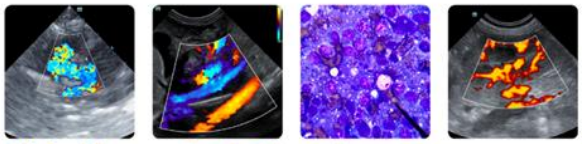


PATIENT
Rose Martz

SPECIES
Canine

BREED
Chihuahua

SEX
FS

AGE
6yr

WEIGHT
2.42kg

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

IMAGING PERFORMED BY
Dr.Sookhoo

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET
Dr.Sookhoo

INVOICE
23375

DATE
12/30/2025

PRESENTING CLINICAL SIGNS

ROSE presented on 12/17 for a second opinion on P V+ and discomfort episodes. O stated that this all start the Wednesday before thanksgiving and saw a doctor in Arkansas. Stated that its something with the esophagus and recommended the P to be on omeprazole. O states since being on the medication the P has no other episodes other than the episode the P has yesterday. Rose Martz presents for episodic morning hunched posture with panting and pacing Patient History: - Episodes began the day before Thanksgiving - Occur only in mornings, lasting approximately 15 minutes - Patient appears hunched like "armadillo," paces, pants heavily, then returns to normal behavior - Episodes followed by defecation - No vomiting associated with episodes - On omeprazole 10mg (sprinkled on food) for 2+ weeks - was effective until yesterday when episodes resumed - Previous radiographs showed possible distal esophageal dilation

Abnormal PE/Chem/CBC/UA Results: * Radiographic Conclusions: Persistent gas distention of the distal esophagus. Differentials include distal, focal esophageal motility dysfunction or possibly a partial obstruction at or near the gastroesophageal junction. A stricture at the distal esophagus is thought to be less likely but cannot be definitively excluded. Mild hepatomegaly. This is equivocal and may be normal or consistent with mild vacuolar hepatopathy or inflammation. Fluoroscopy and/or endoscopy is indicated for further evaluation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.

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. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 2.5 cm in length. The right kidney measured 2.8 cm in length.

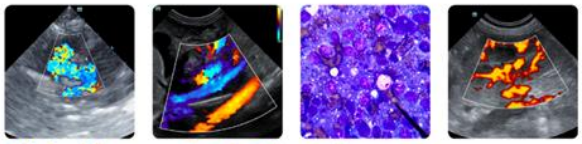
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 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 0.47 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.



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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. 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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressive shadowing ingesta exhibiting mild near field hyperechogenicity, with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width. The pylorus wall measured 0.36 cm in width.

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.26 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with mild progressively shadowing gastric ingesta
- Normal area of pancreas
- Mild non-organized gallbladder debris (non-mucocele)
- Normal bilateral adrenal glands
- Pinpoint bilateral renal medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology or mechanical / metabolic ileus. The mild progressive shadowing gastric ingesta suggests food echogenicity although a small amount of intermixed foreign material such as hairball density or similar are not definitively excluded. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, confirmed 12-hour fast and sonographic reassessment of the gastrointestinal tract would be indicated. A non-sonographically evident or visualized distal esophageal abnormality is also possible in conjunction with abdominal radiographs. Screening cortisol level to rule out occult Addisons disease and consideration for full GI panel to assess for non-structural intestinal or pancreatic disease may be considered. Upper gastrointestinal endoscopy is likely indicated for further assessment and potential for biopsies. In

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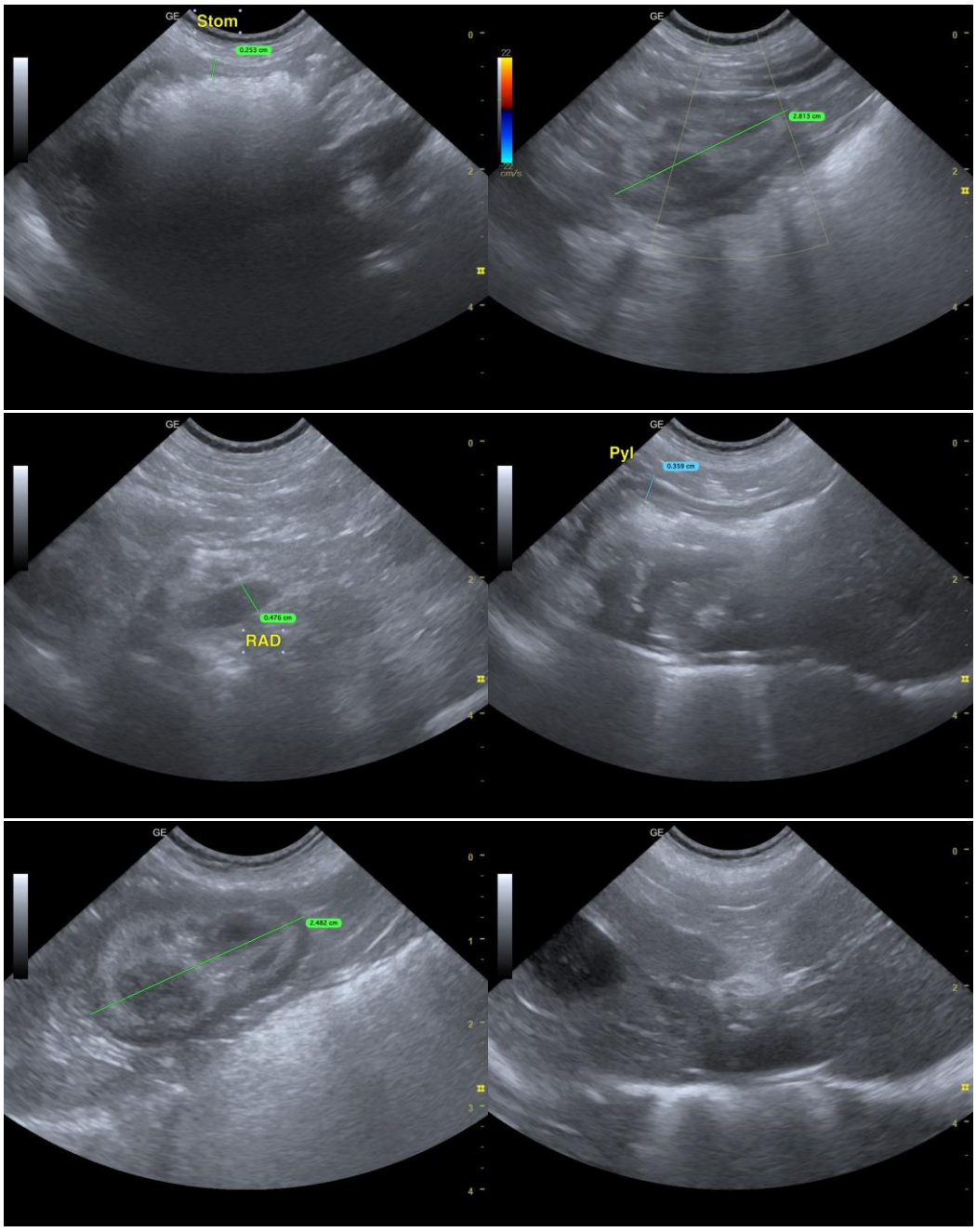
addition to current gastroprotectants, canned novel protein or hydrolyzed diet may prove beneficial.



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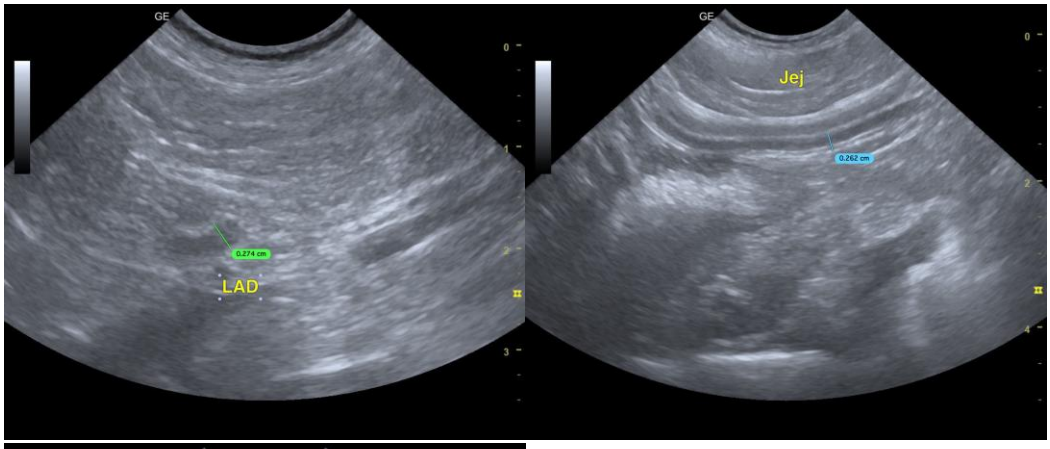

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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