



## PATIENT

Odie Barainyak

## SPECIES

Canine

## BREED

Chihuahua X

## SEX

MN

## AGE

9Y

## WEIGHT

10lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Rodriguez

## INVOICE

74021

## DATE

3-3-26

## PRESENTING CLINICAL SIGNS

- Intermittent vomiting

Abnormal PE/Chem/CBC/UA Results: BUN:30, T4<0.5, FT4: 18.7, TSH: 0.22,

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. Minimal anechoic urine. The visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. No mineral calculi or overt tumors.

The area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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 3.8 cm in length. The right kidney measured 3.6 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 0.51 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 0.50 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. Normal hepatic vascular volume was present. 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.

### *Gastrointestinal*

The stomach presented intact mildly thickened wall. The lumen of the stomach contained nonshadowing gastric ingesta. No evidence of obstruction to pyloric outflow. The stomach wall measured 0.53 cm wall 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 ileus, obstruction, or foreign material. The duodenum wall measured 0.38 cm wall width. The jejunum wall measured 0.30 cm wall width.

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

### *Pancreas*

The left pancreas was mildly prominent in size with mild nonhomogeneous hypoechoic parenchyma compared to adjacent nonreactive omentum. 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*

Focal mild gastric lymphadenopathy was noted. Example of lymph node measured 0.5 cm diameter. No additional mesenteric lymphadenopathy visualized.

No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Mildly thickened stomach wall with nonshadowing gastric ingesta – ingesta consistent with food echogenicity.
- Normal small intestine.
- Mild chronic/chronic active pancreatitis pattern left pancreas.
- Sonographically normal kidneys/adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with a Spec cPL is recommended. Empirical therapy for mild gastritis and pancreatitis with clinical monitoring is recommended. Although considered less likely, yet given mild azotemia, screening cortisol level to rule out occult Addison's disease is suggested. No definitive evidence of gastric ulceration. Correlation with most recent meal ingestion recommended as if documented NPO, some degree of metabolic gastric ileus may be possible.

Sonographic reassessment of the stomach following documented 12-hour fast recommended if persistent or progressive clinical signs.



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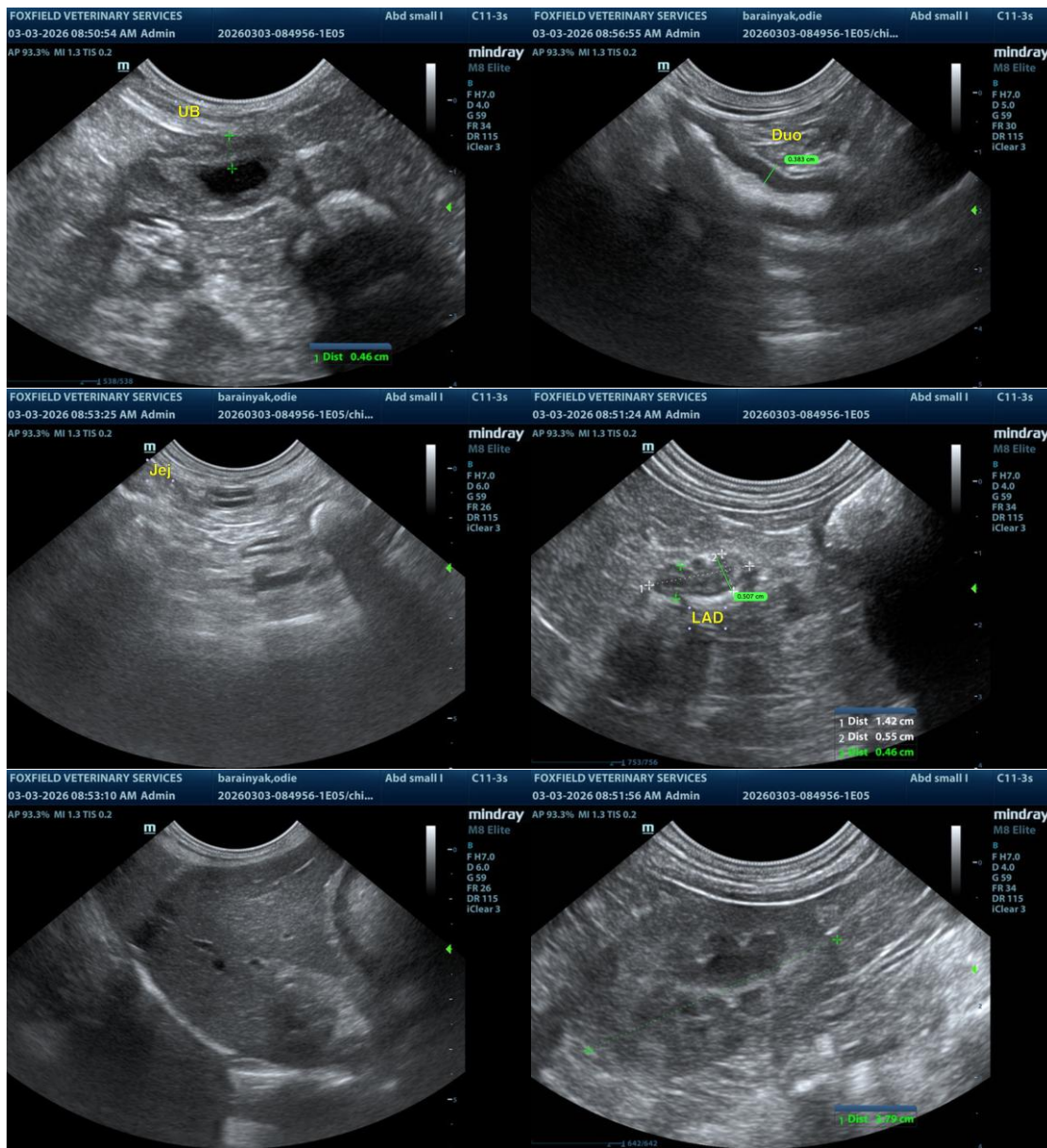
Rodriguez

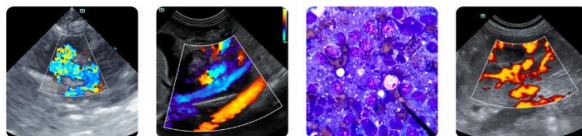
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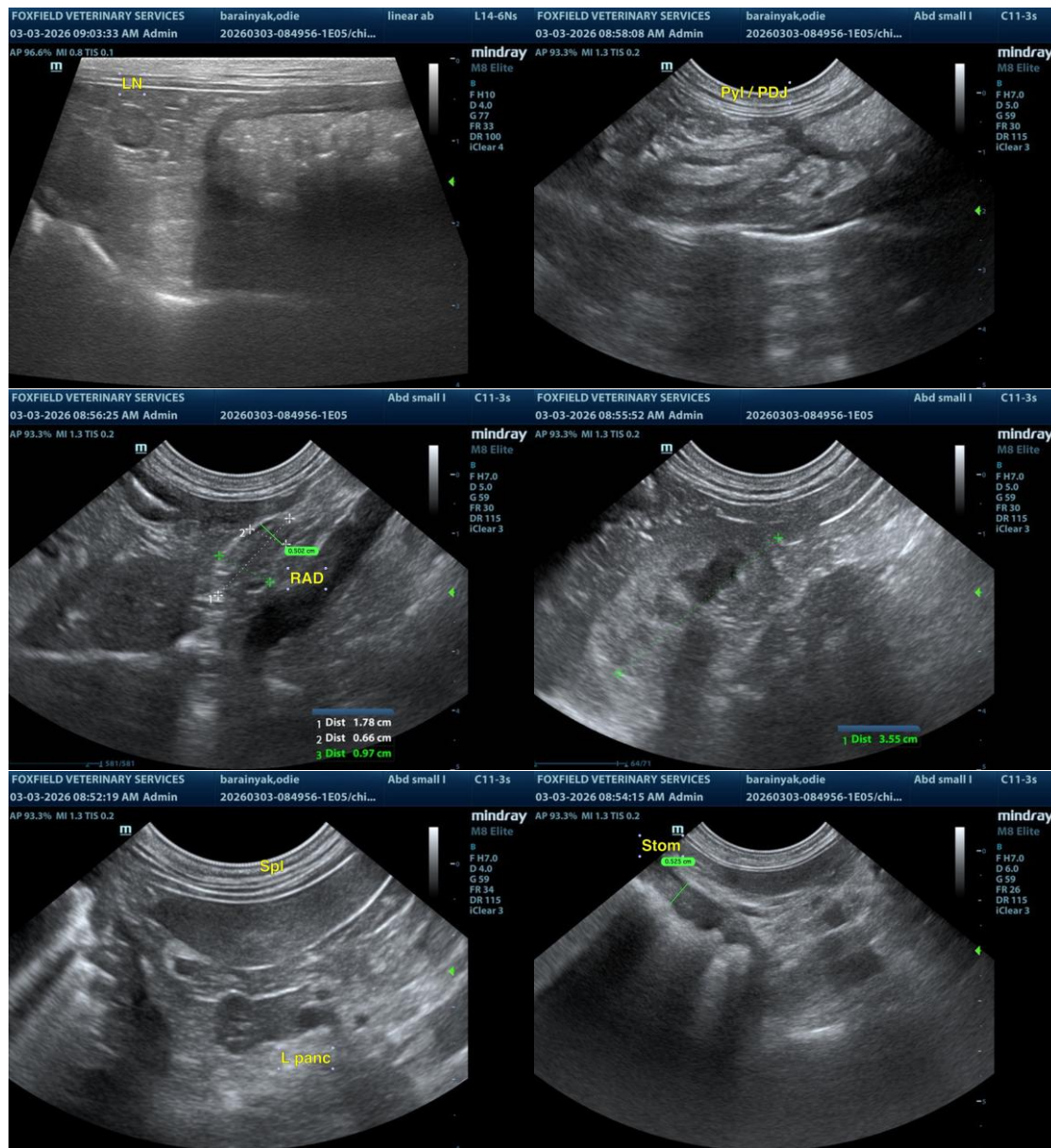
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)