



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Isla Gessmann	Patient was seen earlier this week for diarrhea. given an injection of cerenia, fluids, and started on metronidazole. the diarrhea has resolved but patient is now vomiting and regurgitating. she has had a history of on and off intestinal issues for the last 9 months (though to be reflux). patient is on omeprazole and on a salmon based food now
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense on palpation. mild fluid filled stomach noted. No overt organomegaly appreciated CBC. neutrophilia Chemistry. phosphorus 5.2, calcium 8.8 EPOC. sodium 138, potassium 3.3 Other: CpLi. normal/negative Radiograph report attached.
<b>BREED</b>	
Cavalier King Charles	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.
FS	
<b>AGE</b>	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 3.8 cm in length. The right kidney measured 4.1 cm in length.
2yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
5.4kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 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 0.46 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Kuzimski	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.
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Animal Emergency Deland	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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Kuzimski	
<b>INVOICE</b>	
22899	
<b>DATE</b>	
11/09/2025	



## PATIENT

Isla Gessmann

## SPECIES

Canine

## BREED

Cavalier King Charles

## SEX

FS

## AGE

2yr

## WEIGHT

5.4kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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## Gastrointestinal

The stomach presented variably thickened edematous wall, exhibiting mild hypoechoic mural echogenicity and intact regional indistinct gastric mural detail. The stomach was empty with mild lumen gas. The gastric body wall measured 0.8-0.9 cm in width.

The duodenum exhibited intact borderline prominent wall with minor non-obstructive segmental duodenal ileus. The duodenum wall measured 0.50 in width. The jejunum and ileum to the level of the colon exhibited normal, intact wall layering and empty lumen. No obstructive pattern. The jejunum wall measured 0.30 cm in 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 evidence of peritoneal effusion was present.

Mild perigastric hyperechoic reactive omentum.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

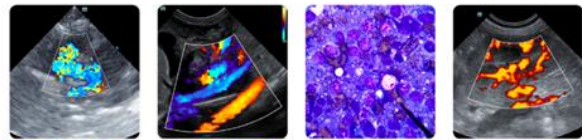
## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hypomotile gastroduodenitis
- Perigastric reactive omentum
- Mild heterogeneous pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primarily thickened edematous and hypomotile stomach consistent with acute to subacute inflammation, infectious disease / Helicobacter and occult neoplasia differentials. No signs of significant pancreatitis as primary clinical issue in conjunction with normal cPL. Therapy for gastritis and consideration for empirical coverage for Helicobacter with clinical and sonographic monitoring is recommended. Upper GI endoscopy if available with biopsies would be ideal and should be considered if persistent clinical signs. No evidence of foreign body or mechanical obstruction.



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## REFERRING VET

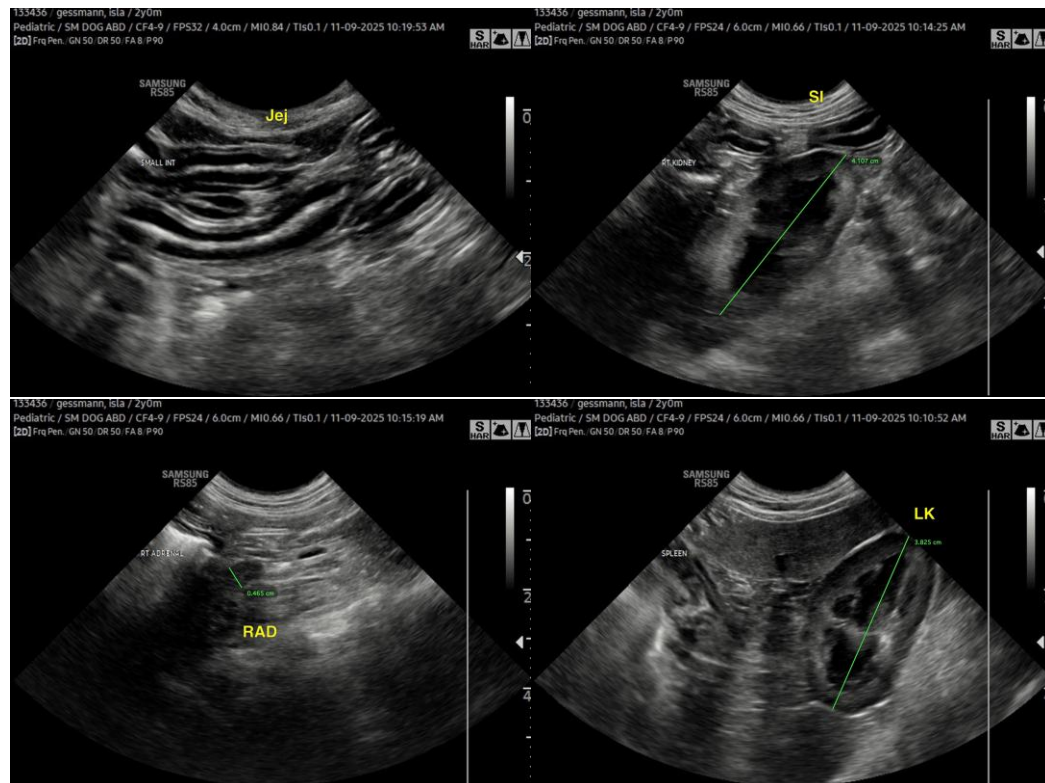
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**BREED**

Cavalier King Charles

**SEX**

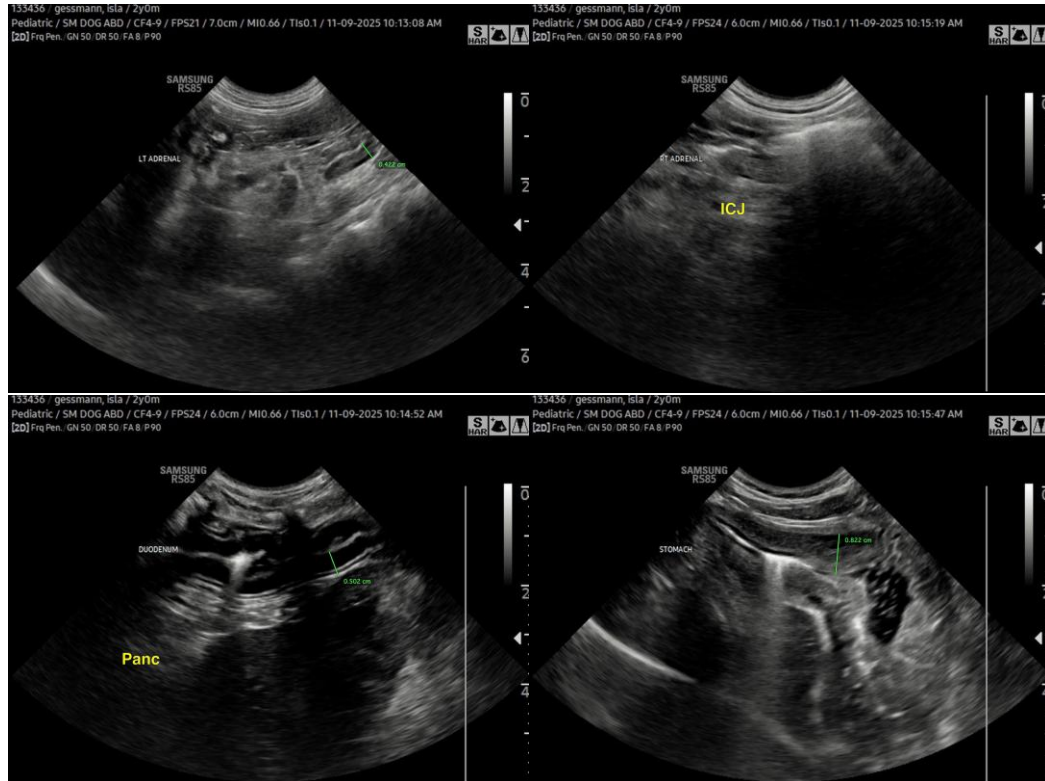
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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