



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Yourika Rocheleau	History of lick licking and salivating and some vomiting. Attending suspects gastric ulcer Abnormal PE/Chem/CBC/UA Results: Non diagnostic
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
At Poodle	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
<b>SEX</b>	
F/S	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
5	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 5.4 cm in length. The right kidney measured 5.8 cm in length.
<b>WEIGHT</b>	
15 kg	
<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 0.45 cm width at the caudal pole and 0.38 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 0.42 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Belan	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>
Southpoint 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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. James	The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall width measured 0.4 - 0.5 cm. Mild gastric anechoic fluid was present. No evidence of mechanical pyloric outflow obstruction was noted. The ventral pylorus wall width measured 0.41 cm.
<b>INVOICE</b>	
16266	
<b>DATE</b>	
2/22/23	



## PATIENT

Yourika Rocheleau

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 an obstructive pattern. Minor duodenal ileus and possible indistinct nonspecific hyperechoic duodenal mucosal speckling were present.

## SPECIES

Canine

Normal visible colon wall layers were present with subjective semi-formed fecal matter.

## BREED

At Poodle

## 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 were evident.

## SEX

F/S

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

5

## ULTRASONOGRAPHIC FINDINGS

- Gastritis / gastroduodenitis pattern
- Sonographically normal pancreas

## WEIGHT

15 kg

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastric ulceration unless previous or current hematemesis or elevated BUN levels are present. Sonographically, the appearance of the stomach and duodenum is consistent with inflammatory criteria, while consideration for possible concurrent esophagitis may be indicated. Early infiltrative gastric mural neoplasia is considered less likely.

## INTERPRETED BY

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

Gastroprotectant protocol to include Omeprazole 1.0 mg/kg PO SID over the next 3 weeks, a canned novel protein or hydrolyzed diet with possible initial slurry feeding BID to TID with avoidance of dry food progressing to canned diet +/- coverage for helicobacter, and assessment of clinical response may prove beneficial. Sonographic reassessment of the stomach is suggested in 3-4 weeks, sooner if progressive clinical signs are noted. Gastroesophageal endoscopy may ultimately be indicated with the potential for biopsies. Although considered less likely, a resting cortisol level to rule out occult Addison's Disease is suggested.

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Southpoint VC

## REFERRING VET

Dr. James

## INVOICE

16266

## DATE

2/22/23





**PATIENT**

Yourika Rocheleau

**SPECIES**

Canine

**BREED**

At Poodle

**SEX**

F/S

**AGE**

5

**WEIGHT**

15 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Southpoint VC

**REFERRING VET**

Dr. James

**INVOICE**

16266

**DATE**

2/22/23





**PATIENT**

Yourika Rocheleau

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.

**SPECIES**

Canine

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.

**BREED**

At Poodle

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**SEX**

F/S

**AGE**

5

**WEIGHT**

15 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Southpoint VC

**REFERRING VET**

Dr. James

**INVOICE**

16266

**DATE**

2/22/23