub

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

74702

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: December 2, 2025 Gastrotomy foreign material plastic pieces of remote control. December 9, 2025 decreased appetite, regurgitated, added Reglan and helped.
April 15, 2026 decreased appetite for 1 week, switching up supplements for coprophagia. Reconcile 10mg 1 SID, Proin 25mg 1 BID, Famotidine 10mg 1 SID. No known foreign material ingestion. Switched off famotidine onto Omeprazole 20mg 1/2 SID and i/d dry and canned food. Did well for 3 days then started with decreased appetite again April18. Weight loss of 0.8 lbs in 1 week. Mucous diarrhea and drooling post ultrasound.
Abnormal PE/Chem/CBC/UA Results: April 15, 2026 abdominal radiographs 3 views mild gas in stomach with ingesta in body, no dilation, UAS USG 1.021, pH 7, inactive sediment. CBC, low normal RBC 5.75, HCT low 37.1%, Chemistry normal, PL normal, resting cortisol normal. April 21, 2026 Texas GI profile pending. Repeated Liver profile still normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

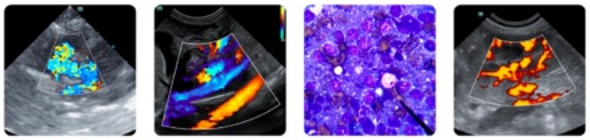
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.94 cm. The left kidney measured 4.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.5 x 0.36 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland measured 1.47 x 0.4 cm at the cranial pole and 0.3 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** was mildly subnormal in size with increased portal markings with a moderate amount of remodeling. The gallbladder revealed a minor amount of dependent and slightly striating debris or bile, yet not to the level of mucocele formation. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The pyloric wall revealed mild thickening with echogenic mucosal remodeling. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Chronic gastric mucosal changes

Pancreatic and hepatic remodeling.

History of chronic cholangiohepatitis.

Minor inspissated bile.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered as well as hepatic nutraceuticals especially if bile acid elevation is an issue. Bile acid profile is warranted. GI protectant protocol, diet change to a hydrolyzed diet may all be empirically effective. If biopsies were taken at the time of gastrotomy reevaluation of any underlying chronic disease is indicated. There was no evidence of neoplasia present.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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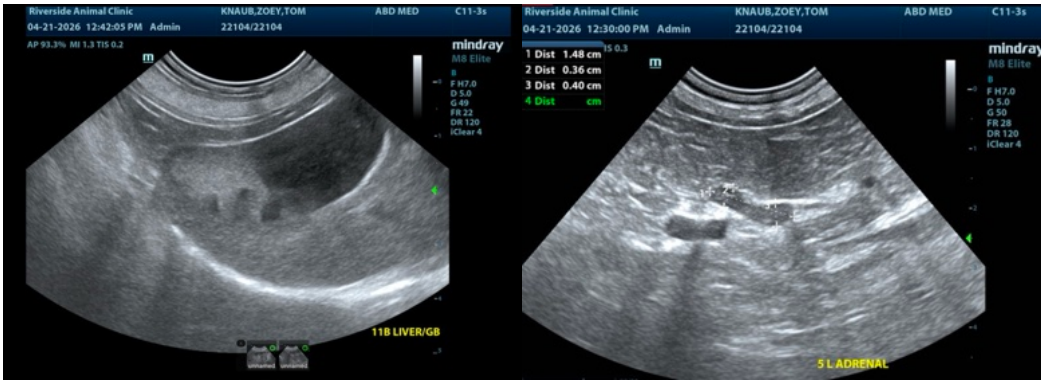

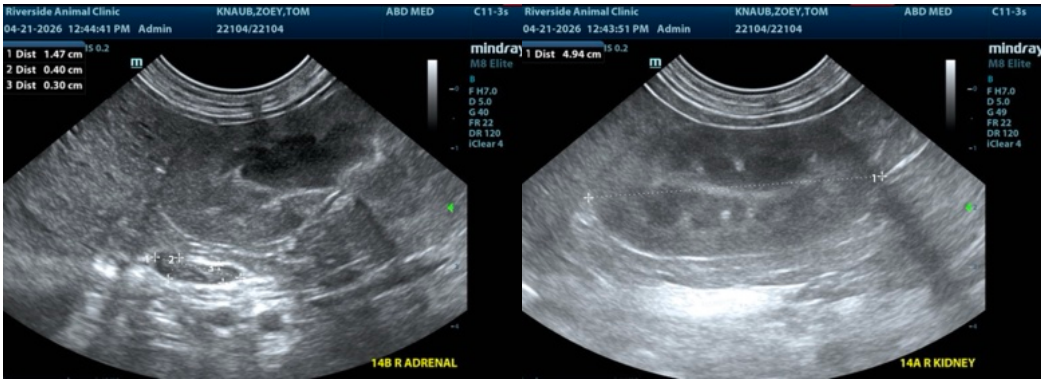

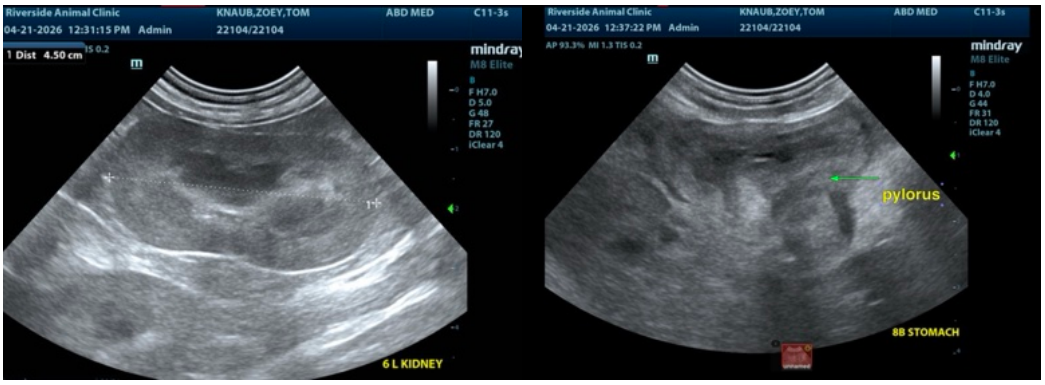

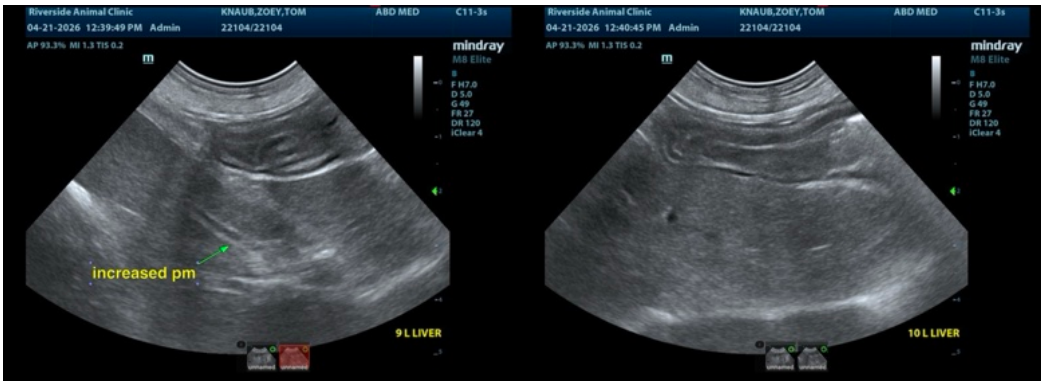

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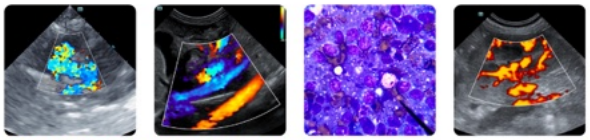

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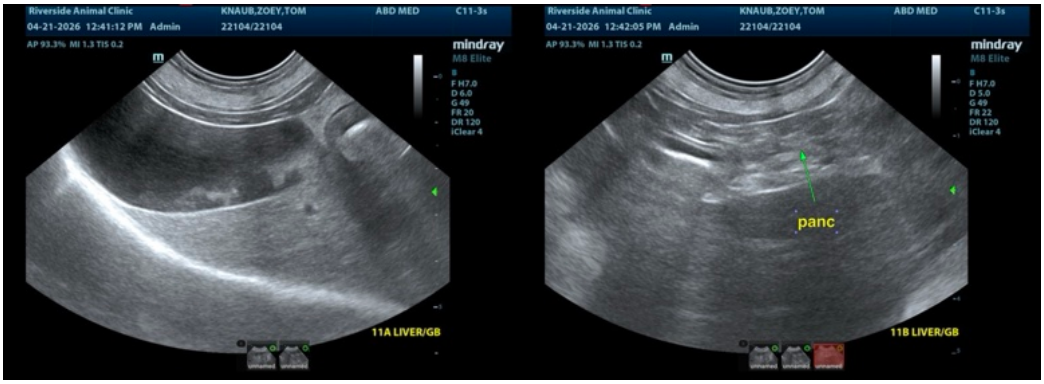

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com