



**PATIENT PRESENTING CLINICAL SIGNS**

Stella Kleintop Weight loss, vomiting, decreased appetite.  
Medication: Cerenia

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

**SEX** The area of the aortic trifurcation was free of pathology.

FS 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 with no evidence of pelvic dilation. Minor loss of corticomedullary border demarcation was noted. The kidneys were otherwise normal. The left kidney measured 5.9 cm in length. The right kidney measured 6.7 cm in length.

**AGE**

2012

**WEIGHT Adrenal Glands**

83 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.71 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Blue Ridge VC

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Filchner

**Gastrointestinal**

**INVOICE**

15708

The stomach exhibited variable wall thickening exhibiting decreased mural echogenicity and indistinct wall layering subjectively in the area of the left stomach. Thickened stomach wall measured potentially up to 1.3 cm width. Normal appearing wall layering in the subjective mid stomach extending into the area of the antrum and pylorus measured 0.52 cm.

**DATE**

12/27/22



**PATIENT**

Stella Kleintop

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.

**SPECIES**

**Pancreas**

Canine

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 were evident.

**BREED**

Lab Mix

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

2012

- Regional to variably thickened stomach
- Sonographically unremarkable small bowel / pancreas
- Mild age-related kidneys

**WEIGHT**

83

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the patient's clinical signs is suspected to be primarily associated with the variably thickened gastric walls which may indicate inflammatory or possible emerging infiltrative neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate as well as resting cortisol level to assess for occult small intestinal, pancreatic, or adrenal disease as a contributing factor is suggested.

Likewise, three-view chest radiographs are recommended to assess for thoracic or esophageal pathology, if not done.

Endoscopic biopsies of the stomach are likely required for a definitive diagnosis. Empirically, gastroprotectant protocol, canned novel protein or hydrolyzed diet trial with potential initial slurry feeding progressing to canned diet, and coverage for helicobacter with a sonographic reassessment of the stomach in 3-4 weeks would be a more conservative approach.

**INTERPRETED BY**

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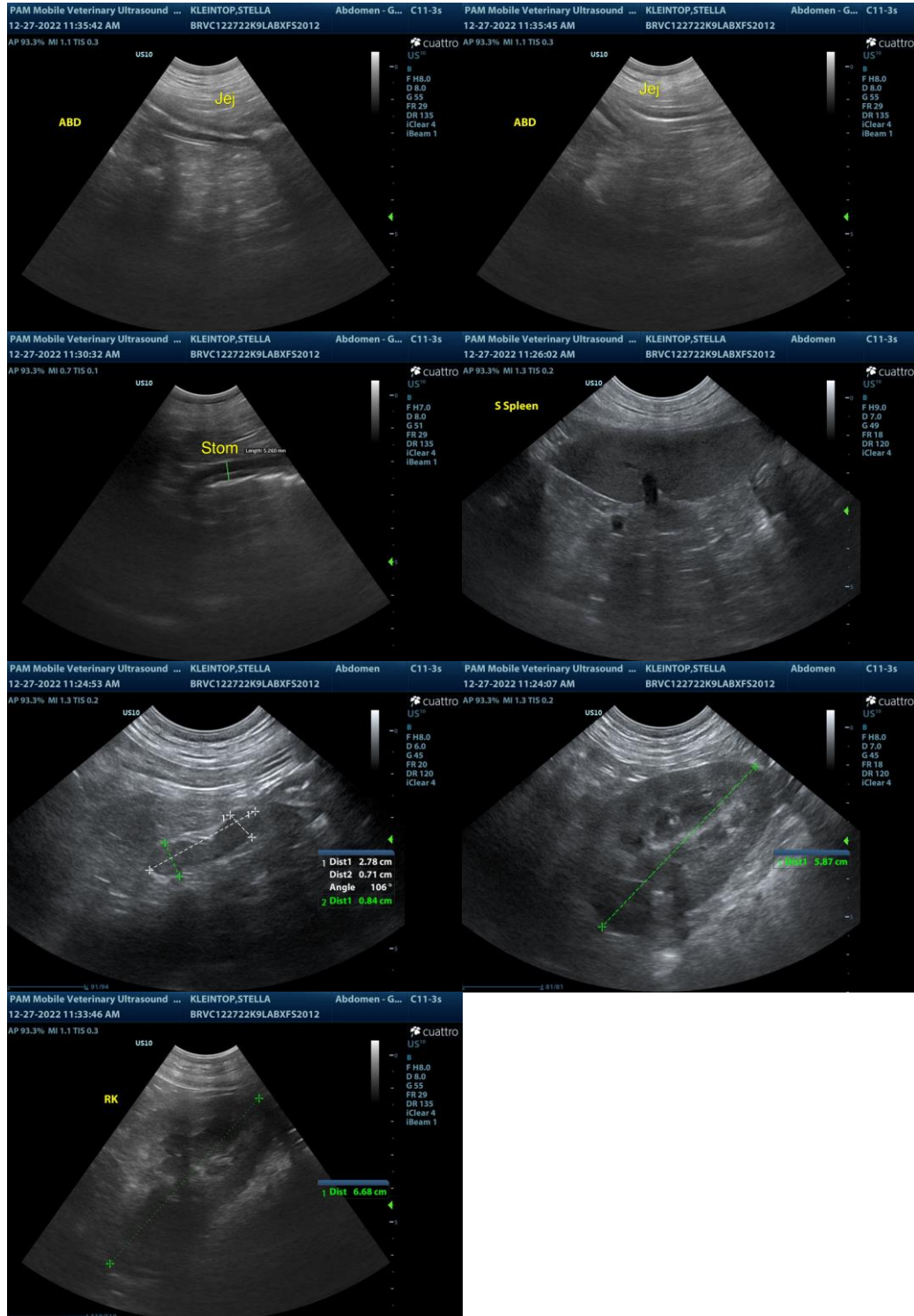
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



**PATIENT** that was not visible in the image/video clips provided.

Stella Kleintop 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.

**SPECIES**

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Lab Mix

**SEX**

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