

PATIENT

Charlie Taylor

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

2017

WEIGHT

9.4

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Klemp

INVOICE

12090

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Chronic, intermittent bilious vomiting for 1 month

Medication: omeprazole, proviable

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, mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

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. Medullary mineral to renoliths were visualized primarily lateral diverticuli. The left kidney measured 3.6 cm in length. The right kidney measured 3.4 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 0.51 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 0.42 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.

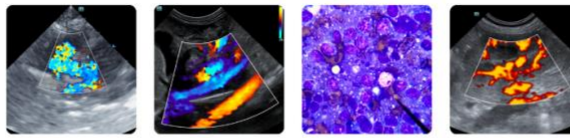
Liver

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

Gastrointestinal

The stomach exhibited variably thickened wall with intact to indistinct mural detail and primarily involving the gastric mucosa. Thickened stomach wall measured 0.69 cm wall width. Possible area of thickened cranial to cranioventral gastric body wall with potential for isoechoic to mural lesion



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measuring approximately 1.3 cm in diameter. Overall, the stomach was empty with mild lumen gas and with no evidence of foreign material.

The small intestine presented intact mildly prominent wall layering given patient's breed and body weight with overall maintained wall layer ratio. Generalized empty intestinal lumen without mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.46 cm width. The jejunum wall measured 0.40 cm width.

Normal visible colon wall layers were present with apparent 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

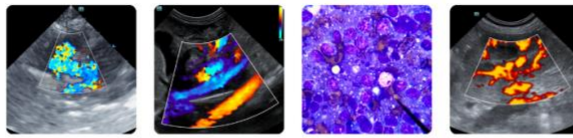
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty stomach exhibiting regional thickened wall, possible stomach wall lesion.
- Potential concurrent nonspecific enteropathy.
- Sonographically normal pancreas.
- Normal volume liver with mild nonorganized gallbladder debris (non-mucocele).
- Bilateral medullary mineral/renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The regionally thickened stomach with possible isoechoic wall lesion may indicate chronic gastritis, infectious disease i.e. helicobacter while potential for emerging gastric neoplasia (although considered less likely) cannot be excluded. Upper gastrointestinal endoscopy, if available, would be ideal with potential for biopsies. Continued gastroprotectants, canned hydrolyzed diet trial with potential smaller more frequent feedings including late night feeding given bilious vomiting pattern and consideration for empirical helicobacter coverage with clinical monitoring may prove beneficial. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for potential concurrent intestinal disease or occult pathology as a contributing factor is suggested. As needed sonographic monitoring is indicated if persistent or progressive vomiting despite empirical therapy.



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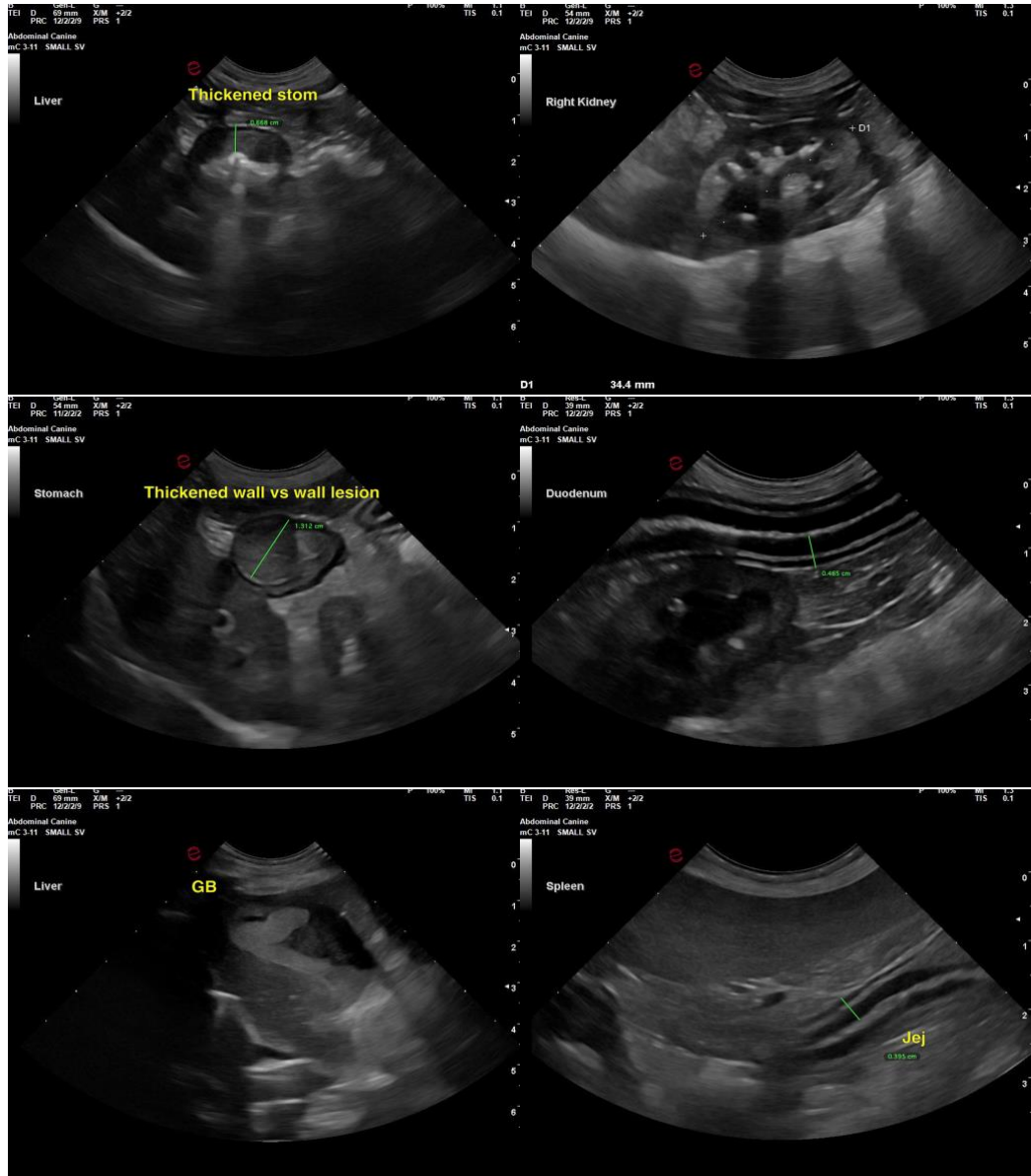
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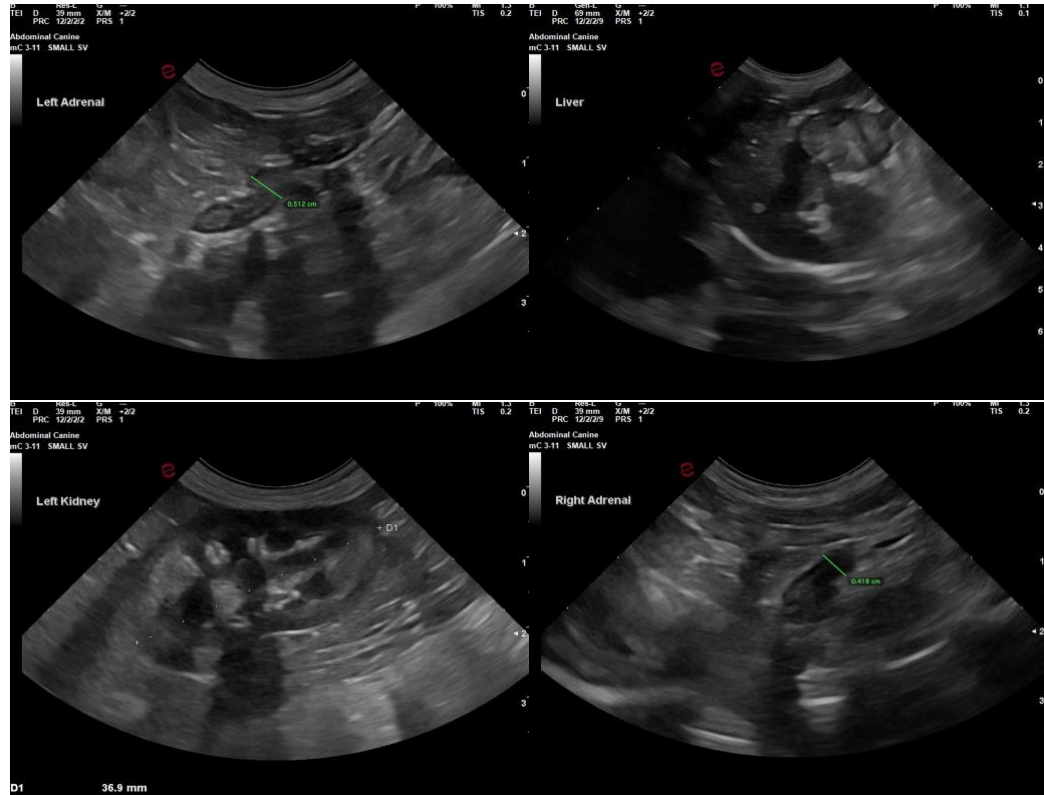
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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