

## PATIENT

Maybelline Lookfong

## SPECIES

Canine

## BREED

Bbasset Hound

## SEX

Female Spayed

## AGE

4y 7m

## WEIGHT

56.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers, VMD

## HOSPITAL NAME

Hershire AH

## REFERRING VET

Erika Gallisdorfer,  
DVM

## INVOICE

12803

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

History: Presented for recurrence of decrease appetite, excessive drooling and vomiting of bile - was diagnosed with pancreatitis Oct 5 (panc lipase 600, treated with panoquell) received well but last week has been having some GI upset over the last week - diagnosed with possible GERD Nov 9 - on omeprazole q24hrs, GI biome - feeding 3 meals a day, cerenia PN Exam today - 101.0 compliant on abdominal palpation, normal stools rectal, mm pink/moist CRT <2sec Quant Panc Lipase 242 (0-200)

## 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 were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.1 cm in length. The right kidney measured 6.1 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 0.62 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 0.51 cm width at the caudal pole.

### Spleen

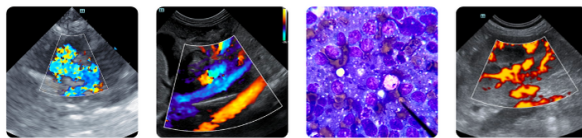
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver

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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

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. Pylorus wall measured 0.52 cm.



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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. Duodenum wall measured 0.54 cm and jejunum wall measured 0.40 cm.

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

### **Pancreas**

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent non-reactive or inflamed omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

### **PRIMARY FINDINGS**

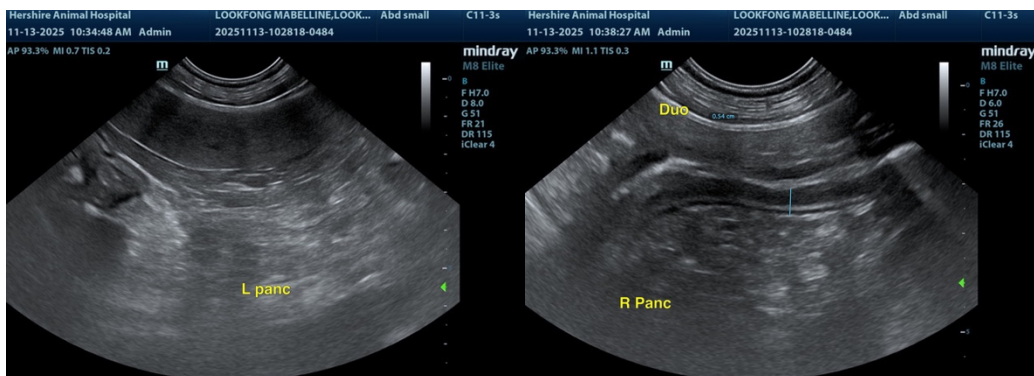
- Sonographically normal gastrointestinal tract
- Mild heterogeneous pancreas

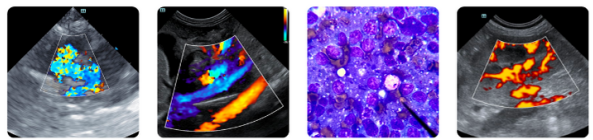
### **SECONDARY FINDINGS**

- Mild gallbladder debris (non-mucocele)

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral pathology such as gastrointestinal mural pathology, mechanical/metabolic ileus or sonographically active pancreatitis. Low-grade to mild gastritis/gastroenteritis or pancreatitis may present sonographically normal. Continued gastrointestinal support including dietary therapy, as needed gastro protectants with empirical therapy for low-grade or chronic pancreatitis and esophagitis would be reasonable. Screening cortisol level to rule out occult Addison's disease may be considered. If persistent clinical signs, upper gastrointestinal endoscopy may be indicated.





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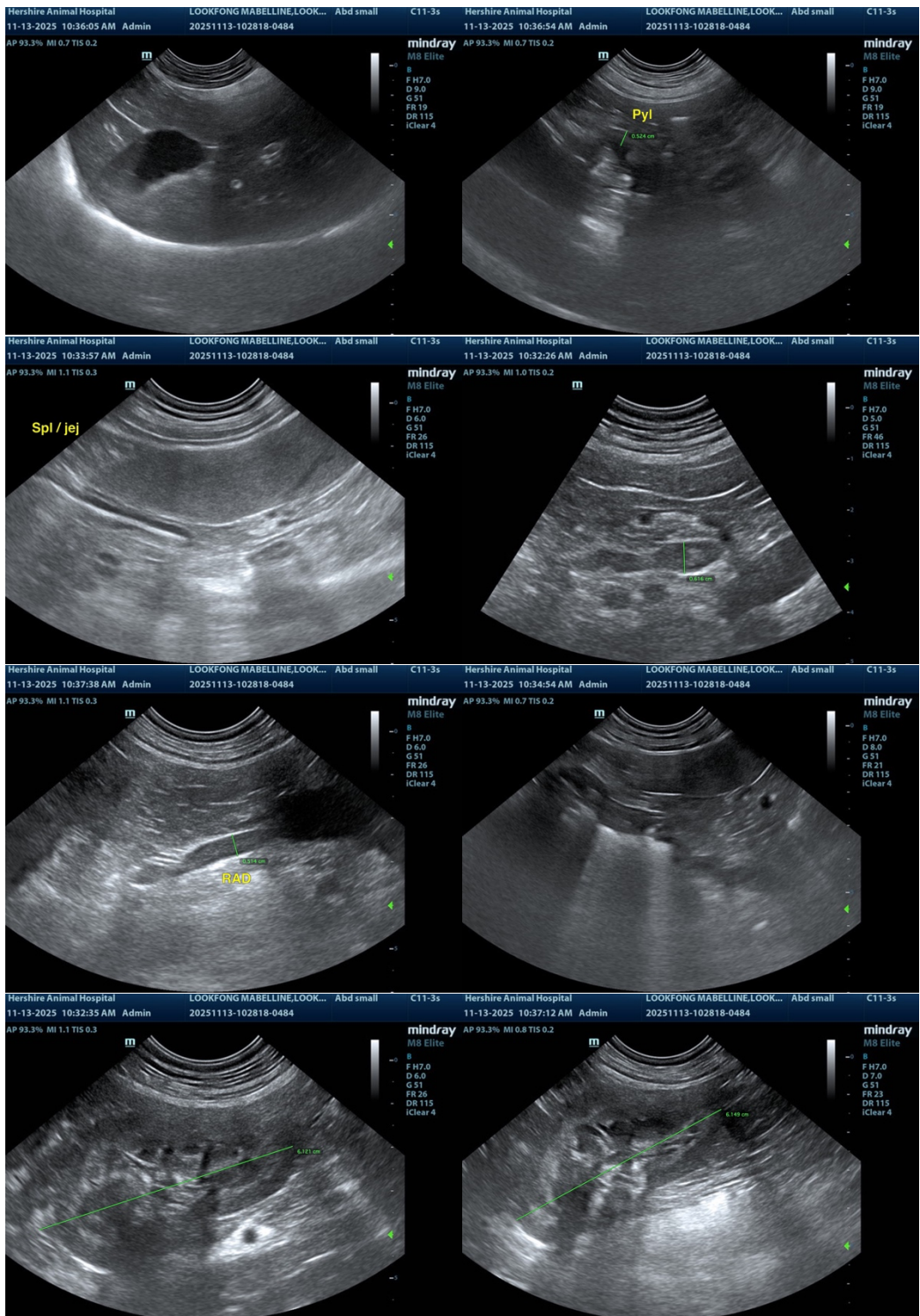
Erika Gallisdorfer,  
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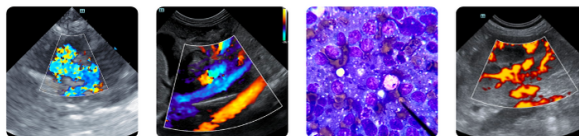
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)