



## PATIENT

Paxton Gonzalez

## SPECIES

Canine

## BREED

Havanese

## SEX

MN

## AGE

10

## WEIGHT

15.64

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ashley Gambon

## HOSPITAL NAME

Lanier Animal Hospital

## REFERRING VET

Dr. Ashley Gambon

## INVOICE 23780

DATE  
02/03/2026

## PRESENTING CLINICAL SIGNS

- Mr. Paxton is presenting for an increased frequency of vomiting over the past month. Initially, the patient vomited every other week shortly after breakfast but would act normally afterward. Over the last week, vomiting started occurring in the mornings before eating. One episode of black-colored vomit was noted last week. Today, the signs have progressed to multiple episodes of foamy vomit, refusal of treats, and one episode of pudding-like diarrhea without blood. The patient exhibits signs of nausea, including licking floors and other surfaces, which is a known behavior for him when he is unwell. There is no reported coughing or sneezing. The patient has a history of suspected IBD diagnosed in 2017 and is managed with chronic medications. He eats a frozen venison diet and has known food sensitivities. His water intake is good, and there are no urinary accidents. Current medications include Prednisone (1.25 mg every other day), Pepcid AC (10 mg twice daily), and Heartgard for parasite prevention.

Abnormal PE/Chem/CBC/UA Results: Blood work from 1/8/26 CBC: moderate thrombocytosis (591) - similar to prev Chem: slightly elevated ALP (218) - new UA: USG = 1.046; few struvite crystals (artifact) T4: slightly low (0.9) - has been low in the past, suspect euthyroid sick

## 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral discreet hyperechoic cortical foci was present which may indicate areas of cortical microinfarction, fibrosis or mineralization. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and 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 0.43 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### 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.



## PATIENT

Paxton Gonzalez

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.

## SPECIES

Canine

### *Liver/Gallbladder*

The liver presented mildly increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized masses or nodules were present. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

## BREED

Havanese

## SEX

MN

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.35 cm in width. The ventral pylorus measured 0.38 cm wall width.

## AGE

10

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 0.45 cm width. The jejunum wall measured 0.36 cm width.

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

## WEIGHT

15.64

### *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.

## INTERPRETED BY

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

### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## IMAGING PERFORMED BY

Dr. Ashley Gambon

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Structurally unremarkable gastrointestinal tract
- Normal area of pancreas
- Mildly enlarged hyperechoic liver- most consistent with vacuolar/ steroid hepatopathy
- Normal gallbladder

## HOSPITAL NAME

Lanier Animal Hospital

### Secondary

- Mild chronic renal changes

## REFERRING VET

Dr. Ashley Gambon

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE  
23780

No evidence of structural or mural gastrointestinal pathology or mechanical /metabolic ileus. Given

DATE  
02/03/2026



**PATIENT**

Paxton Gonzalez

clinical history and presumptive IBD, possible suppressed gastrointestinal mural changes owing to prednisone could be possible. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with non-obvious pancreatitis +/- spec cPL is recommended.

**SPECIES**

Canine

Dietary trial such as a canned hydrolyzed diet with possible long-term dietary therapy, gastric protectant protocol i.e., Omeprazole 1 mg/kg PO SID as needed with concurrent gastroprotectants may prove beneficial. Sonographic monitoring indicated if continued or progressive gastrointestinal signs or evidence of weight loss.

**BREED**

Havanese

**SEX**

MN

**AGE**

10

**WEIGHT**

15.64

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ashley Gambon

**HOSPITAL NAME**

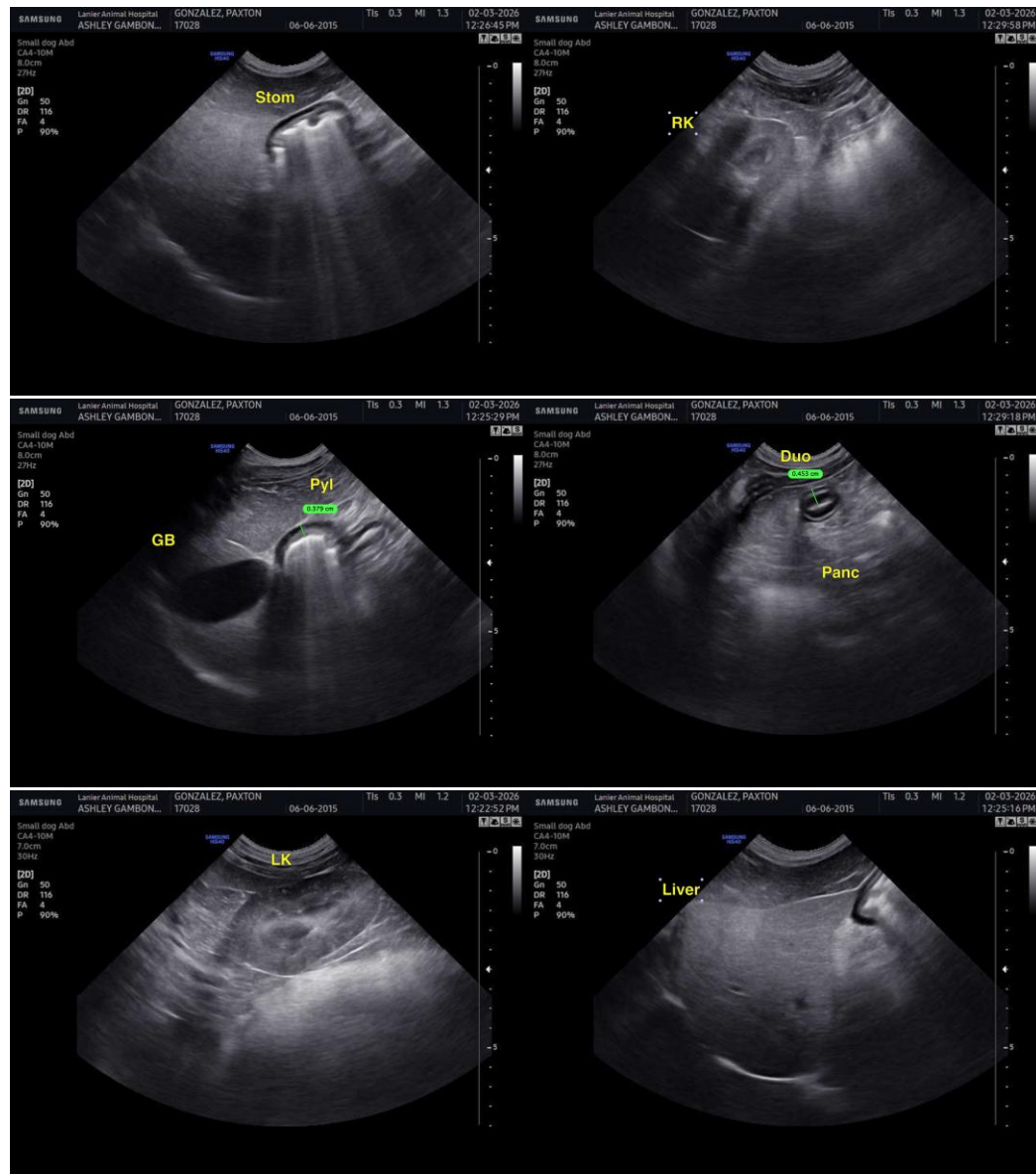
Lanier Animal Hospital

**REFERRING VET**

Dr. Ashley Gambon

**INVOICE**  
23780

**DATE**  
02/03/2026





## PATIENT

Paxton Gonzalez

## SPECIES

Canine

## BREED

Havanese

## SEX

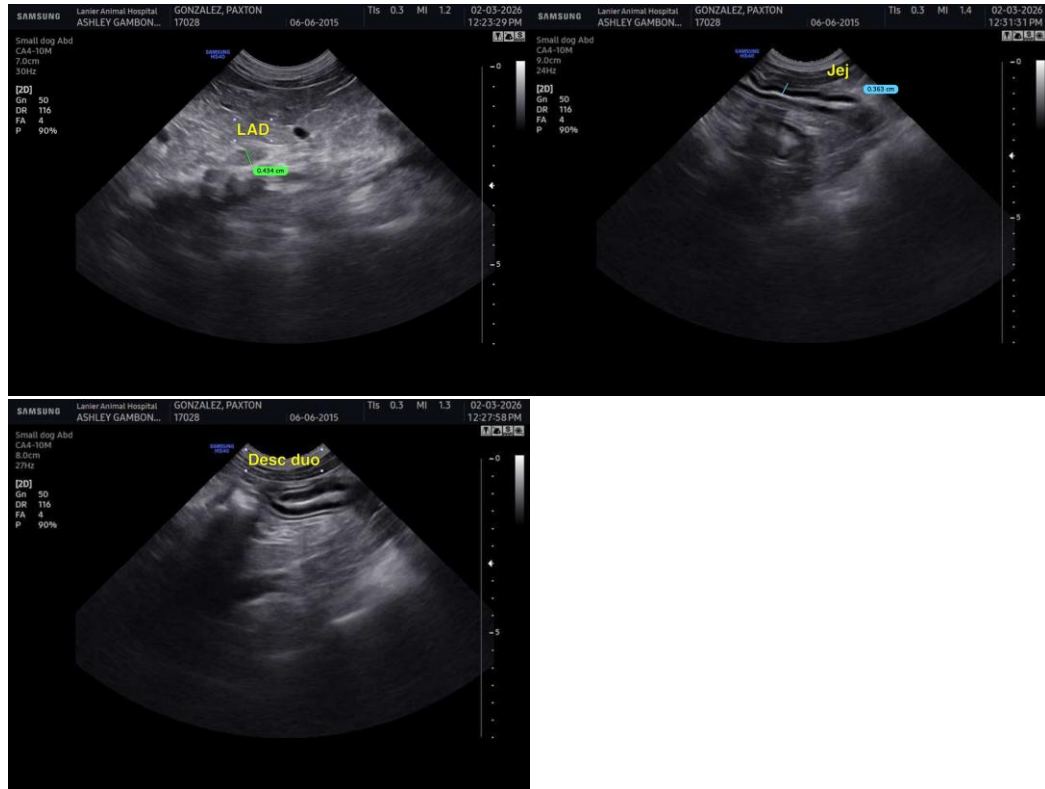
MN

## AGE

10

## WEIGHT

15.64



## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ashley Gambon

## HOSPITAL NAME

Lanier Animal Hospital

## REFERRING VET

Dr. Ashley Gambon

## INVOICE

23780

## DATE

02/03/2026

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)