



**PATIENT**

Haze Strachan

**SPECIES**

Canine

**BREED**

Yorkshire Terr X

**SEX**

MN

**AGE**

6 years

**WEIGHT**

7.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Donna Markland,  
DVM

**HOSPITAL NAME**

Island Mobile Paws  
Veterinary Services

**REFERRING VET**

Central Island  
Veterinary Emergency  
Hospital

**INVOICE**

15740

**DATE**

12/29/22

**PRESENTING CLINICAL SIGNS**

This is a recheck for the scan sent on Monday. Haze was regurgitating until yesterday night. No regurg since. All recommendations from Monday's scan have been implemented. Client declined endoscopy.

**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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 4.8 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 0.57 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.50 cm width at the cranial 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/ 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, nonorganized, echogenic, gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy subjective primarily within the antrum and pylorus. Intact wall layering was maintained and distinct. The stomach



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contained a persistent amount of retained non-shadowing chyme and fluid yet no evidence of mechanical pyloric outflow obstruction was noted. No evidence of gastric foreign material was noted. The pylorus wall width measured 0.56 cm. By comparison, dorsal gastric body wall width measured 0.34 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 pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

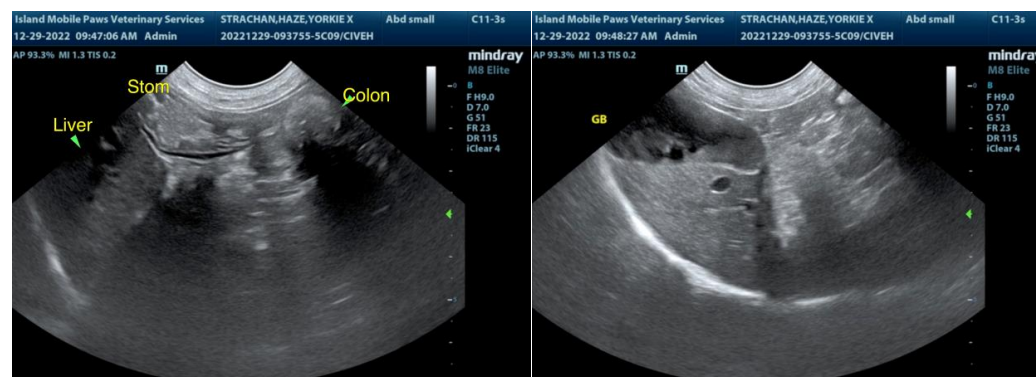
No omental lymphadenopathy was present. Generalized normal omental echogenicity was noted. No overt evidence of perigastric omental reactivity or inflammation in this study.

## ULTRASONOGRAPHIC FINDINGS

- Persistent subjectively mild static to possibly improved gastritis pattern with minor retained non-shadowing chyme, no evidence of pyloric outflow obstruction
- Sonographically unremarkable small bowel
- Mild heterogeneous pancreas - potential for low-grade inflammation
- Mild gallbladder debris - likely incidental assuming no evidence of cholestasis, potentially secondary to NPO

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progressive inflammatory gastric changes, as well as no evidence of inflammatory neoplastic gastric criteria. Continued current empirical therapy would be reasonable with sonographic monitoring of the stomach based on the clinical impression of the patient. As previously mentioned, endoscopy is likely ideal for potential biopsies if possible.





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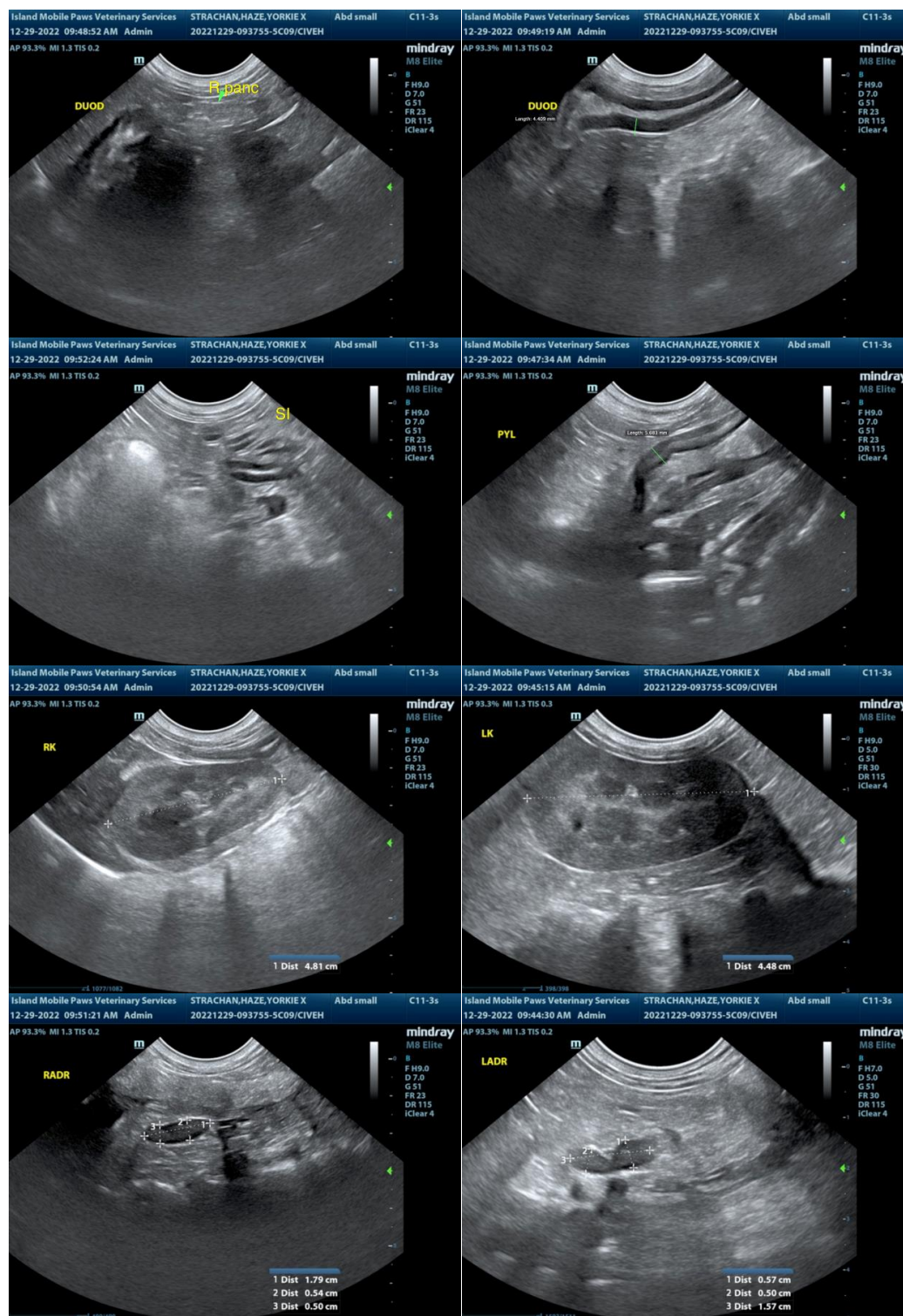
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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**