



PATIENT

Murphy Ortiz

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

51 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Scott

INVOICE

73910

DATE

3/21/26

PRESENTING CLINICAL SIGNS

On and off vomiting- improved on ompeprazole but then came back

Abnormal PE/Chem/CBC/UA Results: Total calcium 11.6- sent out for ionized calcium pending 3 view chest rads wnl WBC count 28K

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 changes were noted.

The residual prostate appeared normal.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 5.5 cm. Right kidney measured 5.5 cm.

Adrenal Glands

The bilateral adrenal glands presented mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The left adrenal gland was mildly enlarged at 0.86 cm at the caudal pole. The right adrenal gland was borderline large at 0.78 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small perihilar, non-capsule deforming hyperechoic nodule noted. 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

The liver presented mildly to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy, most notable in the pylorus. Intact wall layering was maintained and distinct. Pylorus wall measured 0.72 cm in width. Mild echogenic retained gastric fluid and hyperechoic non-obstructive pyloric content.



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The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with no signs of ileus, obstruction or foreign material. A segment of distended mid to caudal abdominal intestine was noted, consistent with jejunum, containing mildly echogenic non-shadowing content.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

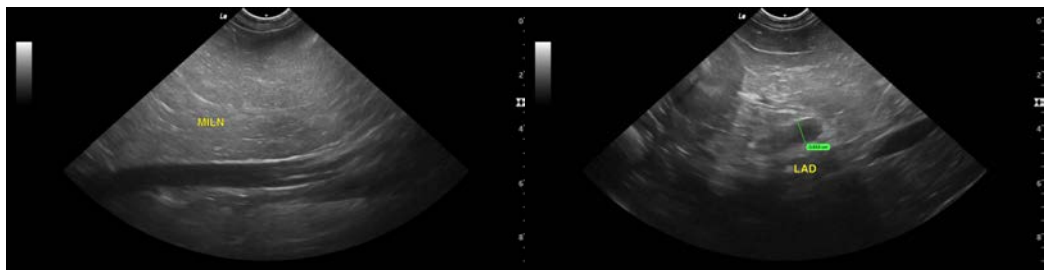
ULTRASONOGRAPHIC FINDINGS

- Mildly thickened pylorus with mild retained non-shadowing pyloric content.
- Segmental mild fluid distended small intestine with echogenic content.
- Normal area of pancreas.
- Mild hepatomegaly, subjectively benign.
- Mild gallbladder debris (non-mucocele).
- Borderline/mild bilateral adrenomegaly.
- Mild age related renal changes.
- Small hyperechoic splenic nodule – most consistent with a small benign myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended. The stomach is suggestive of gastritis criteria in conjunction with positive response to gastroprotectants. Segmental concurrent intestinal metabolic ileus is possible. However, the potential for an area of intestinal mechanical obstruction, given concurrent empty small intestinal segments, cannot be excluded.

Given the time frame between ultrasound study and interpretation, sonographic reassessment of the stomach and segmental distended intestine for evidence of persistence is indicated. If persistent and combined with persistent gastrointestinal signs, upper gastrointestinal endoscopy +/- exploratory laparotomy with intestinal biopsies may be indicated. Correlate with pending ionized calcium. No obvious of non-intestinal neoplastic criteria. Adrenal screening may be considered if clinical signs consistent with adrenal disease.





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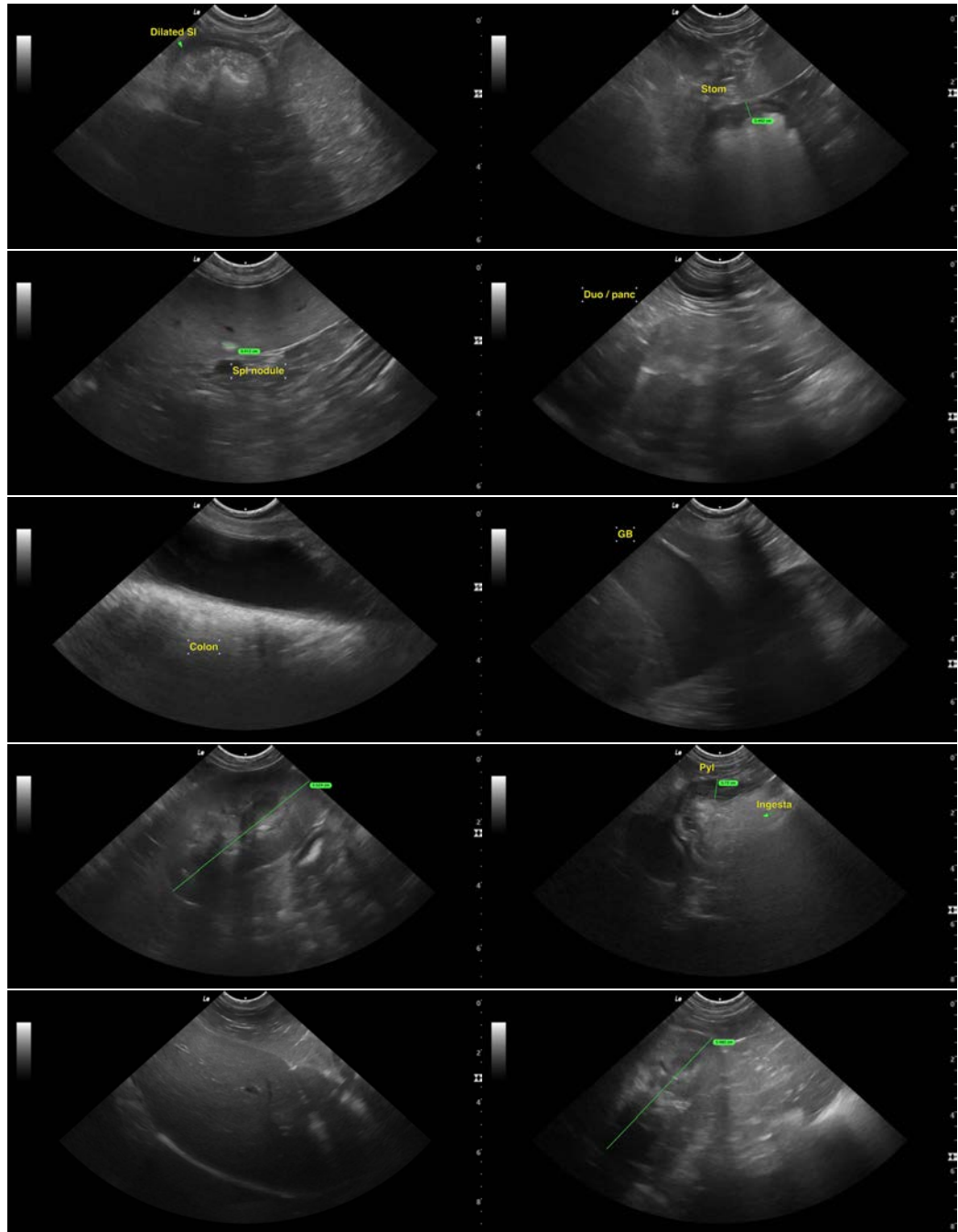
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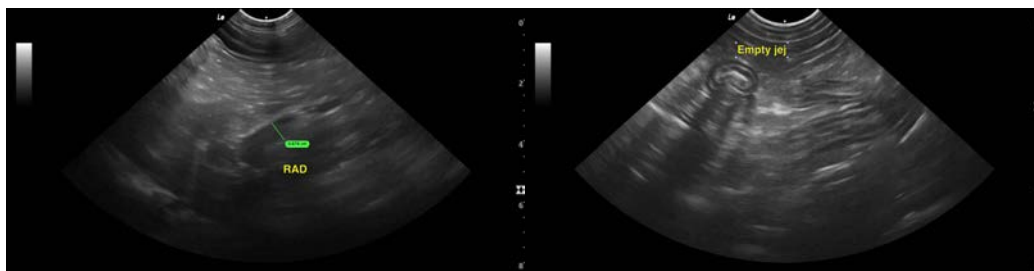
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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