



PATIENT

Bella Young

SPECIES

Canine

BREED

Brittany Spaniel

SEX

FS

AGE

6 y

WEIGHT

49 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

Brita Kiffney

INVOICE

10283

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Colleague saw Bella yesterday - Their History "Sunday morning vomited up her dinner from the night before. Proceeded to be low energy and vomited a few more times. Able to keep down water. Seen at local walk in clinic where they ran small chem/cbc/pli (UA pending) - Mild ALT/ALP elevation (136, 292), very mild neutrophilia, otherwise bloodwork is unremarkable. PLI normal. Administered maropitant and famotidine injections and SQF, discharged. She ate a little bit of home cooked bland diet last night and this morning, but started vomiting again this afternoon right when maropitant wore off. Taking 60 mg phenobarbital for presumed epilepsy

Abnormal PE/Chem/CBC/UA Results: Normal exam (besides being over conditioned) and well hydrated. No pain on abdominal palpation or obviously induced nausea.

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 evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 5.8 cm in length. The right kidney measured 6.2 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 0.53 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 0.49 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.



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Liver/ Gallbladder

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 containing primarily anechoic content with mild, gravity-dependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall. The stomach was primarily empty with mild lumen gas. Subjective mildly thickened pyloroduodenal junction was noted without overt evidence of obstruction to pyloric outflow. The stomach wall measured 0.65 cm. The pyloroduodenal junction wall measured 0.8 cm.

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.

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

- Empty stomach with mildly thickened gastric and pyloroduodenal junction wall
- Normal empty small intestine
- Normal area of pancreas
- Sonographically normal liver - consistent with mild benign hepatopathy
- Mild nonorganized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical coverage for gastritis and upper duodenitis, which may include dietary therapy, gastroprotectants, +/- empirical coverage for helicobacter with clinical and sonographic monitoring is recommended. If persistent / progressive upper gastrointestinal signs, endoscopy may be considered.

Although considered less likely, cortisol level to rule out occult Addison's Disease is warranted. Concurrent hepatosupportive medications are suggested. Correlation with pending liver sampling is recommended.



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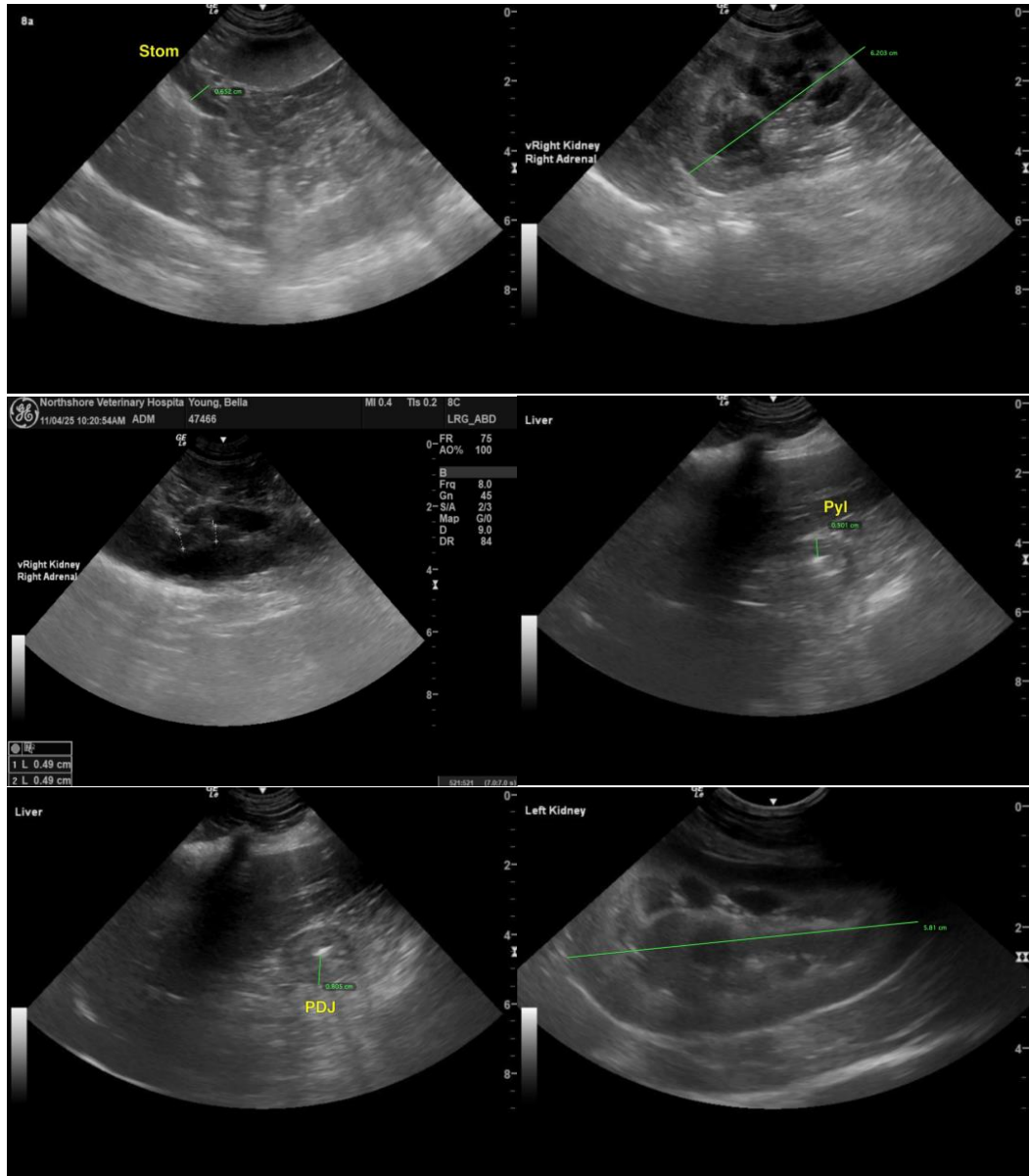
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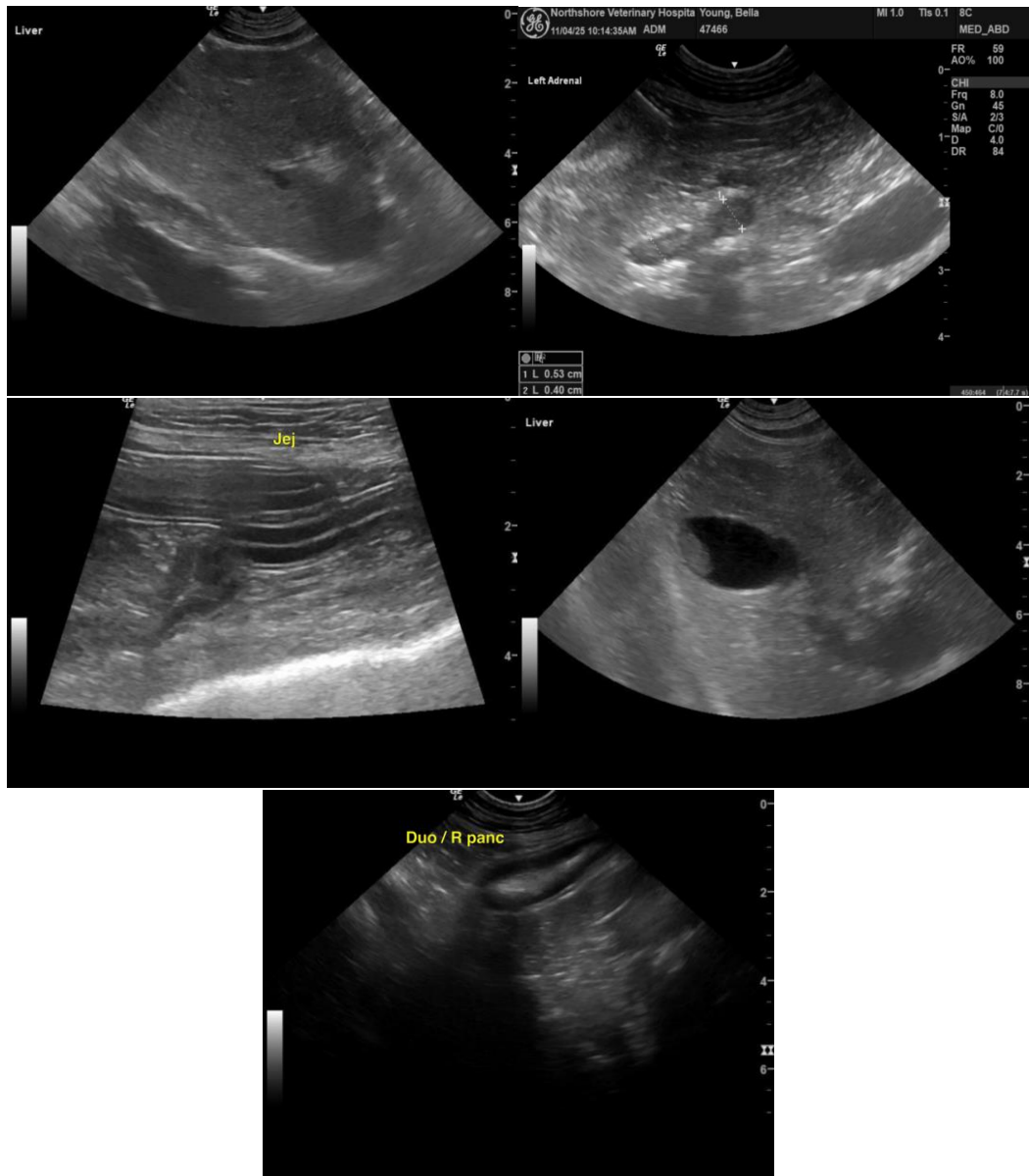
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com