



PATIENT	PRESENTING CLINICAL SIGNS
Eleanor Eaddy	Vomiting only if drinks a lot of water. SA 705 to Antech looks fine. If we limit water she does not vomit. If we spread water out she does not vomits. She does drink more than she used too and if drinks a lot vomits. Shes has lost weight. Elanor will have 300 mg of trazodone and 600mg of gabapentin with 4 pill pockets around 6AM. Vomiting has gotten worse in past few days and even vomited the trazodone and gabapentin this morning so if ultrasound does not give clues then do radiographs
SPECIES	
Canine	
BREED	
Pitbull Mix	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Female Spayed	Urinary System
AGE	The urinary bladder was normal in size and tone, with primarily normal urinary bladder wall. A small, sessile-based mass lesion was noted in the mid-dorsal wall, measuring ~1.0 cm in diameter. Anechoic urine was present with no evidence of mineral or calculi. The trigone and cystourethral junction were free of pathology. The urethra exhibited normal structure and tone to a depth of 4.0 cm.
12 years, 1 month	
WEIGHT	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
51 lbs.	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 moderate to significant loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild pyelectasia was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.5 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.73 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Ashley Whitesell	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
HOSPITAL NAME	Liver/ Gallbladder
Dickson AC	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs
REFERRING VET	
Richard Hovis	
INVOICE	
10498	
DATE	
1/6/25	



PATIENT

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Pitbull Mix

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AGE

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51 lbs.

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of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented thickened stomach wall exhibiting decreased mural echogenicity and indistinct gastric mural detail. The stomach was primarily empty with mild retained fluid. Example of the thickened stomach wall measured 1.2 cm wall width. There was no overt obstruction to pyloric outflow.

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 ileus, obstruction, or foreign material. Discreet areas of mild hyperechoic intestinal mucosa were noted.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry, exhibiting mild heterogeneous hypoechoic remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mild perigastric hyperechoic omentum was noted. No overt significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty thickened stomach with indistinct mural detail - gastritis, helicobacter, emerging neoplasia possible
- Overall normal small intestine exhibiting mild nonspecific hyperechoic mucosa
- Prominent nonhomogeneous hypoechoic pancreas - age-related variant and remodeling, chronic to chronic active pancreatitis
- Bilateral chronic renal changes exhibiting mild pyelectasia
- Small sessile-based dorsal urinary bladder mass lesion - focal cystitis, sessile-based polyp, emerging tumor
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given indistinct gastric mural detail with wall thickening, primary concern for emerging gastric neoplastic criteria is warranted, although not definitive. Definitive diagnosis would require endoscopic biopsies for histopathology. Gastroprotectant protocol, including canned hydrolyzed diet and consideration for empirical helicobacter treatment with clinical and sonographic monitoring, may be considered. Urinalysis with suggested BRAF assay, if possible, is recommended.



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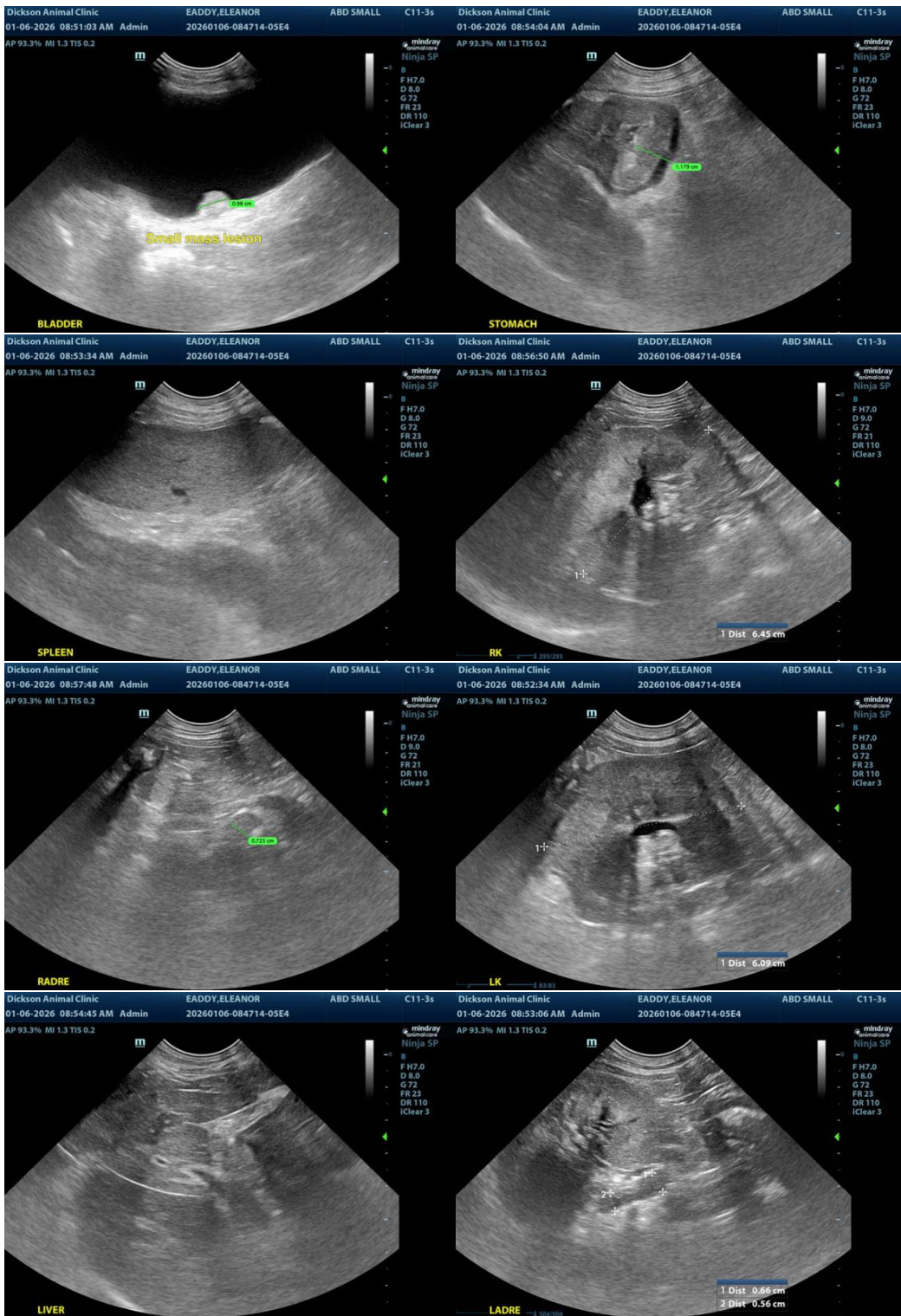
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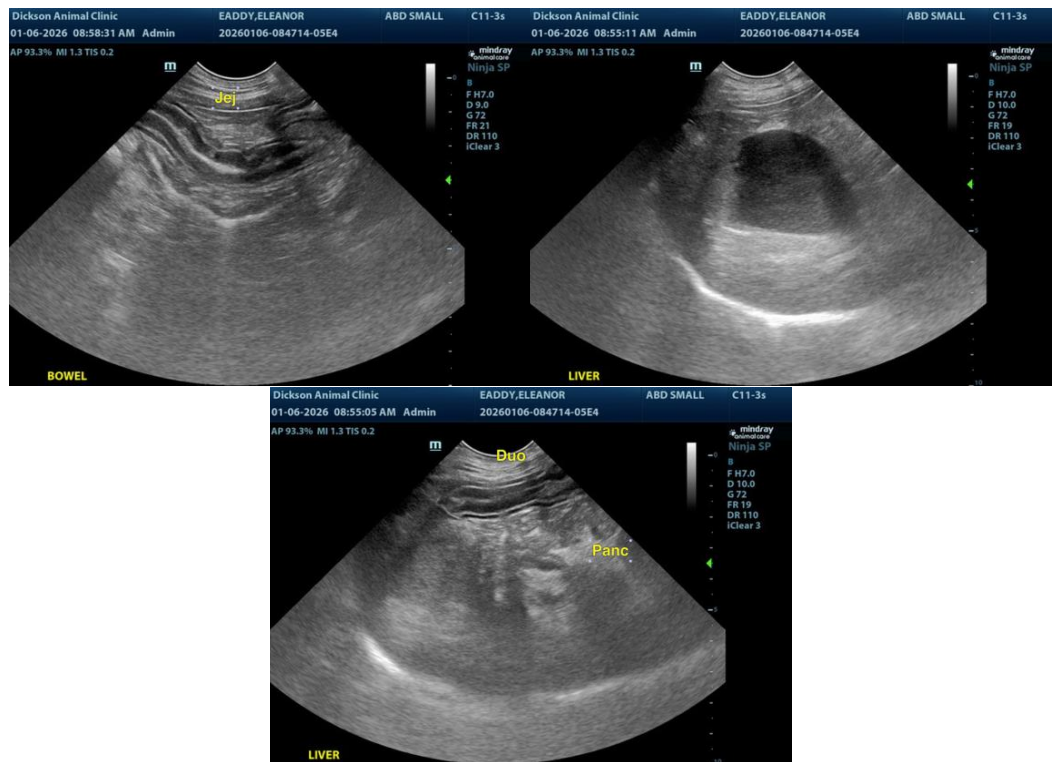
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com