



## PATIENT

Coco Watson

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed Female

## AGE

6 Years 11 Months

## WEIGHT

4.3 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Airdrie Animal Health  
Centre

## REFERRING VET

Dr. Navtej

## INVOICE

13938

## DATE

02/23/26

## PRESENTING CLINICAL SIGNS

- Feb 2/26 - Last 2-3 months, coco vomits daily in morning before eating food. Its always yellowish foamy material. O is feeding her twice daily at 8 am and then 5 pm in evening, at 7 pm gets some treats and greenies. Otherwise, no CSD, EDDU fine. Recommended to give food in small multiple feedings, last once being before bed. Feb 9/26 - presented for continued vomiting. 3 abd radiographic views (RL, LL, VD)- On radiographic examination, the stomach wall looks pretty inflamed, intestines are gas filled and a bit inflamed. No sign of FB. BW results:
  - CBC--Retic- 146.2 (21-140)-Monocytes- 1.15 (0.14-0.74)-Eosinophils- 2.15 (0.14- 1.93)-Chemistry--Glucose- 7.6 (3.5-6.3)-Cystatin B- 270 (0-99) Urinalysis--sp gravity- 1.027 (>1.030)-proteins- trace
  - Sent home with Cerenia 8 mg SID x 4 days, Omeprazole 5 mg BID x 10 days. Was doing well at home, until Cerenia stopped. Owner elected next steps, which is the abdominal ultrasound.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

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 measured 3.7 cm in length. The right kidney measured 3.4 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 0.41 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 0.42 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 & 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.



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The gallbladder was non distended in size with mild to moderate variably congealed yet nonorganized hyperechoic biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

## SPECIES

Canine

### *Gastrointestinal*

The stomach presented borderline intact prominent wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.38 cm wall width.

## BREED

Chihuahua

The small intestine presented intact wall layering exhibiting propensity for mildly prominent duodenojejunal mucosa layer. The duodenum wall measured 0.42 cm wall width. The jejunum wall measured 0.42 cm wall width. Intact mildly thickened in the ileum to the level of the ileocolic junction measuring 0.41 cm wall width.

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Normal visible colon wall layers were present with soft fecal matter and lumen gas in lumen.

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### *Pancreas*

The pancreas presented normal in size with mild capsule asymmetry and homogenous mildly hypoechoic parenchyma compared to adjacent omentum.

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### *Free Abdomen*

Intermittent mildly prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.50 cm in diameter.

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Mid abdomen primarily peri-intestinal hyperechoic omentum and scant pockets or peri-intestinal effusion. No visualized omental masses were observed.

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## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Gastroenteropathy possibly accentuated by ileitis.
- Soft fecal matter in colon.
- Peri-intestinal to mid abdomen hyperechoic omentum and scant effusion- consistent with peri-intestinal to regional reactive/inflammatory omental changes.
- Intermittent mild mesenteric lymphadenopathy- suggestive of benign criteria i.e. mild reactive hyperplasia, possible lymphadenitis.
- Possible mild pancreatitis.

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### Secondary Findings

- Congealed nonorganized gallbladder debris- not consistent with mature mucocele.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific inflammatory gastrointestinal to possibly gastroenterocolic disease is suspected, i.e. IBD or other inflammatory disease with contributing factors such as mild pancreatitis, dietary indiscretion/intolerance, infectious disease are all potentials. Emerging to occult gastrointestinal



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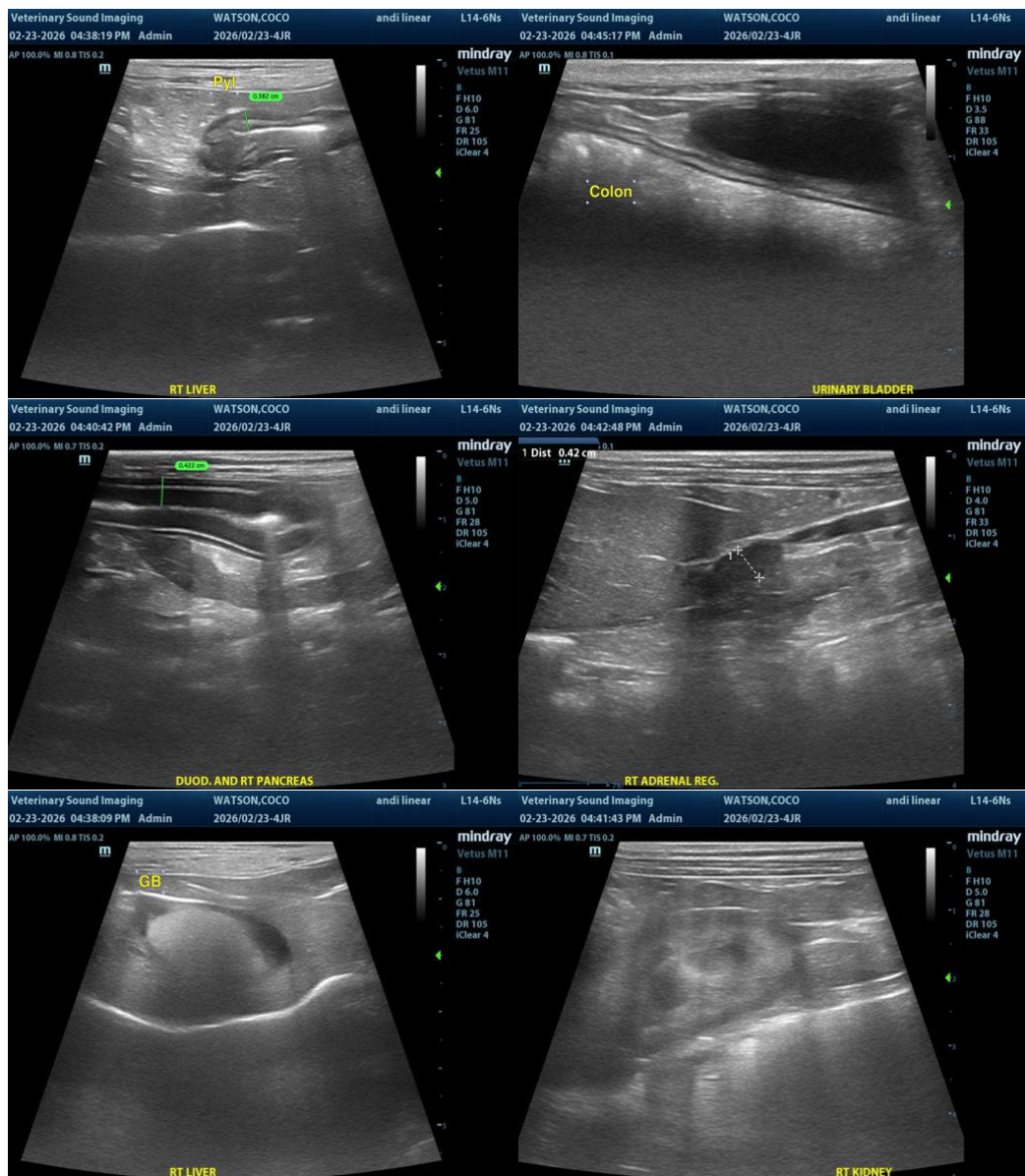
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neoplasia is thought less likely yet not technically excluded. No evidence of gastrointestinal obstructive pattern or foreign material.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

A definitive diagnosis would require endoscopic gastrointestinal biopsies for histopathology.





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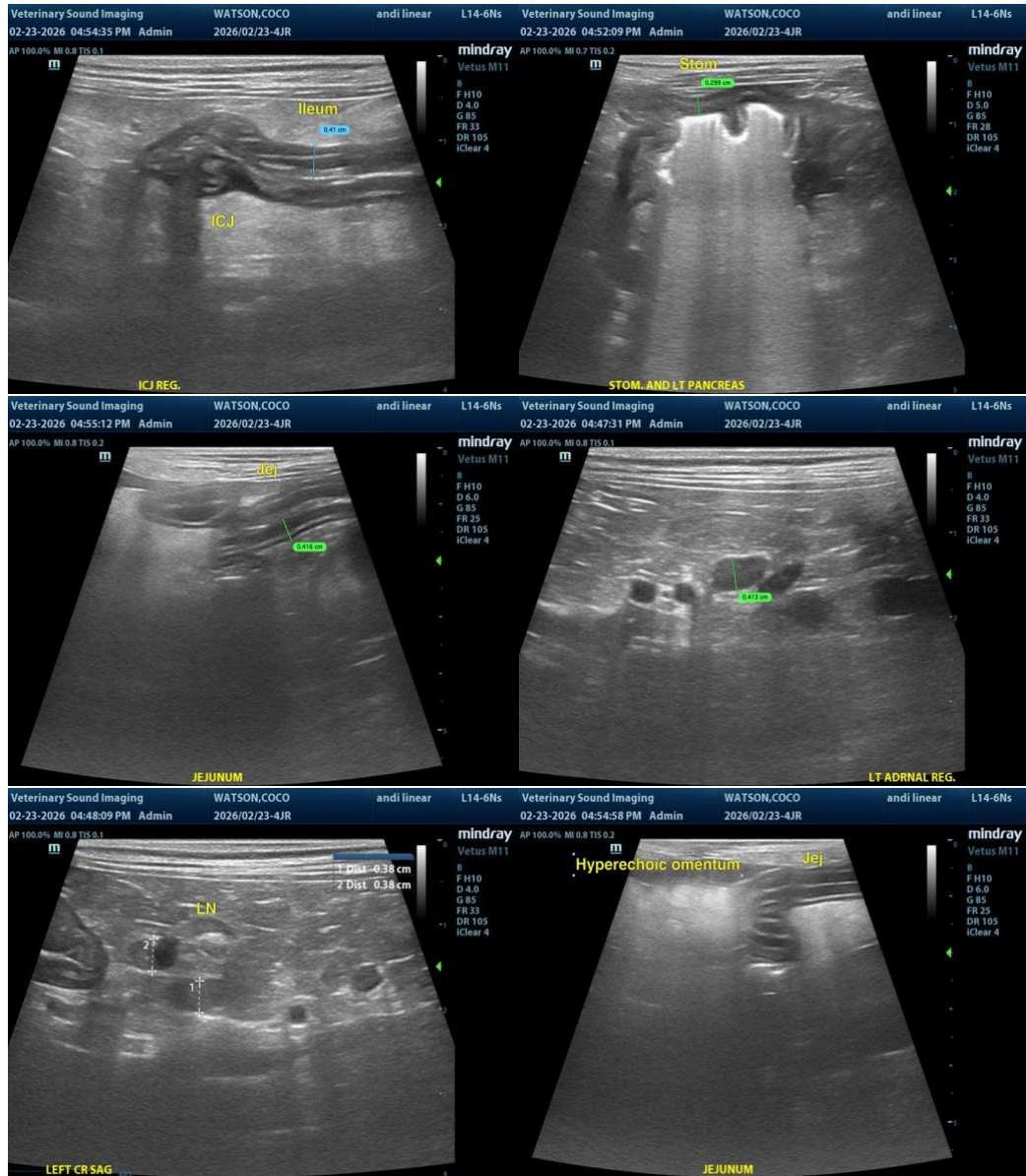
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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