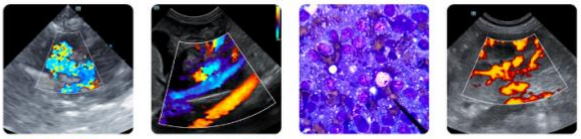


PATIENT

Iker Jose Rojas

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

7 Years

WEIGHT

6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Jose Barrera

INVOICE

13549

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- Presented for GI assessment to evaluate vomiting.
- Vomiting started 3 days ago and now there is blood (coffee ground color).
- Pt was managed 3 days ago with Cerenia, famotine but did not improve and still having vomiting
- Pt has history of previous pancreatitis and GI FB surgery in 2020

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached as supporting documents Electrolytes are low (Na, K and Chloride), Bun elevated

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 change were noted.

The area of the residual prostate appeared normal and 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 measured 3.3 cm in length. The right kidney measured 3.7 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 0.49 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 0.52 cm width at the caudal pole.

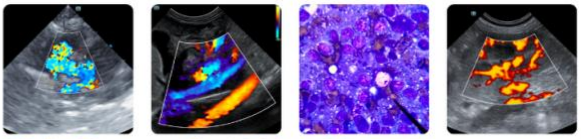
Spleen

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.

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



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Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained a small amount of nonshadowing pyloric content, potentially extending into the upper duodenum. The pylorus wall measured 0.56 cm wall width.

The upper duodenum presented with intact mildly thickened wall with suspect probable upper duodenal ulceration exhibiting gas artifact and luminal surface cratering. The duodenum contained a small amount of variably echogenic to hyperechoic nonshadowing content (possible linear duodenal echo versus potential mucus). Segmental jejunal foreign body and perisplenic jejunal segments exhibiting irregular distal acoustic shadowing measuring approximately 2.0 cm to 3.0 cm in length. Possible concurrent associated linear jejunal echo with segmental retained jejunal fluid. The duodenum wall measured 0.60 cm wall width. The jejunum wall measured 0.31 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas presented mildly prominent in size with capsule asymmetry and nonhomogenous remodeled parenchyma.

Free Abdomen

No visualized significant omental lymphadenopathy or obvious peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis.
- Enteritis pattern exhibiting jejunal foreign body with possible associated segmental jejunal and duodenal linear foreign body versus mucus.
- Suspect probable upper duodenal +/- nonobvious gastric ulceration.
- Prominent nonhomogenous remodeled pancreas.
- Mild non-organized gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy to potential multiple enterotomies and evaluation of the pyloric outflow in upper duodenum for evidence of mural pathology, i.e. ulceration or other pathology, is recommended. Given recurrent pica, gastrointestinal biopsies at time of surgery, are recommended to assess for underlying disease. Pancreatic remodeling owing to previous inflammation or persistent mild chronic pancreatitis is possible.

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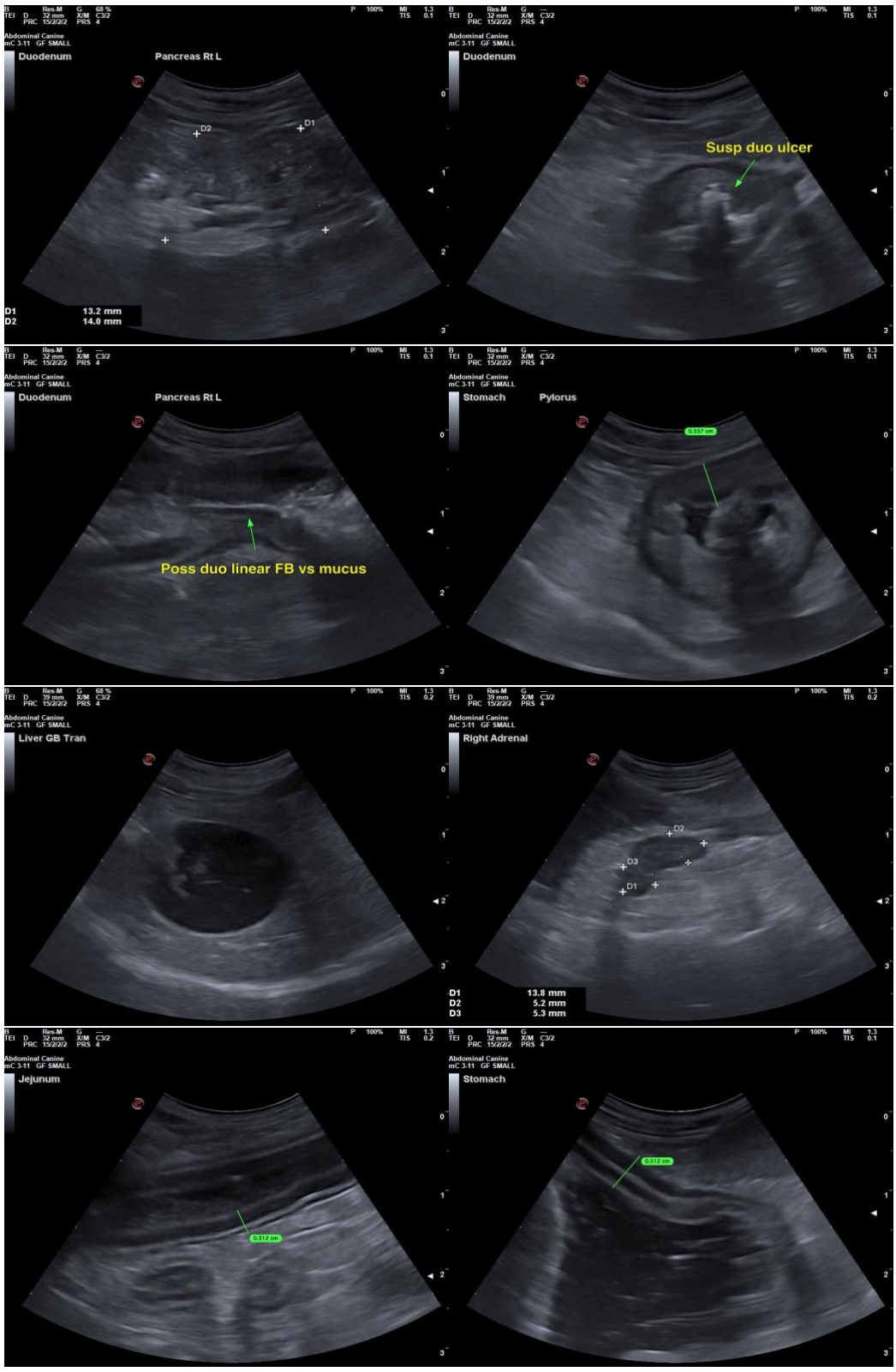

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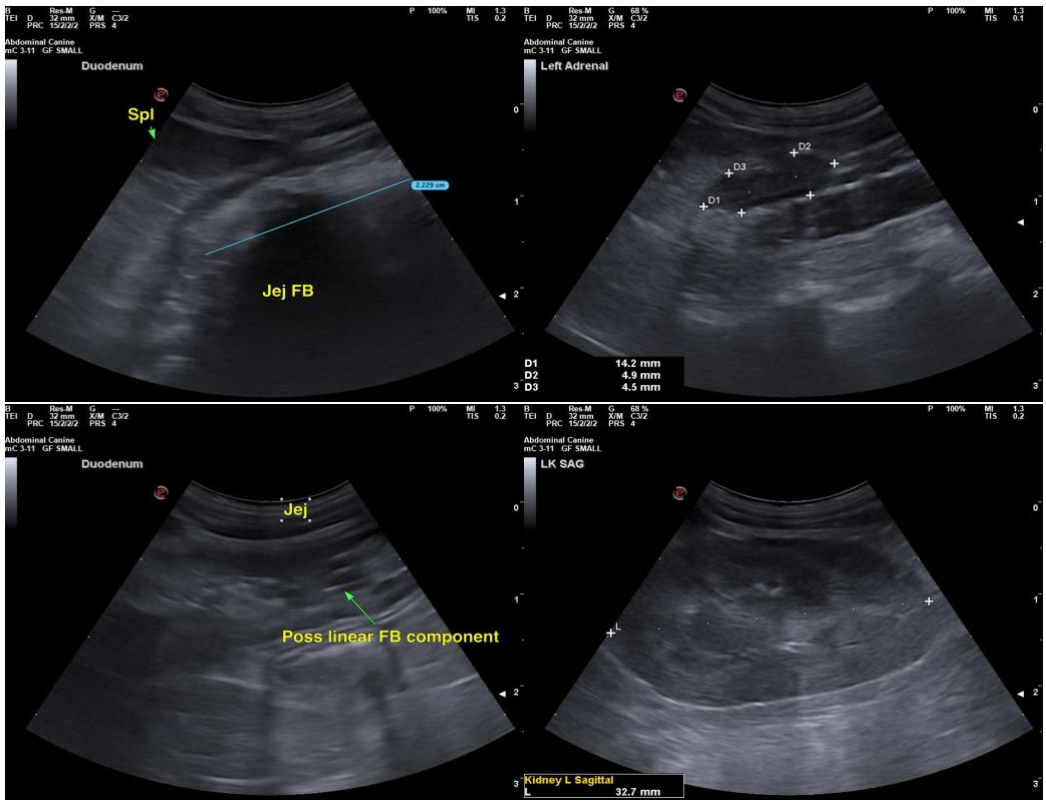

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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