



PATIENT

Ernie Swanson

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

17yr

WEIGHT

3.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Kristen Cartpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr Diana Strenk

INVOICE

22937

DATE

11/11/2025

PRESENTING CLINICAL SIGNS

Sedated with butorphanol IM. 17 yo MC chihuahua (3.3#) presenting for AUS after initial presentation 11/8/2025 for intermittent d+ and acute onset of hematemesis the morning of presentation. Patient was treated with SQF, cerenia, B12, famotidine during appointment. Patient was sent home with Provable, Metronidazole, mirtazapine, sucralfate, famotidine, gabapentin, cerenia. Current Diet: bland diet. Previous Diagnostics or Scans: 11/8/2025. HCT 63.6%. BUN (H) 49. CPL (H) 1,213, otherwise NSF. Radiographs: The stomach appeared dilated with gas. A soft tissue opacity is noted in the cranial ventral abdomen, which is most consistent with overlapping intestinal loops, though a mass effect cannot be ruled out. Patient is significantly improved with medical management with no ongoing vomiting and eating extremely well since appointment on 11/8/25.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 size and asymmetrical 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 areas of mild medullary mineral were present. Intermittent small cortical infarcts were present. Mild pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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 0.52 cm width in the caudal pole. The right adrenal gland 0.52 cm width in the caudal pole.

Spleen

The spleen exhibited normal size and a finely textured and primarily homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, subtle non-disruptive hyperechoic splenic nodule was present measuring 0.76 cm in diameter. 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.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hyperechoic to the spleen with a moderate coarse echotexture and subjective parenchymal remodeling. 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.



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Gastrointestinal

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

The small intestine presented intact wall layering with normal muscularis/mucosa ratio. Subtle segmental hyperechoic intestinal mucosal speckling with segmental non-shadowing ingesta and non-obstructive ileus to the level of the colon.

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

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 was evident.

Free Abdomen

No evidence of overt lymphadenopathy or peritoneal effusion was present.

Mild increased omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild gastroenteritis pattern- likely resolving
- Semi-formed fecal matter in colon
- Sonographically normal area of pancreas
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Subtle splenic nodule -tend to trend benign, suspect subtle lymphoid hyperplasia or hematopoiesis
- Chronic renal changes exhibiting pyelectasia
- Mild medullary mineral and small cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given improvement in gastrointestinal signs, continued gastrointestinal support is indicated. Concurrent resolving low-grade or chronic pancreatitis may present sonographically normal. Initial sonographic monitoring of the splenic nodule for evidence of persistence or progression is recommended. Correlation with urinary workup including UA and C/S and baseline UPC level for renal staging is recommended.



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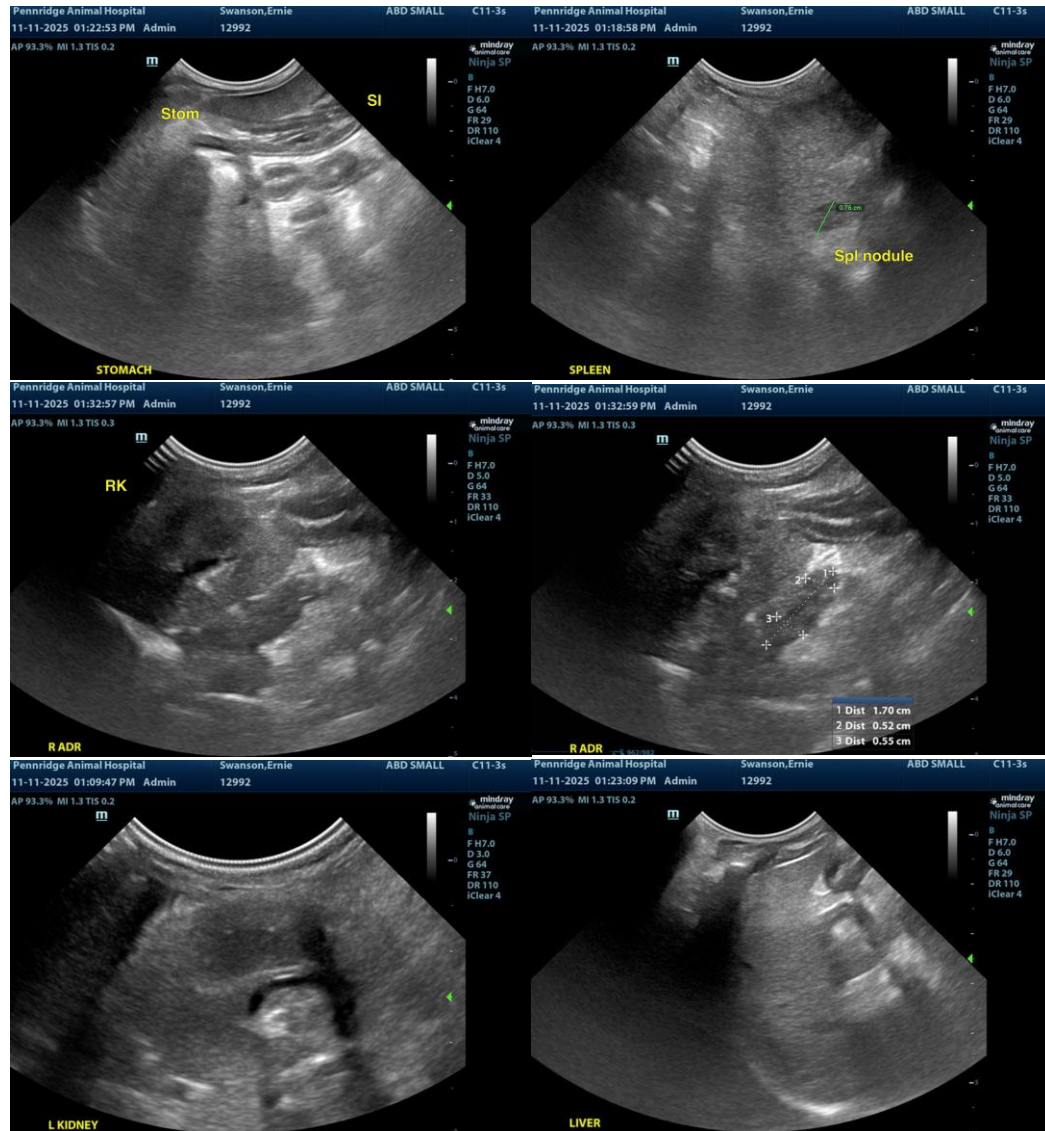
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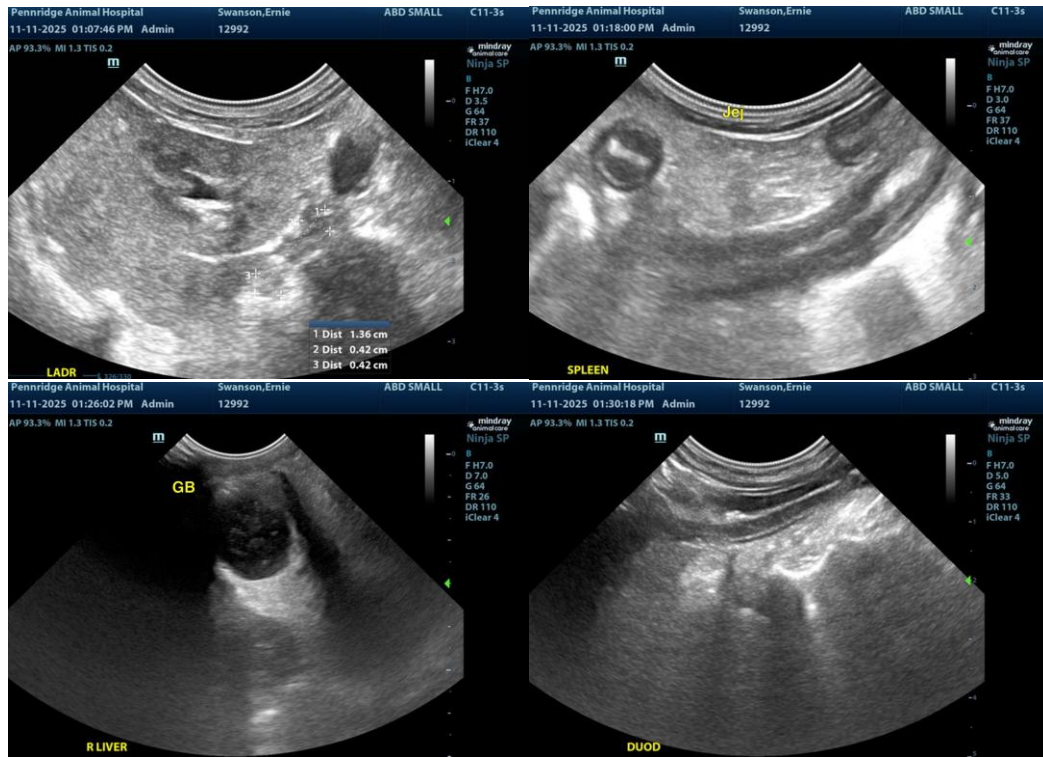
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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