

**PATIENT**

Tyler Garcia

**SPECIES**

Canine

**BREED**

Miniature Poodle

Mix

**SEX**

I/M

**AGE**

11 months

**WEIGHT**

14.2 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. Kacham

**INVOICE**

15935

**DATE**

1/25/23

**PRESENTING CLINICAL SIGNS**

Patient presents for vomiting with blood in it, once every 2 days. R/O foreign body vs. other. No reported radiographs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

Prostate was of the expected size and presentation for a young, intact, male canine without evidence of pathology measuring 2.0 cm in diameter.

The left and right testicles were sonographically unremarkable.

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. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

**Adrenal Glands**

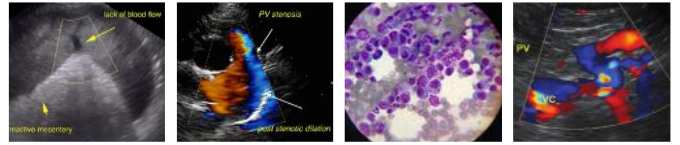
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.34 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.3 cm length x 0.33 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.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained primarily anechoic fluid with mild luminal gas. Nonspecific, persistent, small yet elongated, hyperechoic, mildly shadowing echo was present in the stomach measuring approximately 1.2-1.3 cm length x 0.2 cm width. This echo did not appear to be obstructive to pyloric outflow.

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Normal visible colon wall layers were present with formed to semi-formed fecal matter.

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***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild hypomotile gastritis pattern, sonographically unremarkable small bowel
- Small nonobstructive, nonspecific, gastric echo - accumulated chyme / mucus, previously administered medication, potential for small nonobstructive amount of gastric foreign material

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of mechanical / metabolic gastric or gastrointestinal criteria. No overt evidence of gastric ulceration, although potential for micro ulceration secondary to gastritis and gastric mural inflammation is possible.

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Although normal bilateral adrenal appearance resting cortisol level to rule out occult Addison's Disease is warranted.

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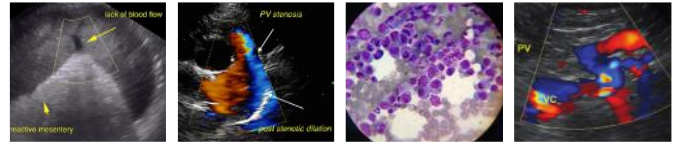
Endoscopy, if available, is likely ideal for further assessment of the gastric lumen and potential for biopsies. Empirical therapy for gastritis including gastroprotectants, dietary therapy, and empirical deworming +/- coverage for helicobacter with sonographic monitoring of the nonspecific small gastric echo for evidence of persistence or resolution would be reasonable. Recheck sonogram may be considered in 5-7 days if persistent/progressive hematemesis despite empirical therapy.

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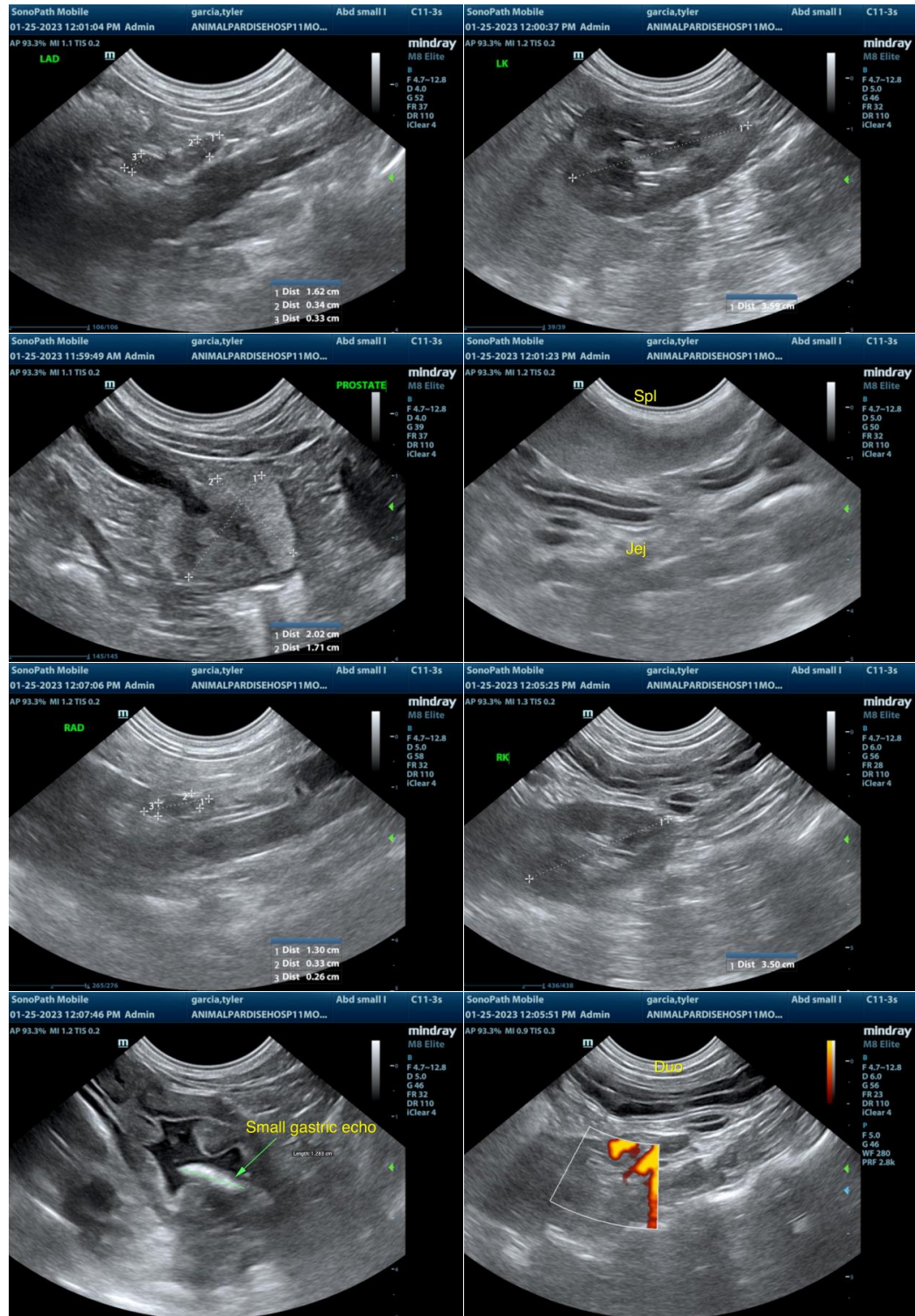
Dr. Kacham

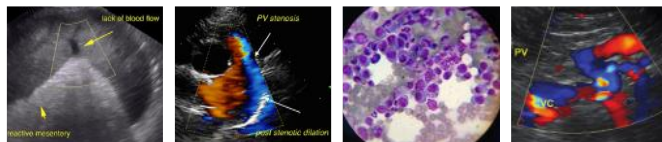
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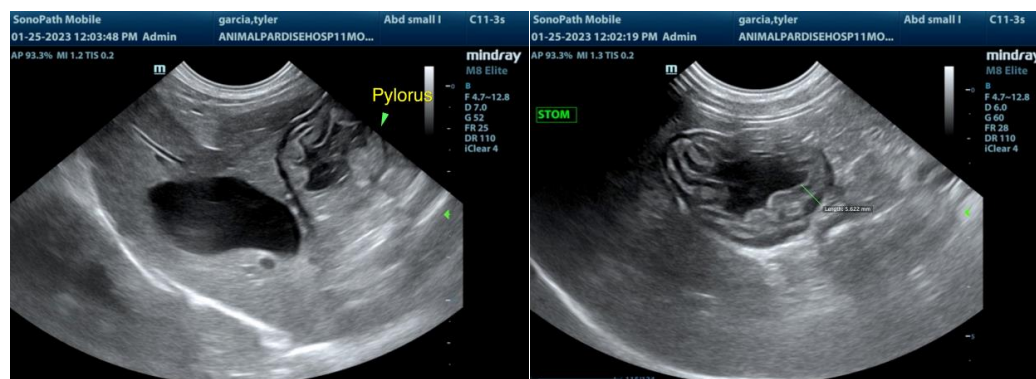
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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