



## PATIENT

Paco Rodriguez

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Male

## AGE

12 Years

## WEIGHT

8.18 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Korrina Anson, DVM

## PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Rule out intestinal obstruction. Possible causes for abdominal distention include looking at all organs to see if an issue can be found, possible Addison's disease, hormonal causes, or inflammatory bowel disease. Liver is smaller than normal; since lab work was within normal limits, not concerned about the liver at this time per rDVM. CLINICAL SIGNS: stomach gets very bloated - FortiFlora - Gabapentin BID for pain

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The prostate is identified and found to be homogeneous in echogenicity with a width of 0.82 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measures 3.26 cm. Right kidney measured 3.23 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 acceptable. Left measures 1.41 cm x 0.42 cm x 0.49 cm. Right measures 1.56 cm x 0.45 cm x 0.38 cm.

### Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

### Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with a background of anechoic contents, but approximately 30% of the contents were hyperechoic, non-shadowing, but gravity dependent. There were a small number of hyperechoic vertical strands connecting the hyperechoic gallbladder contents to the gallbladder wall.

### Gastrointestinal

The stomach presented with normal wall layering and no evidence of increased width or discrete masses. There was a moderate amount of hyperechoic non-shadowing ingesta within the lumen of the stomach. There were two discrete structures noted within the ingesta, with one having a double walled appearance and mild degree of distal shadowing measuring 0.83 cm x 1.3 cm in size. There was a second discrete structure within the gastric contents measuring 0.96 cm x 0.70 cm in size. Evaluation of the duodenum found no evidence of dramatic increased wall thickness or loss of normal wall layering. The

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average width of the duodenum wall was 0.40 cm. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively.

**Pancreas**

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate amount of hyperechoic ingesta within the lumen of the stomach with two discrete suspended structures likely to be food such as potatoes.
- Normal appearance of the duodenal wall.
- Moderate degree of hyperechoic non-shadowing debris within the lumen of the gallbladder.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the stomach appeared to be consistent with a patient who is not completely fasted despite the history of a 12 hour fast. The structures noted within the gastric contents appeared consistent with food such as potatoes or pill pockets. It is recommended to carefully monitor this patient for any evidence of vomiting, which would be expected if there was a gastric outflow obstruction. Since the primary clinician discussed with the owner the option of a performing a barium study, this can be pursued in order to further rule out any potential for underlying delayed gastric emptying, although this is felt to be unlikely. This patient can be fed an easy to digest canned food for several day period in order to ensure that there is full emptying of the stomach. It is recommended to continue providing daily probiotics for generalized gut support and gut health. If there continues to be any evidence of underlying gastric related clinical signs, then a hypoallergenic diet trial could be considered.

The changes within the gallbladder were not consistent with a mature gallbladder mucocele but may represent a pre-gallbladder mucocele that is developing. Since the liver enzyme were normal on bloodwork, careful monitoring with a repeat abdominal ultrasound in approximately 2-3 months to determine if there is more discrete changes present within the gallbladder contents could be considered. If Ursodiol treatment is elected, then careful monitoring with serial recheck ultrasound would be recommended for this patient.





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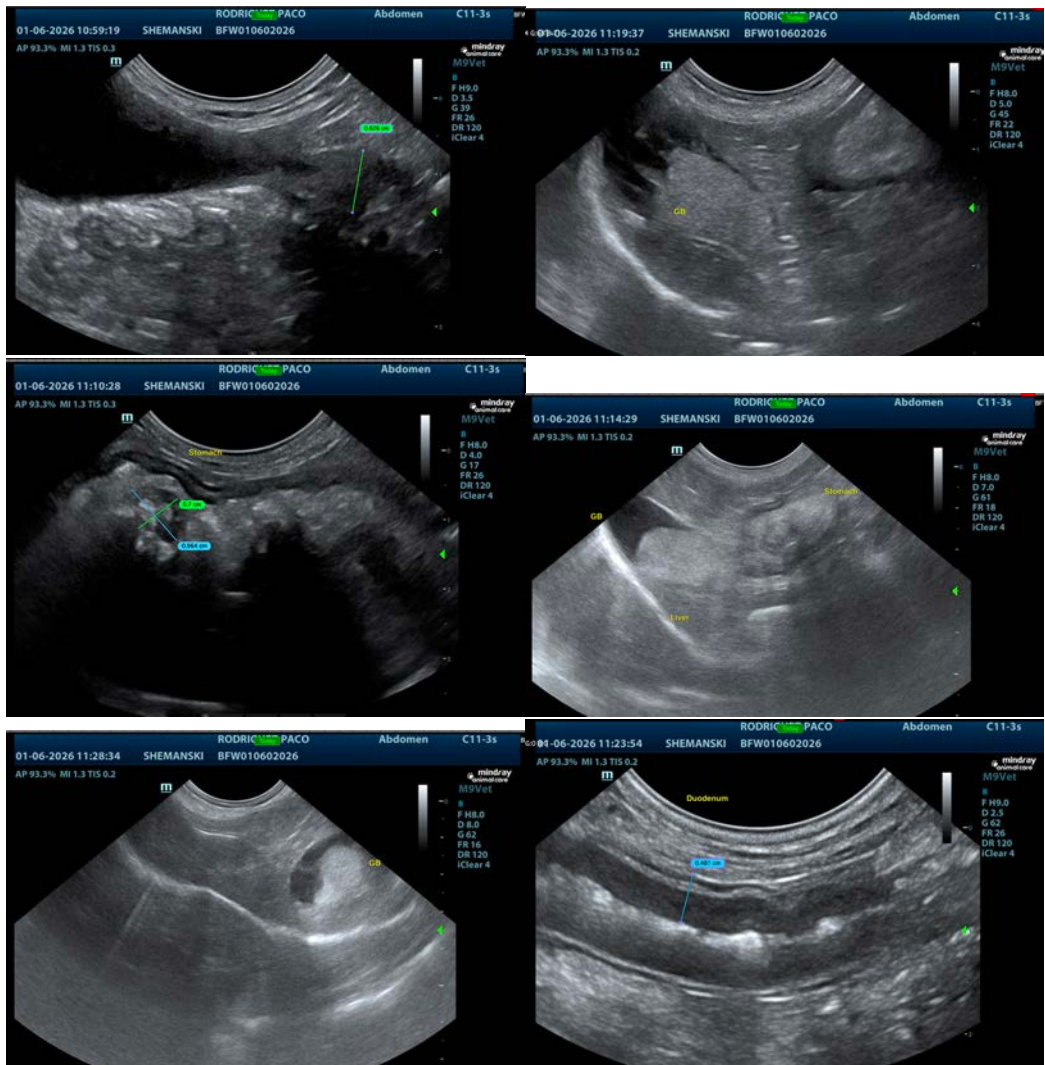
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

[info@SonoPath.com](mailto:info@SonoPath.com)