



PATIENT

Piper Reed

SPECIES

Canine

BREED

Doodle Mix

SEX

FS

AGE

9yr

WEIGHT

85lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Claire Timbas

INVOICE

24194

DATE
03/14/2026

PRESENTING CLINICAL SIGNS

- Piper has been vomiting frequently, approximately 3 times a week, often shortly after eating.
- The owner suspects she may have acid reflux due to burping and vomiting food.
- -Eating mulch outside
- Piper is fed 3/4 cup of Pedigree food per meal, and she has been on a fresh food diet with Fresh pet.
- The owner has cut down on table food, but occasionally gives pizza crust.
- Piper has had some bumps on her skin that have been increasing in number and size, but they do not seem to bother her.
- The owner reports that Piper was lethargic last week but has been active and eating well recently.
- No diarrhea, coughing, or sneezing reported.
- Abnormal PE/Chem/CBC/UA Results: ALP 282 SDMA 5.2 PrecisionPSL 406

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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. The left kidney measured 7.2 cm in length. The right kidney measured 8.0 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 0.51 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 primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma to perihilar. Suspect areas of concurrent medial capsule fibrosis. No masses. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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



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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.

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Gastrointestinal

The stomach presented mild thickened wall. Overall intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic to mildly echogenic fluid. The stomach wall measured 0.58 cm in width. The pylorus wall measured 0.60 cm in width.

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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.

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

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No evidence of peritoneal effusion was present.

Mild perigastric hyperechoic omentum was present most notable in the area of the pylorus with indistinct yet suspect mild non-homogenous gastric lymphadenopathy. An example of suspect gastric lymph node measured 1.8 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Probable hypomotile gastritis.
- Sonographically normal empty generalized small intestine
- Normal area of pancreas
- Mild perigastric hyperechoic omentum and suspect indistinct gastric lymphadenopathy
- Sonographically normal liver / gallbladder - consistent with mild benign hepatopathy
- Benign hyperechoic splenic nodules and suspect areas of medial capsule fibrosis-consistent with probable benign myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging to low-grade gastric neoplasia and early gastric metastatic lymphadenopathy is not definitively excluded yet thought less likely. No evidence of mechanical gastrointestinal obstruction or foreign material. Mild to chronic pancreatitis may present sonographically unremarkable. Empirical therapy for gastritis, which may include canned dietary trial with potential smaller, more frequent feedings, gastric protectants and consideration for empirical helicobacter coverage with clinical and sonographic monitoring would be reasonable. Upper gastrointestinal biopsies would be ideal for further clarification and recommended if available. A screening cortisol level suggested to rule out occult Addison's disease.



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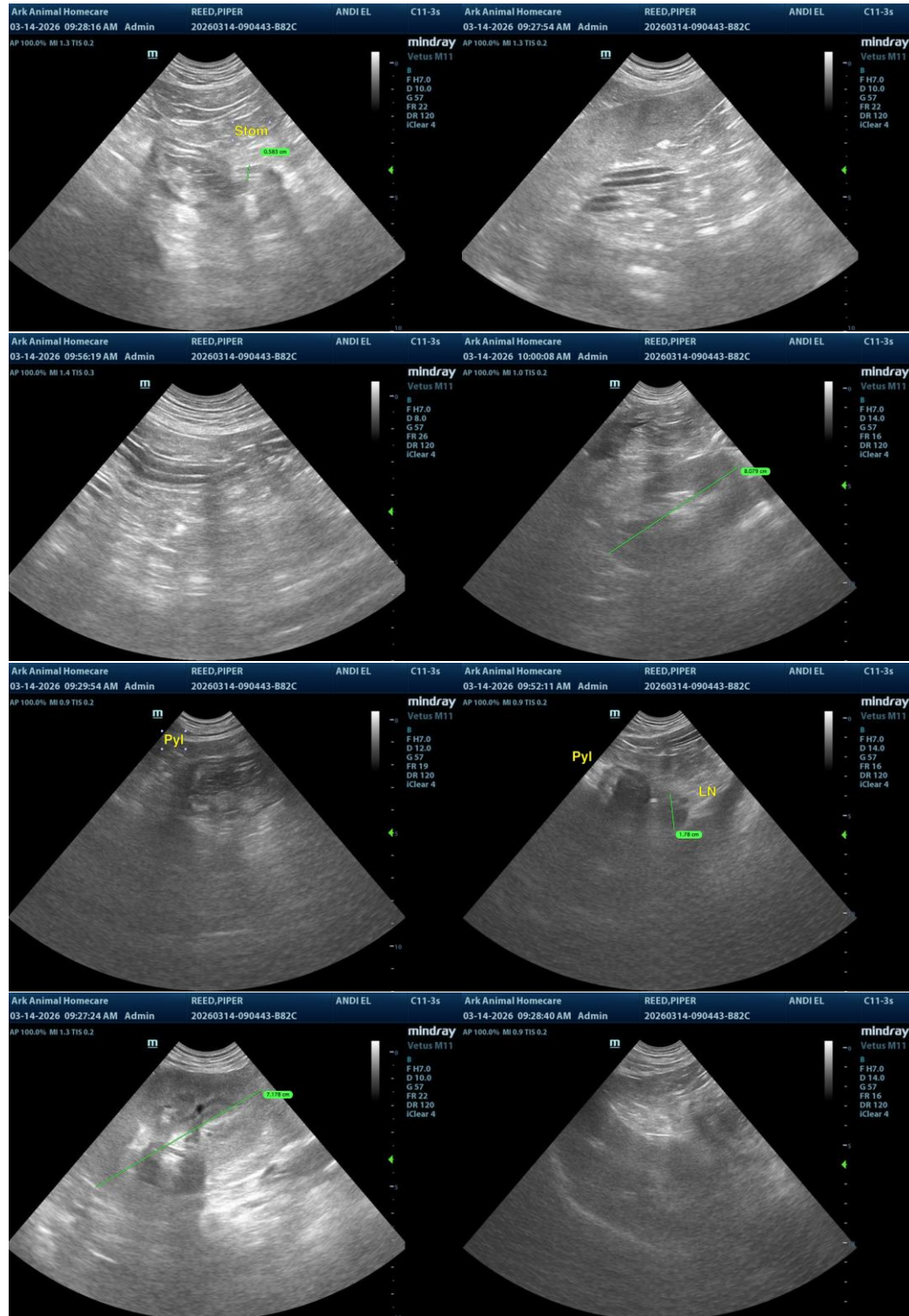
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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