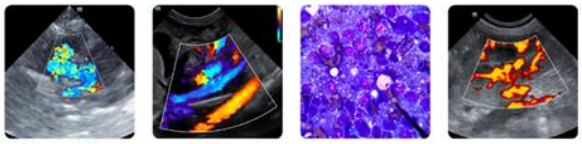


PATIENT
Sadie Gouger

SPECIES
Canine

BREED
Bichon X

SEX
FS

AGE
15.5yr

WEIGHT
14.8lb

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

IMAGING PERFORMED BY
Rodriguez

HOSPITAL NAME
Foxfield VS

REFERRING VET
Rodriguez

INVOICE
23568

DATE
01/15/2026

PRESENTING CLINICAL SIGNS

Vomiting. O gave a treat she has had before. Began freq vomiting

Abnormal PE/Chem/CBC/UA Results: Bloodwork normal 1/5/26.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in the caudal pole.

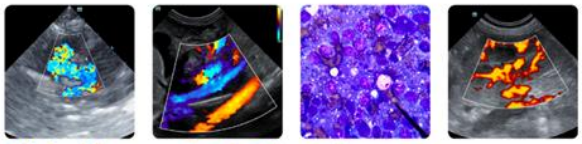
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal to coalescing irregular yet non-capsule deforming echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a splenic nodule measured 1.6 cm in diameter.

Liver/Gallbladder

Generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Multiple hepatic cysts containing anechoic fluid were present. An example measured 2.0 cm diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact, subjective thickened wall exhibiting mild altered wall layer ratio owing to propensity for mild prominent to echogenic mucosa and mildly hyperechoic submucosa layer. Segmental, mild duodenojejunal ileus to level of the ileum was present. No evidence of pathology in the area of the ileocolic junction.

Normal visible colon wall layers were present with soft to non-formed feces in lumen.

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

- Gastroenteropathy exhibiting generalized prominent to mildly thickened gastrointestinal wall and segmental generalized increased duodenojejunal mucosa echogenicity, mild gastrointestinal ileus - no obvious mechanical obstructive pattern
- Pancreatic remodeling
- Enlarged non-homogenous liver
- Mild gallbladder debris (non-mucocele)
- Soft to non-formed fecal matter in non-distended colon
- Bilateral chronic renal changes
- Benign to coalescing splenic nodules - most consistent with myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Known or unknown dietary indiscretion, enterotoxin, infectious disease, possible acute inflammatory bowel /IBD, occult gastrointestinal neoplasia, all potentials. No obvious mechanical obstruction or foreign material. Gastrointestinal support indicated with clinical and as needed sonographic monitoring. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

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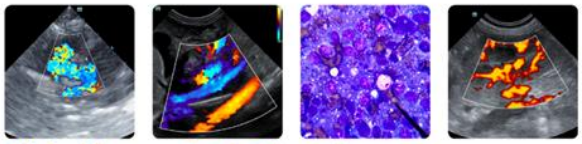

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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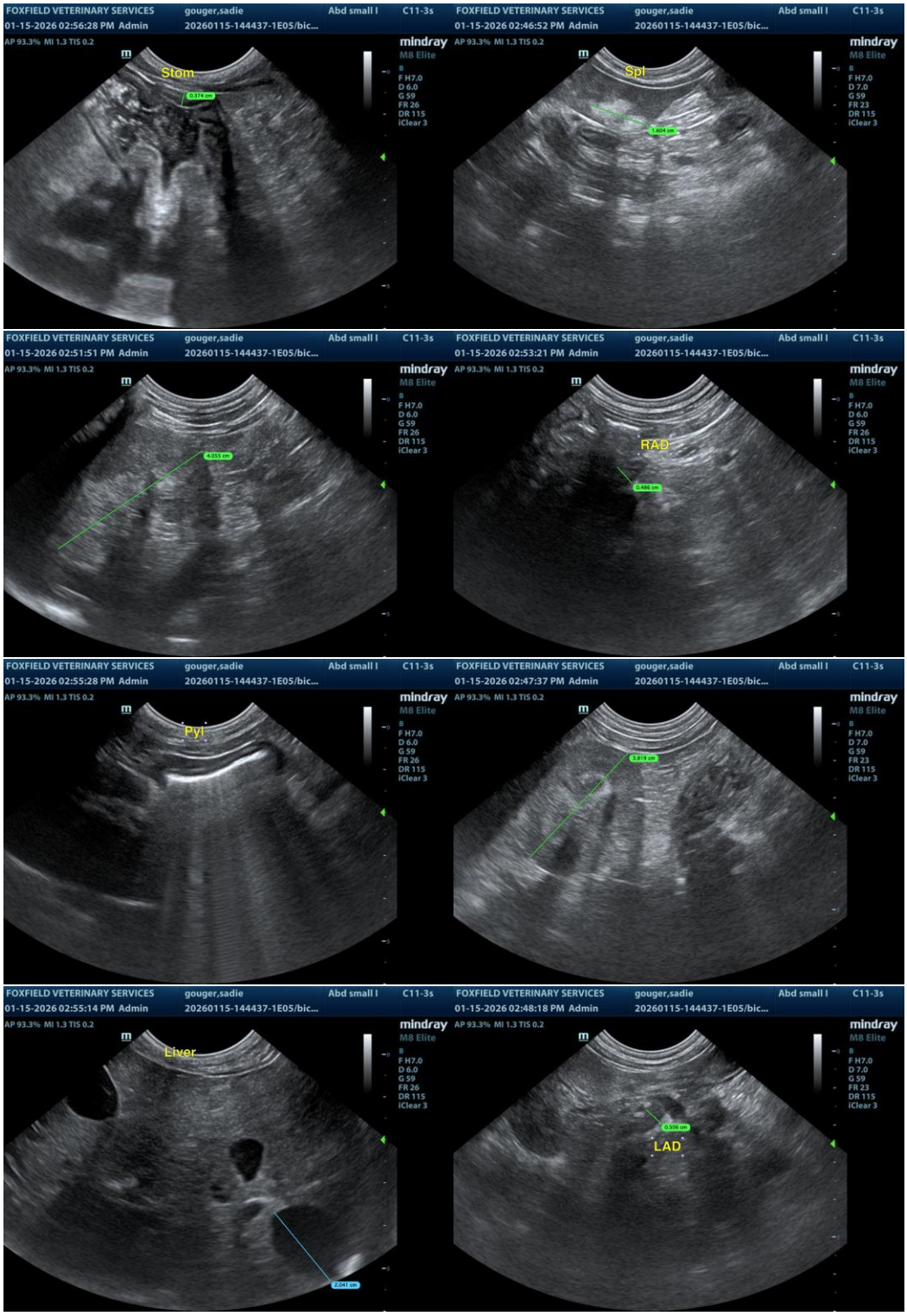

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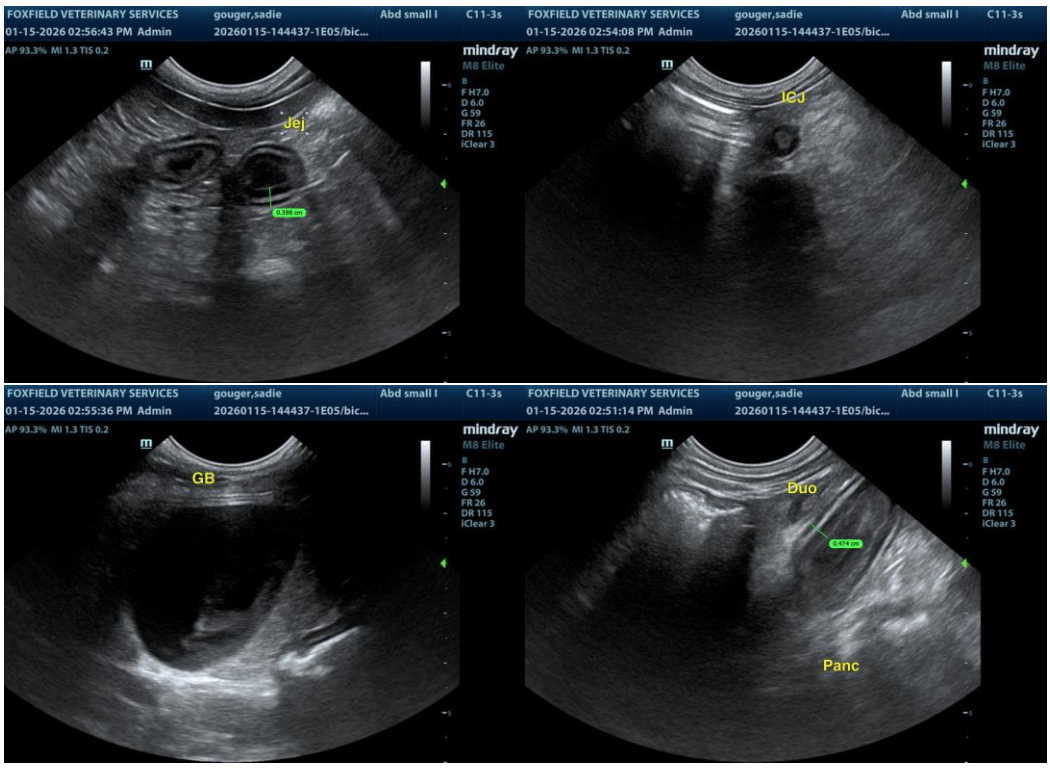

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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