



PATIENT

Mala Zurita

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Female Spayed

AGE

8 yrs

WEIGHT

56.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Benavent

INVOICE

12812

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: History of foreign material ingestion, unsure if ate parts of a pacifier but no clinical signs. Screening due to elevated liver values

Meds: Pet is currently on Phenobarbital, Denamarin and Trazodone once daily.

Abnormal PE/Chem/CBC/UA Results: ALP: 1335 Trig: 488

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting overtly normal in size, position and shape subjectively measuring 0.7 cm width at the cauda pole. The right adrenal gland was not visualized.

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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact wall layering and was non-distended in size. The lumen of the stomach contained mild yet strongly shadowing content. The strongly shadowing gastric content measured ~3.0 - 3.5 in diameter and subjectively extending into the area of the pyloric outflow without obstruction to pyloric outflow.



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The visualized segments of the small intestine exhibited intact wall layering, normal wall layer ratio and empty lumen.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

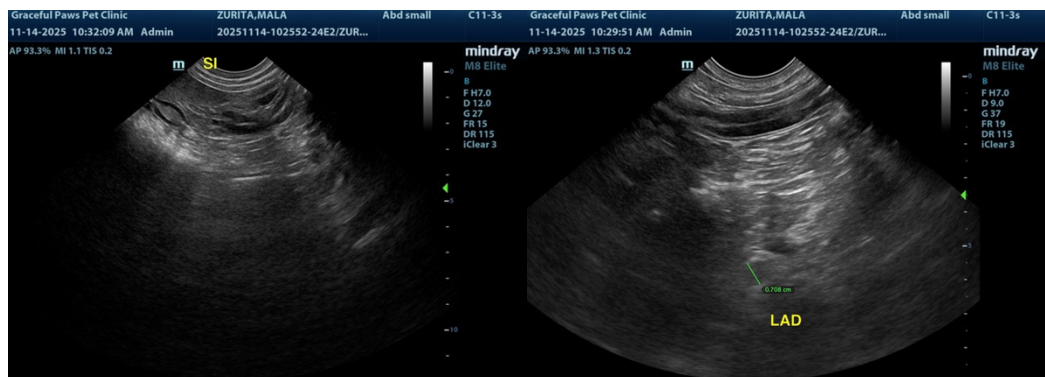
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy – metabolic, reactive or vacuolar hepatopathy with contribution owing to phenobarbital
- Sonographically normal gallbladder
- Non-obstructive strongly shadowing gastric content
- Empty visualized small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing gastric content may indicate potentially retained dense ingesta if documented NPO or foreign material. Documented 12-hour fast and sonographic reassessment of the stomach is recommended. Alternatively, if available, gastric endoscopy warranted for further clarification. If persistent shadowing gastric content, despite fast, exploratory laparotomy with gastrostomy would be indicated. Given patient is non-clinical, continued hepato-supportive medications and monitoring of hepatic parameters is recommended.





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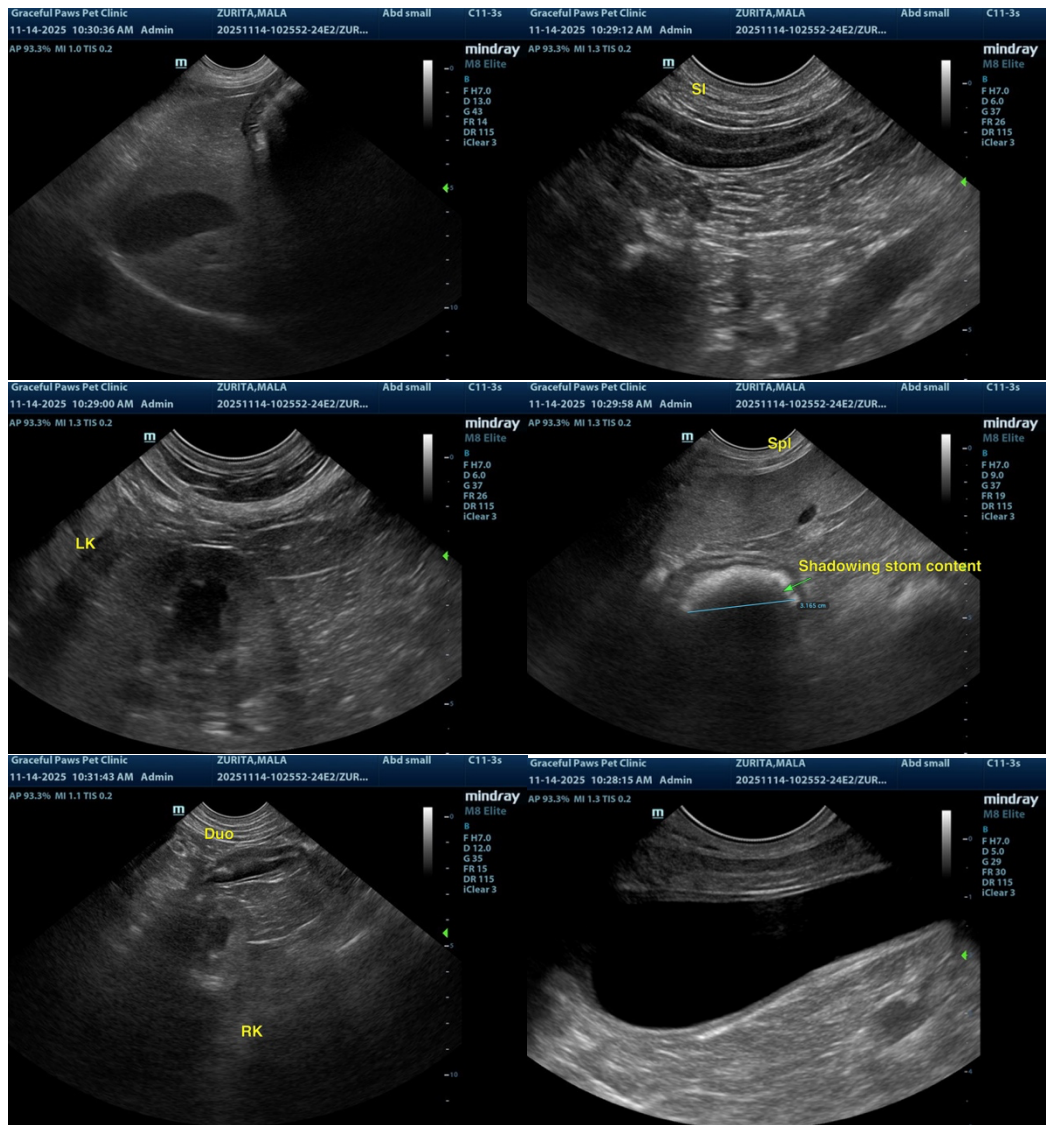
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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