



**PATIENT**

Eileen Wuilliez

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

SF

**AGE**

9 years

**WEIGHT**

31.8

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Bridget Hayes

**INVOICE**

15850

**DATE**

1/13/23

**PRESENTING CLINICAL SIGNS**

Historically, pancreatitis and GI upsets, but now has frequent regurgitation and nausea. Has been on GI Low-fat diet. Workup done on 12/30/2022. O reports that p has been on Pepcid and Cerenia which has been helping with the regurgitation. O tried to wean p off of both meds, but then p started regurgitating again. P also on gabapentin.

Abnormal PE/Chem/CBC/UA Results: See attached labs: Abnormal cPL, elevated Albumin and T Bili. mild increases in Amylase and Lipase. See attached rads: LS spondylosis

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.60 cm width at the caudal pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The visualized gastric walls were sonographically normal without evidence of mechanical pyloric outflow obstruction. The lumen of the stomach contained mild to moderate nonshadowing ingesta / chyme without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical / metabolic ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with subjective semi-formed to soft fecal matter consistent with patient history.

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**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable gastrointestinal tract / colon with mild potentially retained gastric ingesta / chyme and semi-formed / soft fecal matter
- Heterogeneous pancreas - no sonographic evidence of significant or active pancreatitis, minor parenchymal remodeling owing to previous inflammatory episode, or low-grade / chronic pancreatitis which may present as sonographically normal, are possible.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no sonographic evidence of significant visceral pathology.

At times, the gastroenterocolic and pancreatic presentation may not always correlate with a history of chronic gastrointestinal signs or pancreatitis. Mild chronic inflammatory gastroenteropathy, esophagitis, dietary intolerance / food allergy, occult parasitism, low-grade to chronic pancreatitis, and less likely occult Addison's Disease are all potentials.

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In addition to gastroprotectants and antiemetic medication, smaller more frequent feedings of a novel protein or hydrolyzed diet +/- empirical coverage for helicobacter and assessment of clinical response could be considered. Omeprazole 1.0 mg/kg PO SID may be more effective than Pepcid as a gastroprotectant. A GI panel to include PLI/TLI/Cobalamin/Folate, a resting cortisol level +/- upper gastrointestinal endoscopy may be indicated or considered if persistent regurgitation/nausea or evidence of weight loss despite empirical therapy

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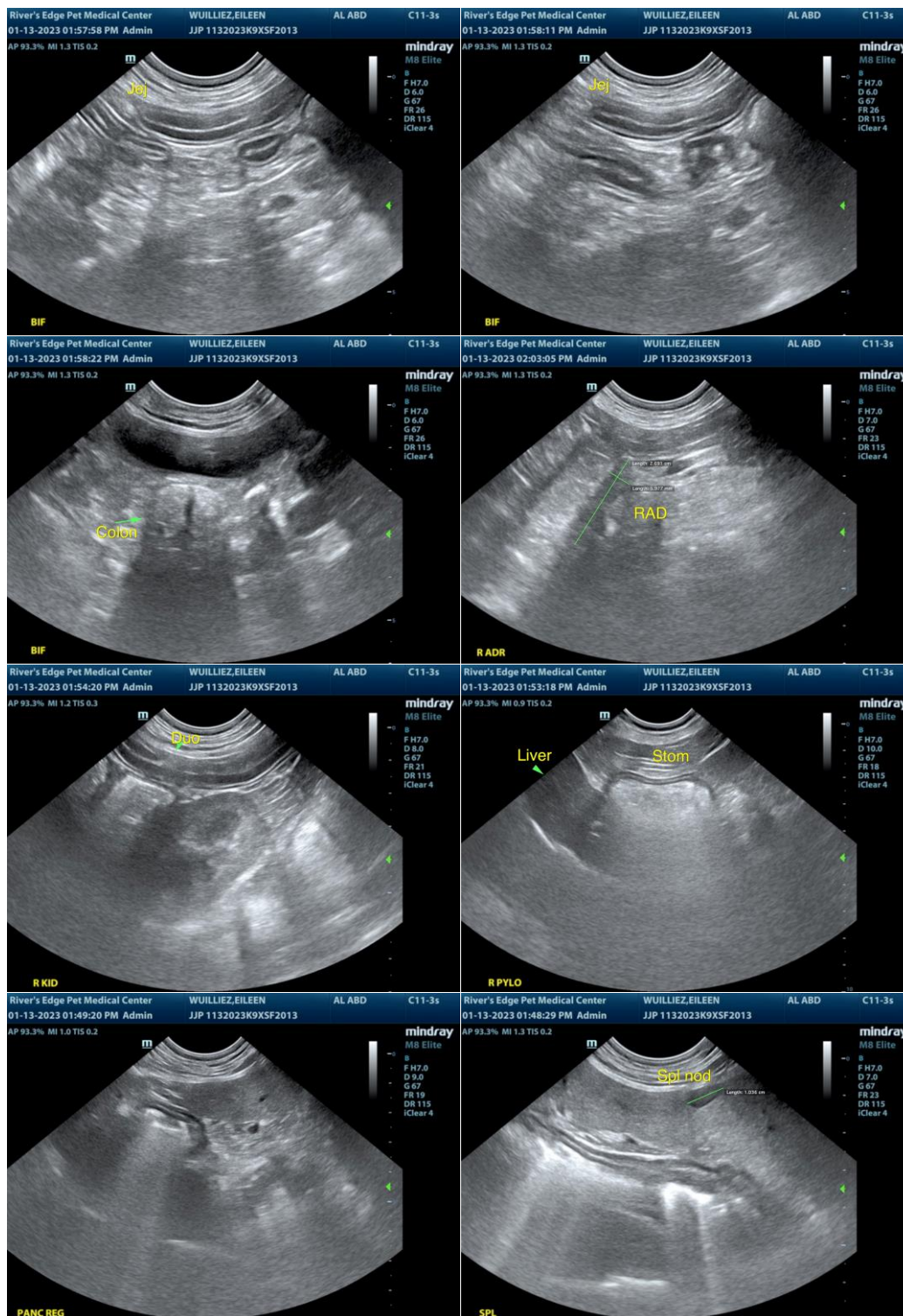
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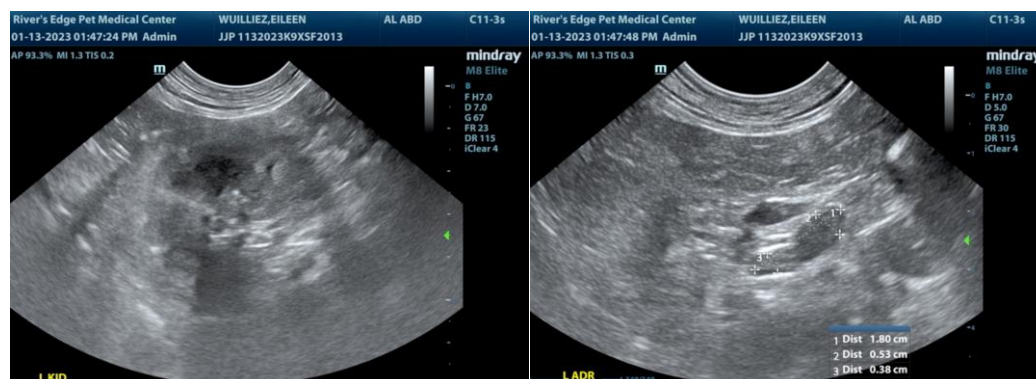
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com