



## PATIENT

Koda Finch

## SPECIES

Canine

## BREED

Husky Mix

## SEX

Male Neutered

## AGE

5y 7m 4 wks

## WEIGHT

38.4 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Healthy Paws Forward  
VH

## REFERRING VET

Dr. Jan & Dr. Ehab

## INVOICE

13000

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

History: Coda Finch presents with a history of chronic vomiting that has recently increased in frequency. The patient initially experienced random vomiting episodes, occurring once a month or q couple of months. This has progressed over the last several weeks, with the frequency increasing to once per week and then to q other day. Coda was evaluated in early December, and bloodwork at that time was reported as normal.

## 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 were noted.

The residual prostate presented sonographically normal.

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 with no evidence of pelvic dilation. The left kidney exhibited a cranial cyst measuring 1.5 cm. The left kidney measured 7.0 cm in length. The right kidney measured 5.3 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 0.50 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, non-dependent, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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## Gastrointestinal

The stomach presented thickened wall layering exhibiting decreased mural echogenicity and indistinct loss of gastric mural detail subjectively involving the fundus and gastric body. Thickened stomach wall measured 1.7 cm width. Jejunum wall measured 0.40 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. Duodenum wall measured 0.54 cm width. No evidence of obstruction to pyloric outflow.

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 visualized significant omental lymphadenopathy or peritoneal effusion was present.

## PRIMARY FINDINGS

- Regionally thickened hypoechoic stomach wall with loss of mural detail
- Sonographically normal empty small intestine
- Normal area of pancreas

## SECONDARY FINDINGS

- Left kidney cyst
- Normal adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The regionally thickened stomach without evidence of obstruction to pyloric outflow may indicated inflammatory, infectious, granulomatous or neoplastic etiologies. High concern for gastric neoplastic criteria given indistinct loss of gastric mural detail. Endoscopic or surgical gastric biopsy is required for definitive diagnosis and further guidance of therapy. No definitive evidence of regional lymphatic metastasis. Canned or hydrolyzed diet with as needed gastro protectants, +/- empirical coverage for helicobacter with clinical and sonographic monitoring would be a more conservative approach.



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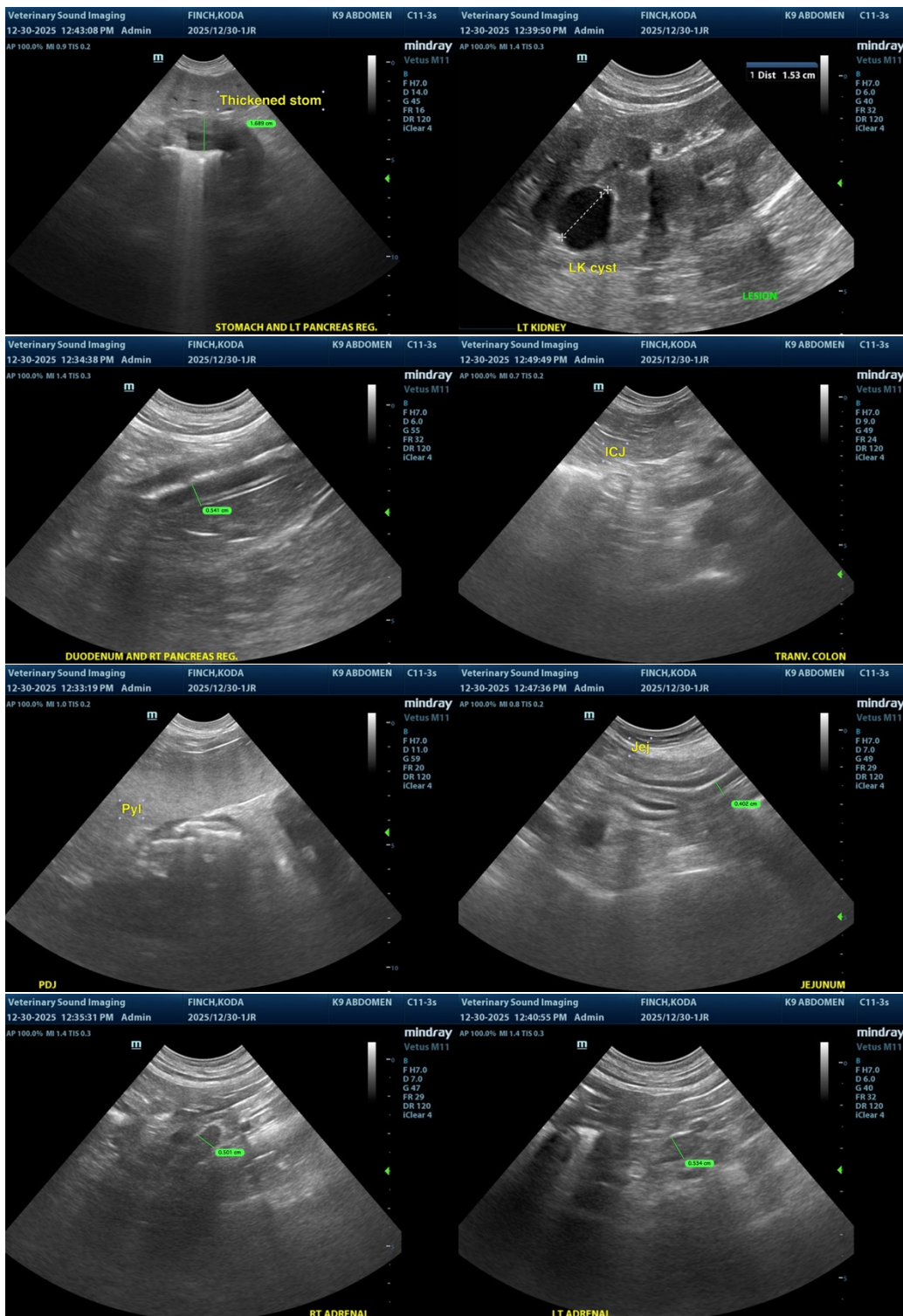
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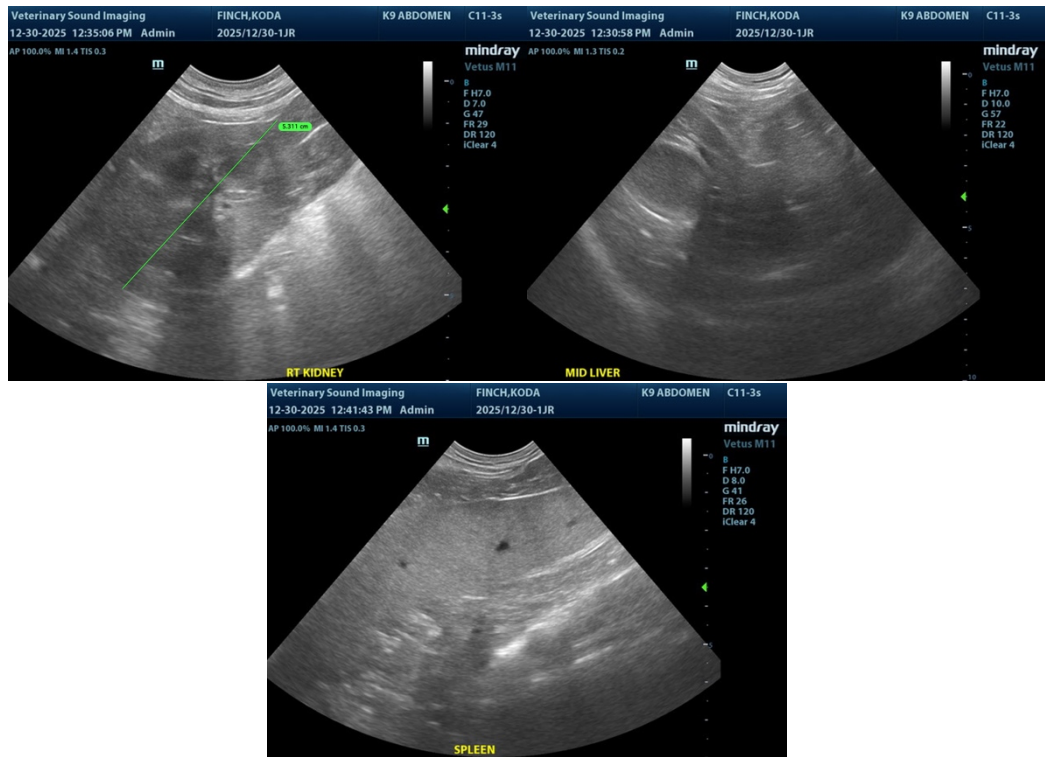
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)