



## PATIENT

Gertie Knox

## SPECIES

Canine

## BREED

Toy Australian Mini

## SEX

Spayed Female

## AGE

3 Years

## WEIGHT

3.45 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Judy McFarlen

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Laura Fields

## INVOICE

16228

## DATE

05/14/26

## PRESENTING CLINICAL SIGNS

Nonspecific GI upset. Previously vomiting, diarrhea which has resolved but not eating or drinking much. Tylosin/Cerenia medications. Just the lack of appetite is the main concern now. Slight lethargy.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 change were noted.

Normal size and margination was 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 3.3 cm in length. The right kidney measured 3.3 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 0.38 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 0.37 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. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective adequate vascular volume given patient's size.

The gallbladder was non distended in size with mild nonorganized nondependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented mildly prominent wall given patient's body size. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid. No evidence of foreign material or obstruction to pyloric outflow. The pylorus wall measured 0.44 wall width.

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.



**PATIENT**

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Gertie Knox

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Toy Australian Mini

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

**Primary Findings**

**AGE**

- Subjective mild hypomotile gastritis.
- Sonographically unremarkable small intestine/colon with semi formed to soft fecal matter.
- Normal area of pancreas.
- Normal adrenal glands.

3 Years

**WEIGHT**

**Secondary Findings**

3.45 kg

- Mild non-organized gallbladder debris.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

Aside from evidence of mild gastritis and non-obstructive gastric stasis, no evidence of enterocolic, pancreatic or additional visceral pathology as an obvious contributing factor to the patient's gastrointestinal signs. Mild pancreatitis and microscopic gastrointestinal disease may present sonographically normal.

**IMAGING PERFORMED BY**

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended. Continued gastrointestinal support is indicated with clinical monitoring. Recheck sonogram if non-responsive or persistent gastrointestinal signs.

Judy McFarlen

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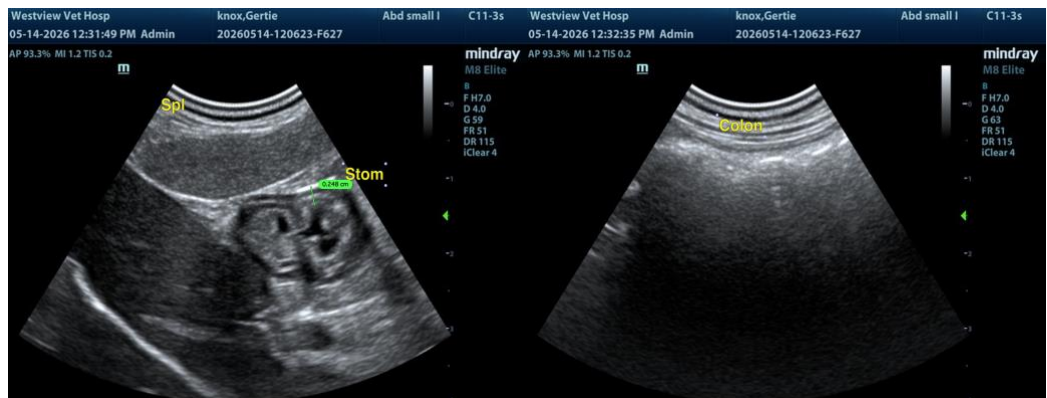
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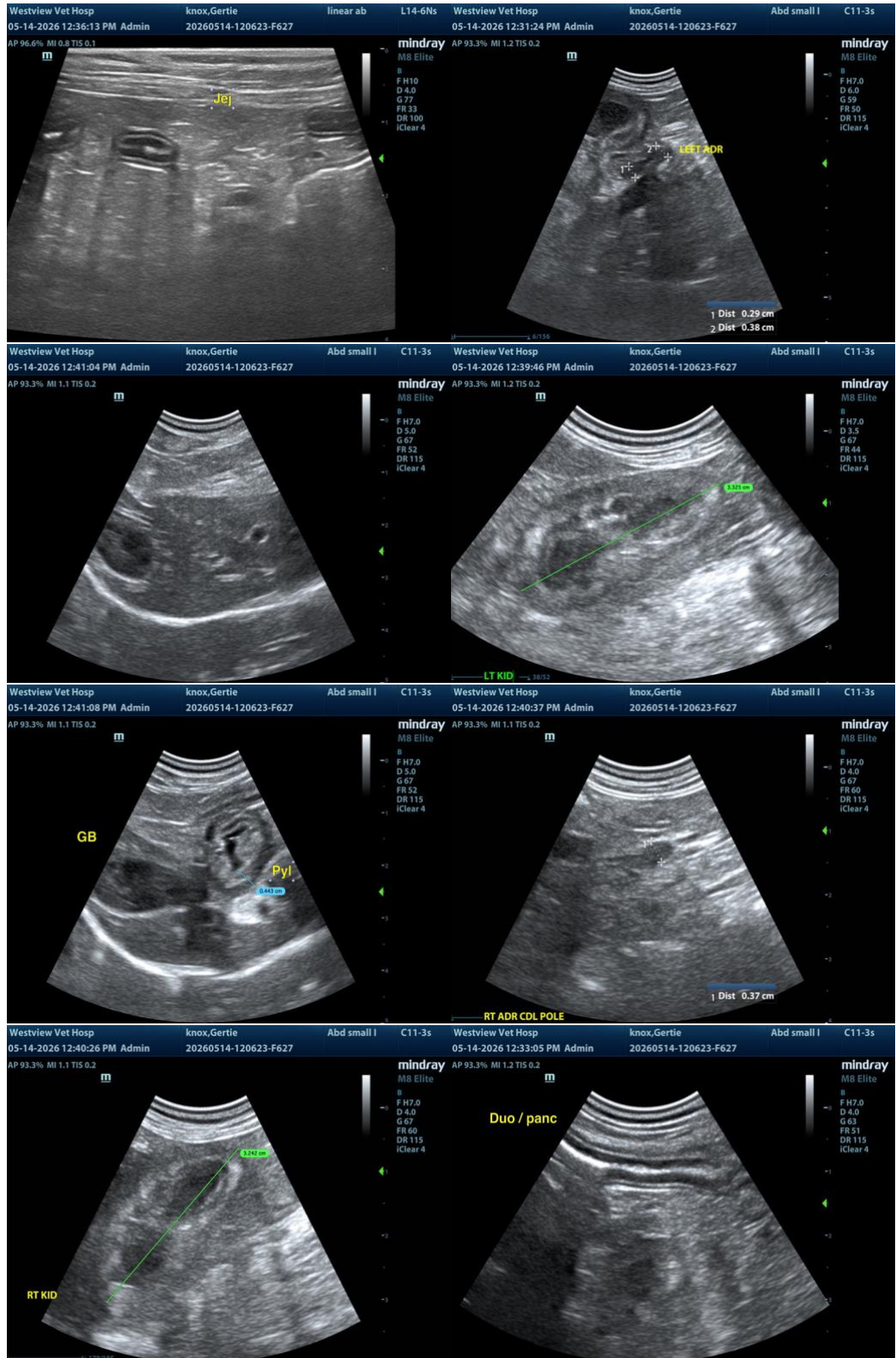
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)