



PATIENT

The submitted study contained 23 still images and 7 videos for review.

Bibi Meslin

PRESENTING CLINICAL SIGNS

SPECIES

P came in for vomiting blood once during the day. P normally does not have an appetite, O gave beef and potatoes last night. P normally drinks water well. P had diarrhea three times last night and once today, and vomited white foam once and then white foam mixed with blood. P has congestive heart failure and is on Pimobendan, furosemide, spironolactone, and enalapril.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Maltese

Urinary System

SEX

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

MN

AGE

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 2.8 cm in length. The right kidney measured 2.6 cm in length.

14yr

WEIGHT

The area of the aortic trifurcation was free of pathology.

5.7lb

Adrenal Glands

The right adrenal gland was indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.44 cm width in the caudal pole. The right adrenal gland subjectively measured 0.41 cm width in the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr Paul Kim

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr Paul Kim

INVOICE

23544

Gastrointestinal

DATE

01/13/2026



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The stomach presented primarily intact mildly thickened wall and empty lumen. Within the ventral gastric body, a mildly expansive hypoechoic mural lesion was present, measuring ~ 1 cm in diameter.

The visualized segments of small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Propensity for mildly prominent to hypoechoic intestinal submucosa layer. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.18 cm width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Segmental soft fecal matter and lumen gas was present in the colon lumen with lumen dilation.

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastroenterocolopathy with stomach mural lesion- inflammation, infection, abscess, neoplasia or emerging gastric tumor, all potentials.
- Heterogeneous remodeled pancreas- patient / age variant, benign remodeling owing to previous inflammation, chronic pancreatitis

Secondary

- Mild non-organized gallbladder debris
- Chronic renal changes with mild medullary mineral
- Mild urinary bladder lumen mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An emerging gastric tumor is highly suspected. Definitive diagnosis would require biopsies for histopathology. Gastrointestinal support, including broad-spectrum gastric protectants and dietary trial with clinical and sonographic monitoring would be more conservative. A spec CPL or GI panel to include PLI/TLI/Cobalamin/Folate may be considered. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder.



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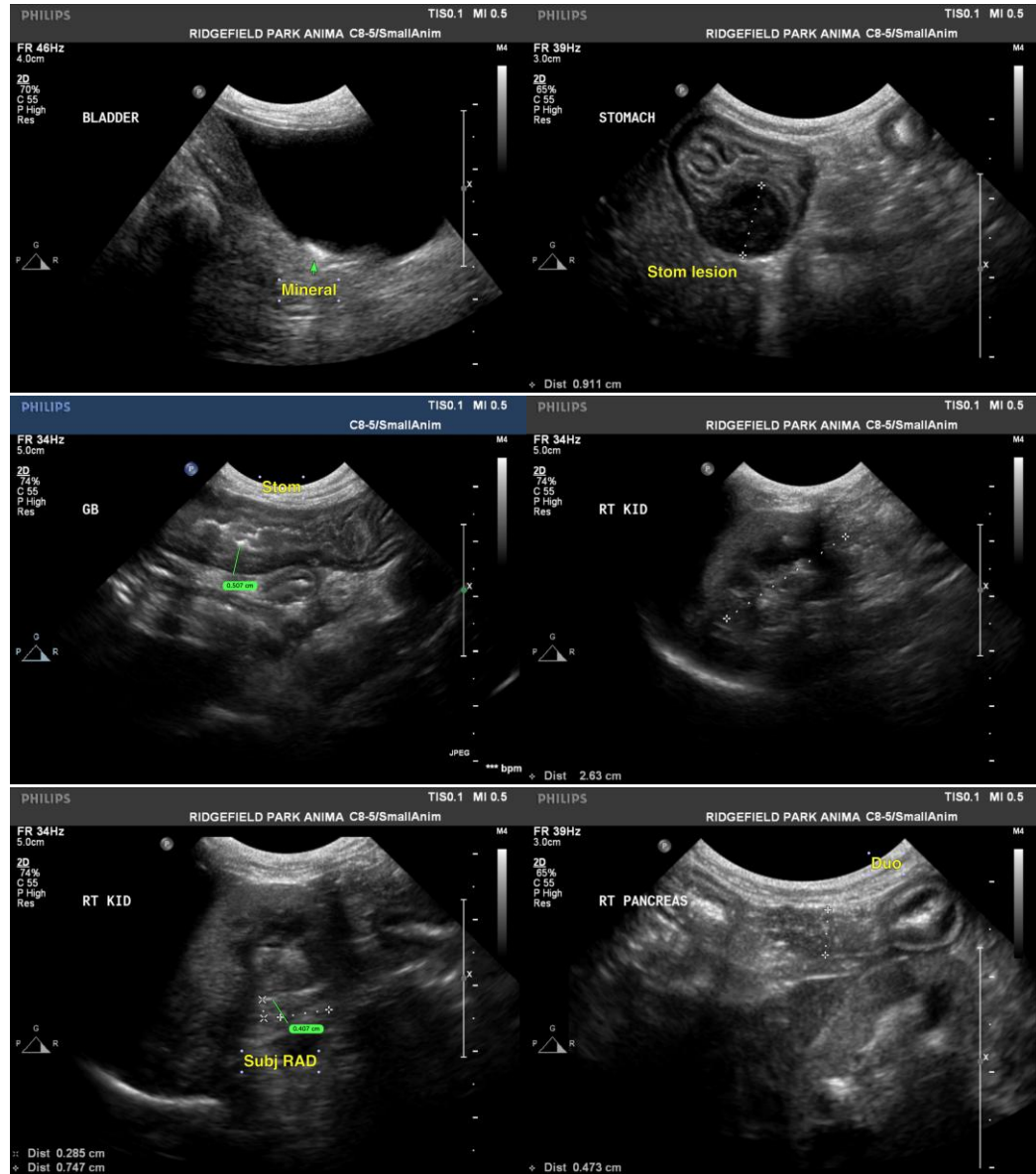
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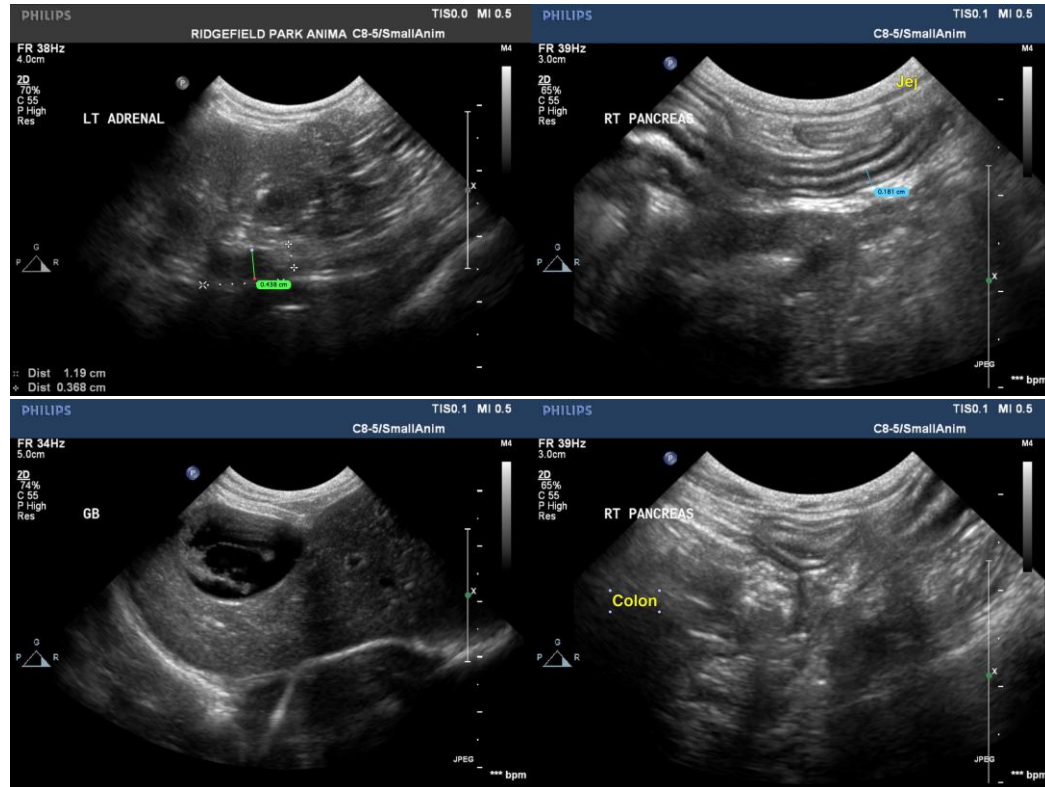
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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