



PATIENT

Rosie Alzadon

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

11y 10m

WEIGHT

38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Summit Dog and Cat
 Hospital

REFERRING VET

Dr. Nada & Dr. Baker

INVOICE

13368

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History: intermittent vomiting vs regurgitation. PE WNL except dental disease.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.1 PLT 402k HCT 46%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The visible proximal urethra to a depth of 3.0 cm exhibited normal structure with decreased tone. No overt obstruction to urinal flow. 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 aortic trifurcation was free of pathology.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal gland was normal in size, and the right adrenal gland was indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole. The right adrenal gland subjectively measured 0.58 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

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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented overall, non-thickened wall with concurrent propensity for subtle hypoechoic prominent submucosa layer. Mildly prominent muscularis layer. Subjective propensity for mildly prominent duodenojejunal mucosa with mild decreased mucosa echogenicity. Discrete, hypoechoic mucosal speckling present. Mild segmental duodenojejunal corrugation. Duodenum wall measured 0.47 cm and jejunum wall measured 0.43 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi-formed to soft 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

Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of effusion present.

PRIMARY FINDINGS

- Mild, non-shadowing gastric ingesta – most consistent with potential retained food echogenicity
- Nonspecific enteropathy exhibiting mild segmental duodenojejunal ileus, mild segmental non-obstructive
- Semi-formed to soft fecal matter in colon
- Normal area pancreas
- Intermittent mild mesenteric lymphadenopathy

SECONDARY FINDINGS

- Mild gallbladder debris
- Age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy, dietary intolerance, food hypersensitivity, mild pancreatitis which may present sonographically normal, occult parasitism, emerging to occult neoplasia, occult Addison's disease, all potentials. No evidence of mechanical gastrointestinal obstruction. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Novel protein or hydrolyzed diet trial with potential long-term dietary therapy, as needed gastro protectants Omeprazole 1.0 mg/kg PO SID, and consideration for empirical deworming pending additional diagnostics may prove beneficial. Serial monitoring of serum albumin level for evidence of progressive hypoalbuminemia which may indicate intestinal protein loss is recommended. 3-view chest radiographs, if not done, are suggested to rule out thoracic or esophageal pathology.



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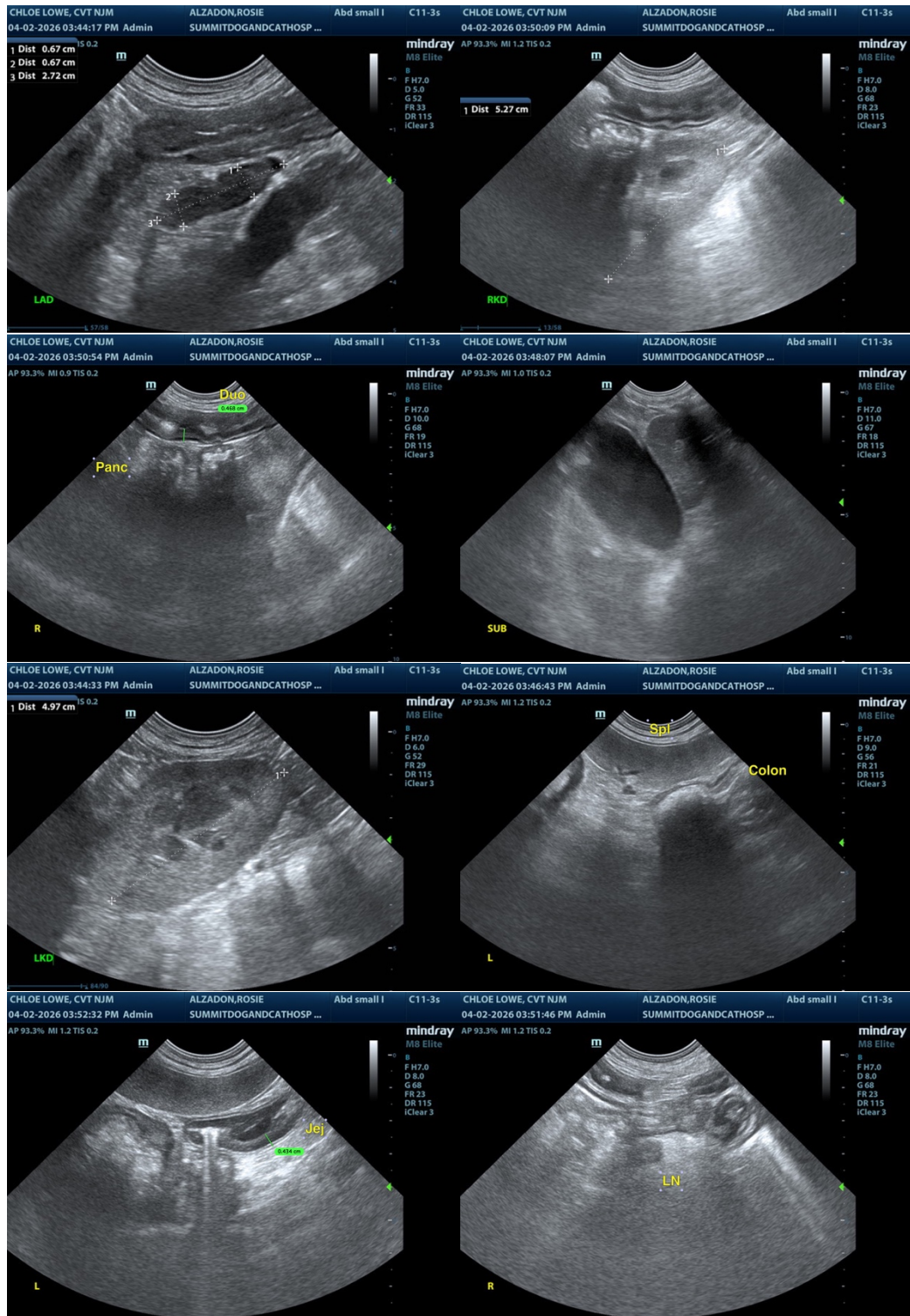
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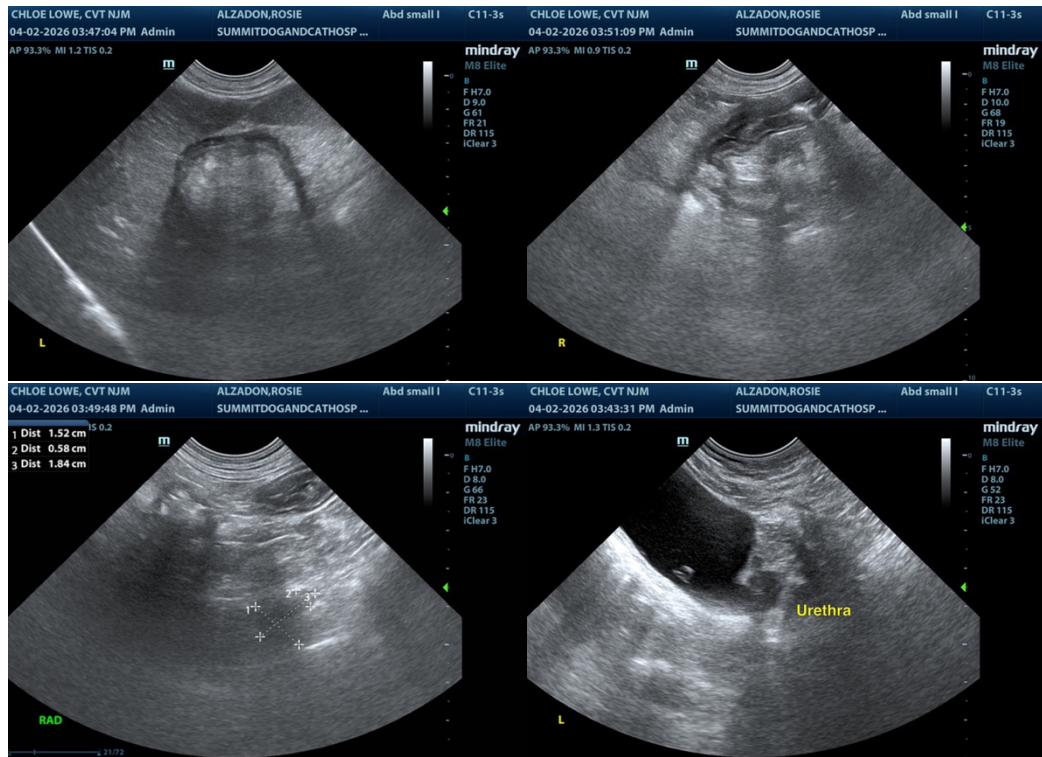
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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