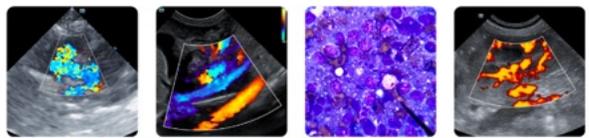


<p><b>PATIENT</b></p> <p>Rosita Milozzi</p> <p><b>SPECIES</b></p> <p>Canine</p> <p><b>BREED</b></p> <p>Chihuahua</p> <p><b>SEX</b></p> <p>Spayed female</p> <p><b>AGE</b></p> <p>9 years</p> <p><b>WEIGHT</b></p> <p>15.6 lbs</p> <p><b>INTERPRETED BY</b></p> <p>Kim Radway, DVM, DABVP (Canine/ Feline)</p> <p><b>IMAGING PERFORMED BY</b></p> <p>Arch Gordon</p> <p><b>HOSPITAL NAME</b></p> <p>Coral Ridge AH</p> <p><b>REFERRING VET</b></p> <p>Dr. Gordon</p> <p><b>INVOICE</b></p> <p>73882</p> <p><b>DATE</b></p> <p>3/30/26</p>	<p><b>PRESENTING CLINICAL SIGNS</b></p> <ul style="list-style-type: none"> <li>• hyporexia</li> <li>• eating grass</li> <li>• elevated lipase, ALT and GGT on labwork</li> <li>• Alt 204 ( 18-121 U/L GGT 17 ( 0-13 U/l) Lipase 1009 ( 0-250 U/L )</li> </ul> <p><b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b></p> <p><b>Urinary System</b></p> <p>The <b>urinary bladder</b>, 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.</p> <p>The <b>kidneys</b> 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. The left kidney was <u>3.79 cm</u> and the right kidney was <u>3.69 cm</u> in length.</p> <p><b>Adrenal Glands</b></p> <p>Both <b>adrenal glands</b> were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was <u>1.28 cm by 0.29 cm by 0.27 cm</u> and the right adrenal gland was <u>1.08 cm by 0.27 cm by 0.31 cm</u> in size.</p> <p><b>Spleen</b></p> <p>The <b>spleen</b> 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.</p> <p><b>Liver</b></p> <p>The <b>liver</b> 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 anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.</p>
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**Gastrointestinal**

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas mixed with non-shadowing, hyperechoic luminal contents. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

**Pancreas**

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

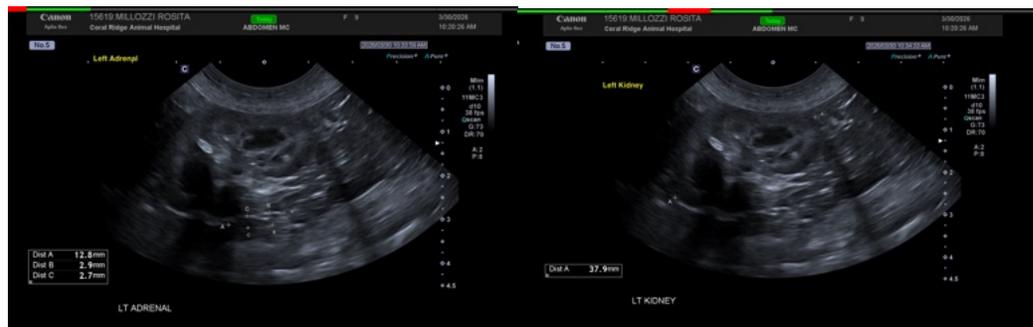
**ULTRASONOGRAPHIC FINDINGS**

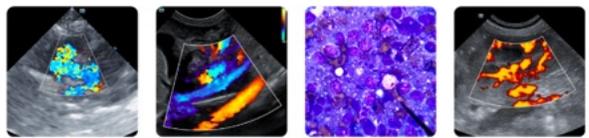
Normal abdomen.

Small amount of contents within the lumen of the stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient had no dramatic changes present throughout the gastrointestinal tract or pancreas despite the elevated lipase and history of decreased appetite. The liver maintained normal architectural appearance. It is recommended at this time to initiate therapy for the presenting symptoms including feeding a low fat bland diet or a Hill's biome diet for the next 2-4 weeks. Daily probiotics and Cerenia is recommended as needed. Denamarin can also be provided in order to support the liver function with close monitoring of the liver values over time. If this patient continues to have abnormal clinical signs then further diagnostics such as a GI panel or gastrointestinal biopsies may be needed for a more definitive diagnosis.





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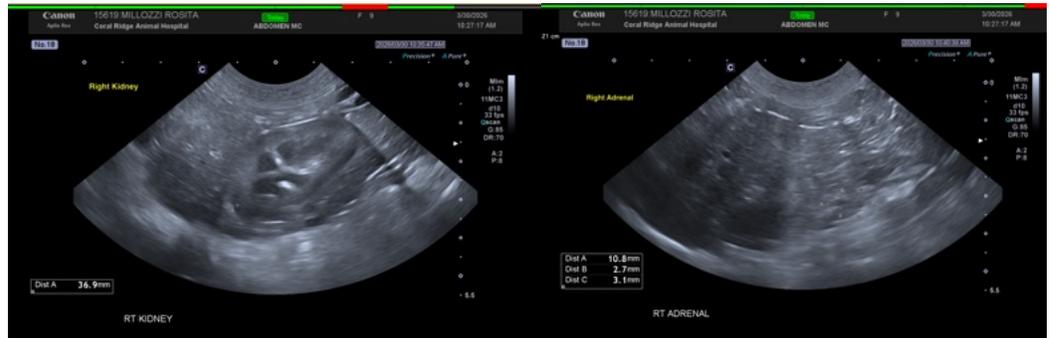
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)