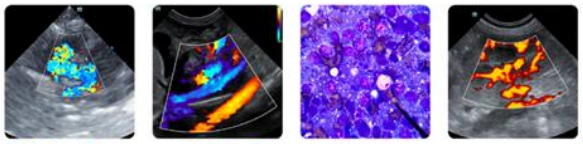


PATIENT
Mochi Stranzl

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
MI

AGE
10mo

WEIGHT
3.5lb

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

IMAGING PERFORMED BY
Cassidy Stranzl

HOSPITAL NAME
Dakota Veterinary Center

REFERRING VET
Cassidy Stranzl

INVOICE
24456

DATE
04/11/2026

PRESENTING CLINICAL SIGNS

anorexic, lethargic past few days

Abnormal PE/Chem/CBC/UA Results: See Attached

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 2.8 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate gland appeared normal and free of pathology measuring 1.2 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 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

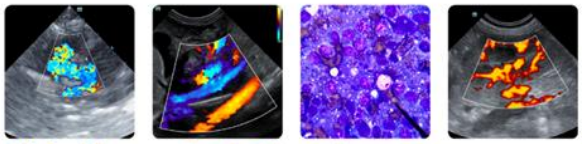
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 prominent wall layering. The stomach contained a mild amount of retained anechoic fluid with a small amount of non-shadowing hyperechoic ingesta present in the pyloric outflow without evidence of mechanical pyloric outflow obstruction.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine was empty with minor non-obstructive upper to mid duodenal ileus.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild hypomotile gastritis with a small amount of nonobstructive, nonshadowing pyloric ingesta
- Normal small intestine / pancreas
- Normal volume liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ileus appears metabolic possibly secondary to nonspecific gastroenteritis or mild pancreatitis which may present sonographically normal. A small amount of fluid absorbing material in the pyloric outflow such as stuffing or similar is possible yet does not appear obstructive yet possibly irritative. No other pathology as a contributing factor to the clinical signs. Endoscopy if available could be considered. GI support with clinical and sonographic monitoring is recommended. A baseline cortisol is suggested. Recheck sonogram if continued or progressive clinical signs.

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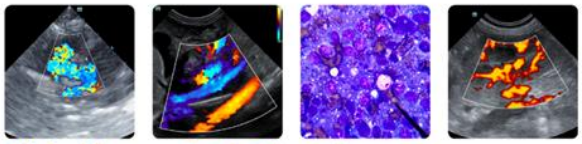

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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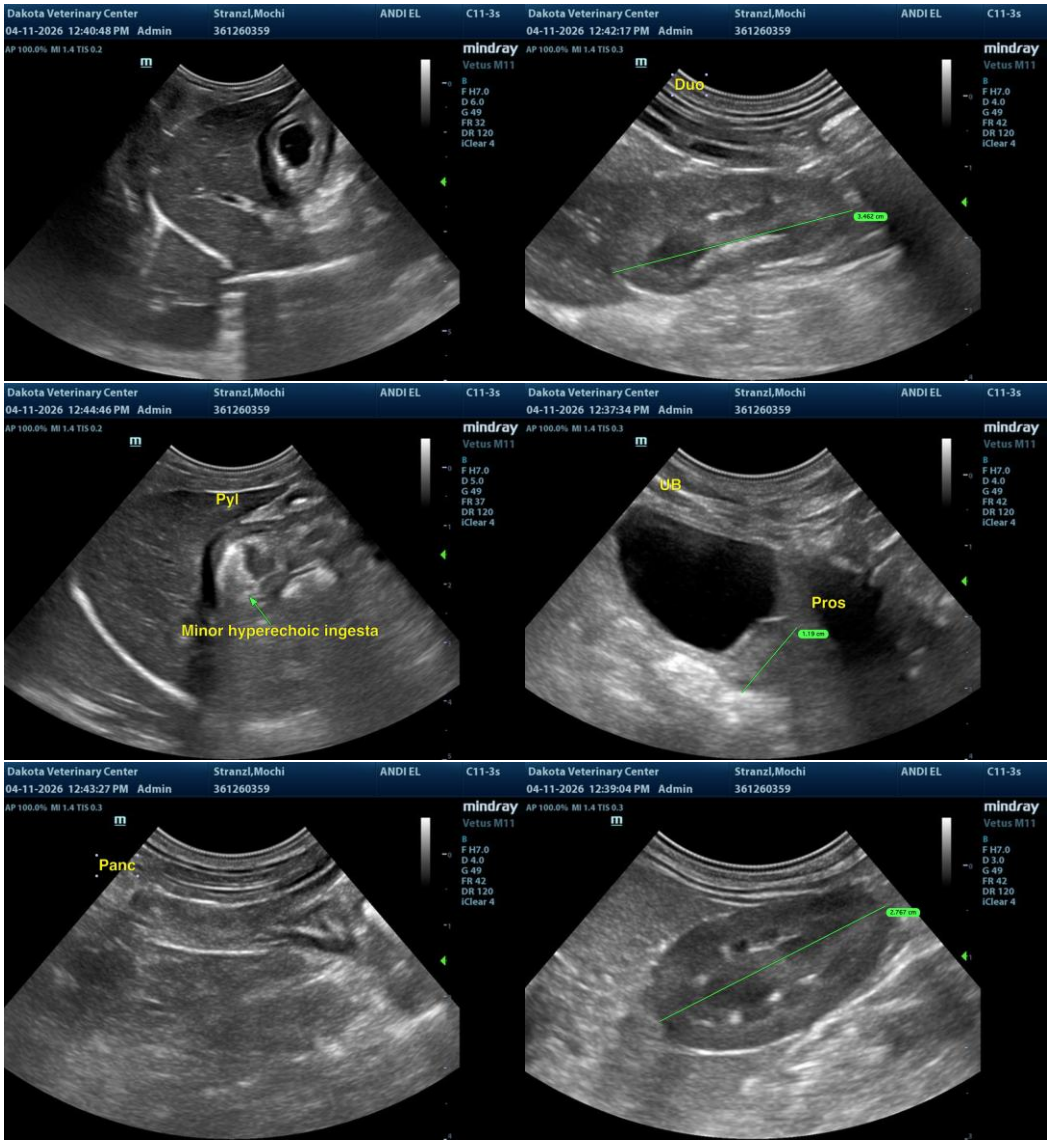

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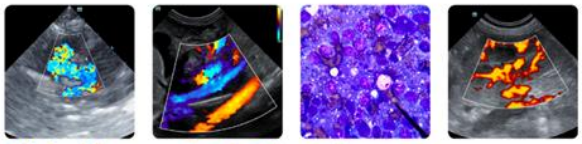

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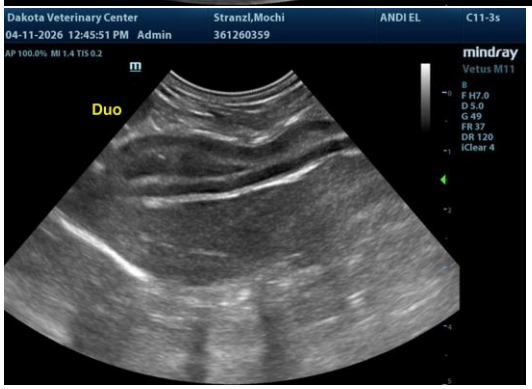

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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