



PATIENT

Mensa Alvizo

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

10

WEIGHT

15.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas
Veterinary Medical
Center

REFERRING VET

Dr. Brianna Stofas

INVOICE

73933

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Presented Saturday ADR. Not very active, not eating, not drinking. Concerns she might be painful. PE mild pain in thoracolumbar area. No obvious signs of obstructive pattern on radiographs. Stomach has small amount of food like material. Significant amount of feces in colon, concerned constipation secondary to inability to posture. Concerns about disk space compression in thoracolumbar area. Treated for back pain with no improvement. O unable to administer medications. Presented again on Sunday for not doing any better. Not eating, drinking or urinating or defecating. Very full stomach radiographically, kept P overnight to rule out GI foreign body while treating for back pain. Owners report P may have eaten a little, but not much. Concerned about what P might have been eating because stomach is much more full than previous day. Radiographs today, pylorus appears enlarged. Cannot rule out foreign body.

Abnormal PE/Chem/CBC/UA Results: Pink, tacky mm. Reactive to thoracolumbar spinal palpation. Moderately tense on abdominal palpation, but no obvious masses, fluid waves. Will relax during abdominal palpation. CBC: mild eosinophilia, otherwise WNL Chem: WNL 4dx: negative Fecal: negative

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 area of the uterus and bilaterally ovaries was free of overt pathology.

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. Left kidney measured 4.9 cm. Right kidney measured 4.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.51 cm at the caudal pole. Right measured 0.45 cm 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

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic, nonshadowing ingesta along with areas of luminal gas. No evidence of obstruction to the pyloric outflow or obstructive pyloric mural pathology. Pylorus wall measured 0.26 cm.

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 ileus, obstruction or foreign material to the level of the colon.

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

Pancreas

The pancreas was normal to mildly prominent in size with mild capsule asymmetry. Isoechoic, mildly non-homogeneous parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Variably echogenic gastric ingesta with normal visible stomach wall, no evidence of obstruction to pyloric outflow.
- Normal empty small intestine.
- Semi-formed fecal matter and subjective non-distended colon.
- Normal to borderline prominent left pancreas with mild heterogeneous parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The non-shadowing gastric ingesta, given reported inappetence is sonographically suggestive of retained food echogenicity, which suggests metabolic or functional gastric ileus without overt evidence of obstructive gastrointestinal mural pathology or foreign material. Minor potential for a mild to intermixed amount of fluid absorbing gastric foreign material thought less likely.

Mild to chronic pancreatitis may be suspected if cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL is recommended.

Continued supportive care, which may include as-needed gastroprotectants, documented 12 hour fast and sonographic monitoring of gastric emptying or gastrointestinal motility is recommended at this stage. If persistent gastric ingesta, Gastric evacuation with upper gastrointestinal endoscopy may be indicated.



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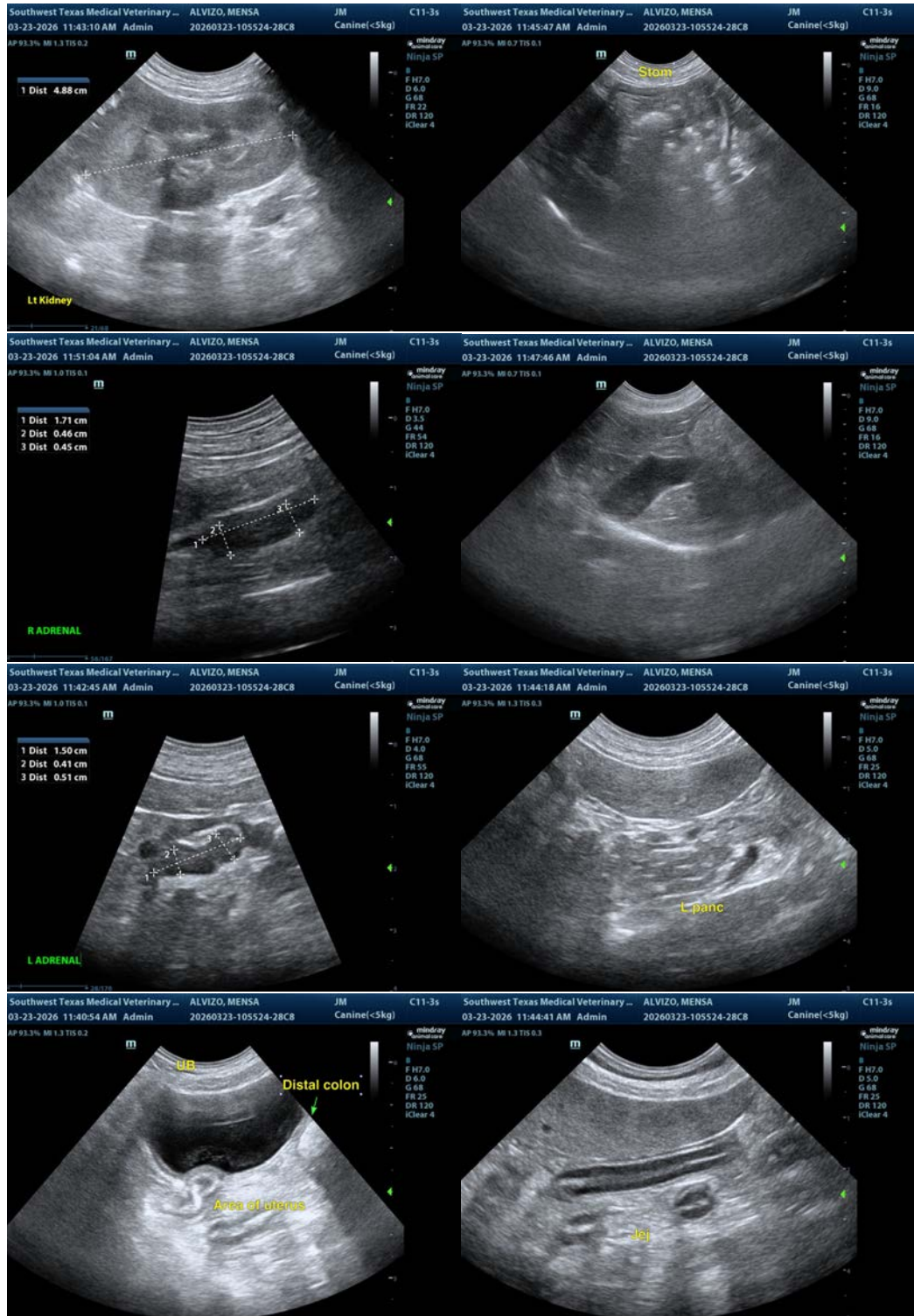
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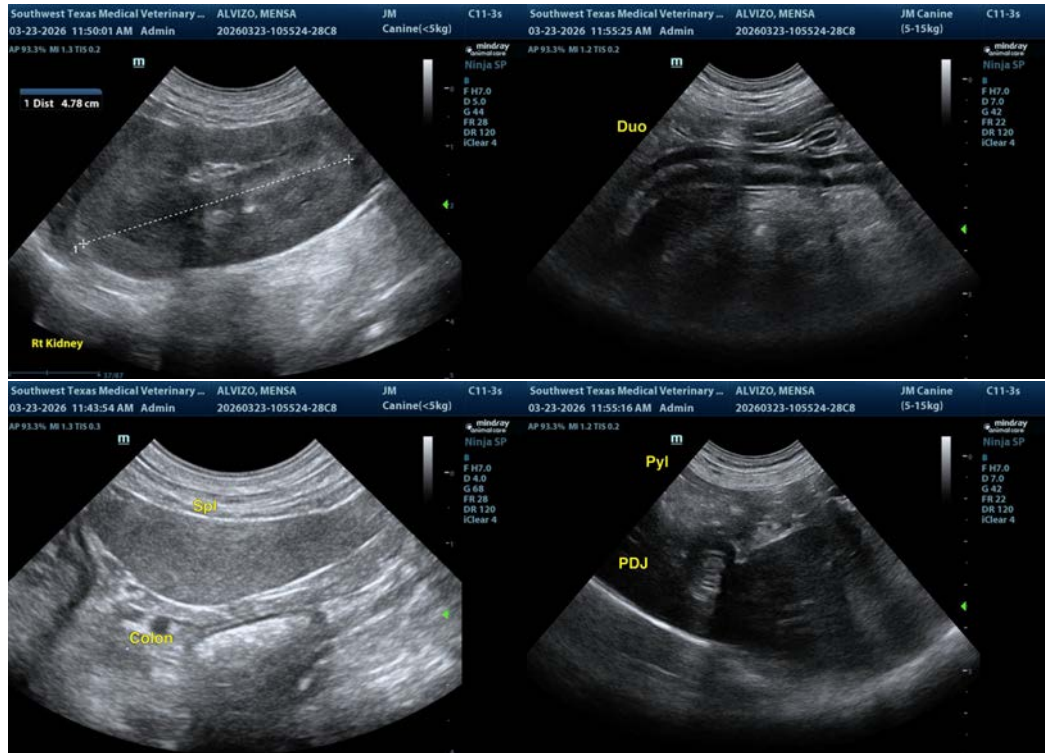
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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