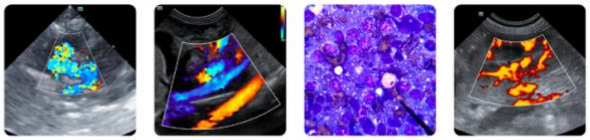

PATIENT

Ollie Sandoval

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jazmin Munoz Gonzalez

HOSPITAL NAME

Oakridge Veterinary Clinic

REFERRING VET

Dr. Aimee Nguyen

INVOICE

12387

DATE

11/20/25

PRESENTING CLINICAL SIGNS

7yo MN Chihuahua presented for vomiting bile and bright red blood this morning. P has hx of intermittent vomiting once a month but not blood before. Pancreatic Lipase was high (564) but bloodwork was otherwise normal. P was hospitalized for pancreatitis 6 years ago as well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change 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. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 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 0.46 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

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 congealed nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented with intact borderline to mild thickened wall with borderline to mild thickened gastric mucosa. The stomach contained a mild amount of anechoic fluid and minor lumen gas. No evidence of shadowing content, foreign material or obstruction to pyloric outflow. Gastric body wall measured 0.43 cm wall width.

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The small intestine presented with intact wall layering and nonthickened wall with overall maintained wall layer ratio with propensity for mildly prominent intestinal submucosa. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.36 cm width.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The pancreas was nonenlarged in size with indistinct pancreatic capsule compared to adjacent omentum and isoechoic mildly heterogeneous parenchyma. No signs of active inflammation or neoplasia.

Free Abdomen

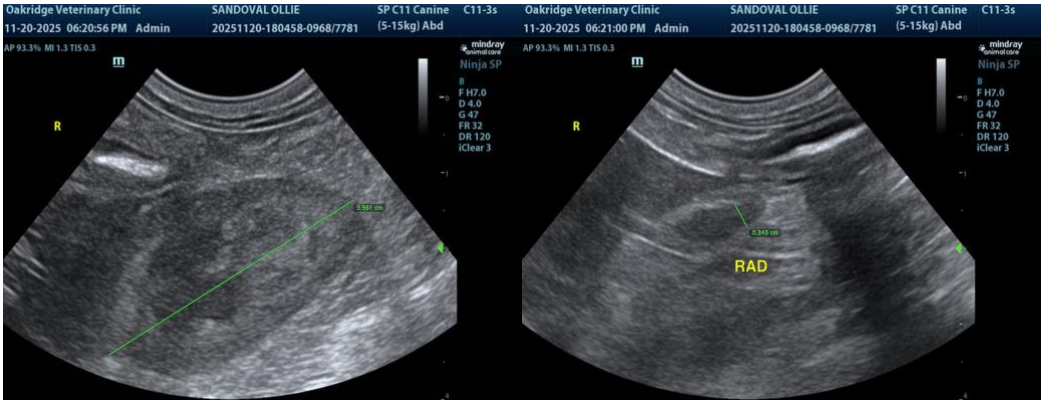
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis.
- Possible concurrent enteropathy.
- Mild heterogeneous pancreas.
- Mild congealed gallbladder debris (non-mucocele).
- Semi formed to soft fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant or active pancreatitis with chronic pancreatitis (which may present sonographically normal) or mild pancreatic remodeling given previous pancreatitis, possible. Potential intestinal patient variant although the intestine exhibited subtle mural changes which may suggest chronic enteropathy i.e. mild IBD given the patient's history. Gastrointestinal support including gastroprotectants, consideration for dietary trial, empirical deworming and supportive care for possible chronic pancreatitis is recommended. Sonographic monitoring or reassessment is indicated if persistent or recurrent gastrointestinal signs. Screening GI panel to include PLI, TLI, cobalamin and folate and cortisol level may be considered.



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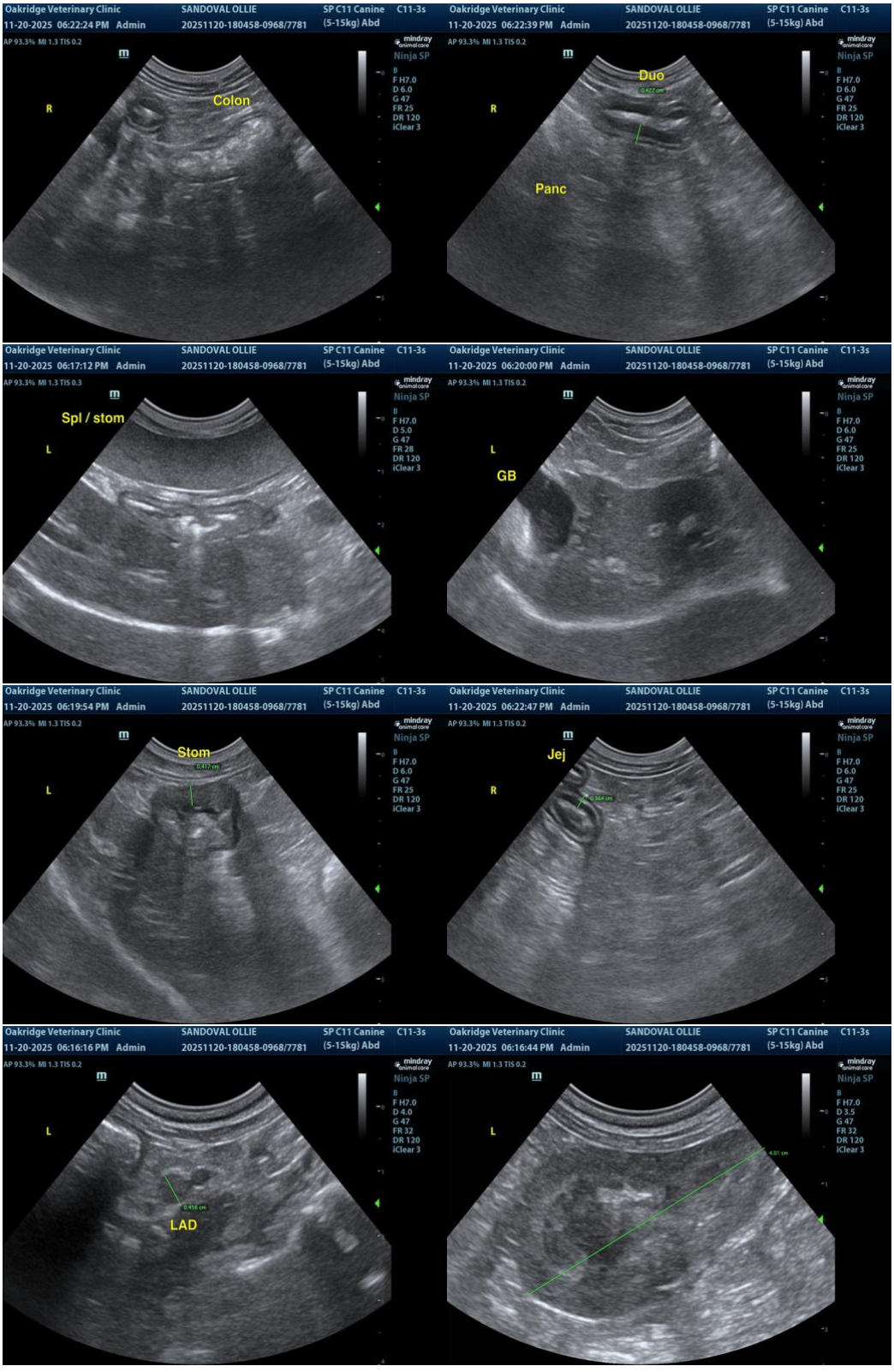

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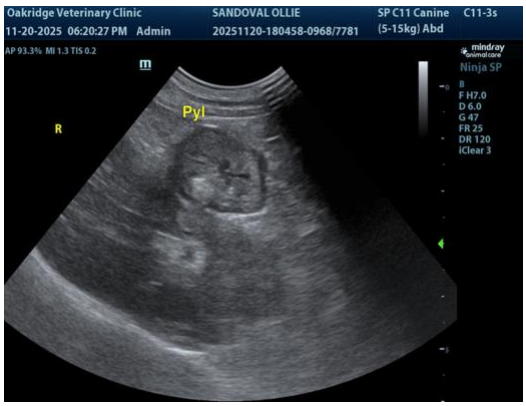

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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