



PATIENT

Haru Choi

SPECIES

Canine

BREED

Maltese

SEX

S

AGE

5 years

WEIGHT

9.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

Dr. Kim

INVOICE

13923

DATE

5/19/22

PRESENTING CLINICAL SIGNS

Patient has been vomiting and having diarrhea since 6 days ago. Today, Patient vomited 15 times (blood in vomit) and had bloody stool. Owner has been feeding bland diet (chicken and rice). Patient is not really drinking water. No change in environment and diet. No foreign body or out flow obstruction was noticed on x-ray.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology. No evidence of pathology was noted in the area of the uterine remnant.

Normal size and margination were present in the kidneys. Mild loss of corticomedullary border demarcation was present with multiple pinpoint areas of medullary mineral primarily in the outer aspects of the medulla and adjacent to the corticomedullary border. No evidence of pyelectasia was noted. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 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 0.30 cm width at the caudal pole and 0.27 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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. 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 mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained gastric anechoic fluid. The ventral gastric body wall width measured 0.35 cm.



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The duodenum exhibited Intact yet mildly prominent wall layering with concurrent mild duodenal retained fluid. The duodenum wall width measured 0.34 cm. The jejunum and ileum to the level of the colon were sonographically normal.

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Pancreas

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild gastritis / gastroduodenitis
- Nonspecific pinpoint areas of bilateral medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Conservative therapy for gastroduodenitis should prove beneficial in this case. No overt evidence of neoplastic criteria or obvious ulceration was noted. Potential for microulceration secondary to gastric inflammation, given the hematemesis, could be possible.

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Although considered unlikely, resting cortisol level to screen for occult Addison's Disease could be considered, although the bilateral adrenal glands were overtly normal.

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No evidence of mechanical gastrointestinal obstruction or foreign material was noted.

Urinalysis is suggested if not recently done.

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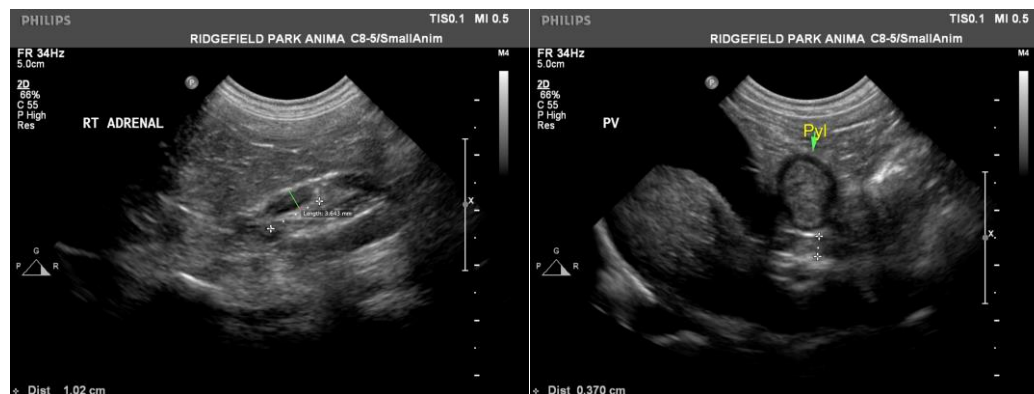
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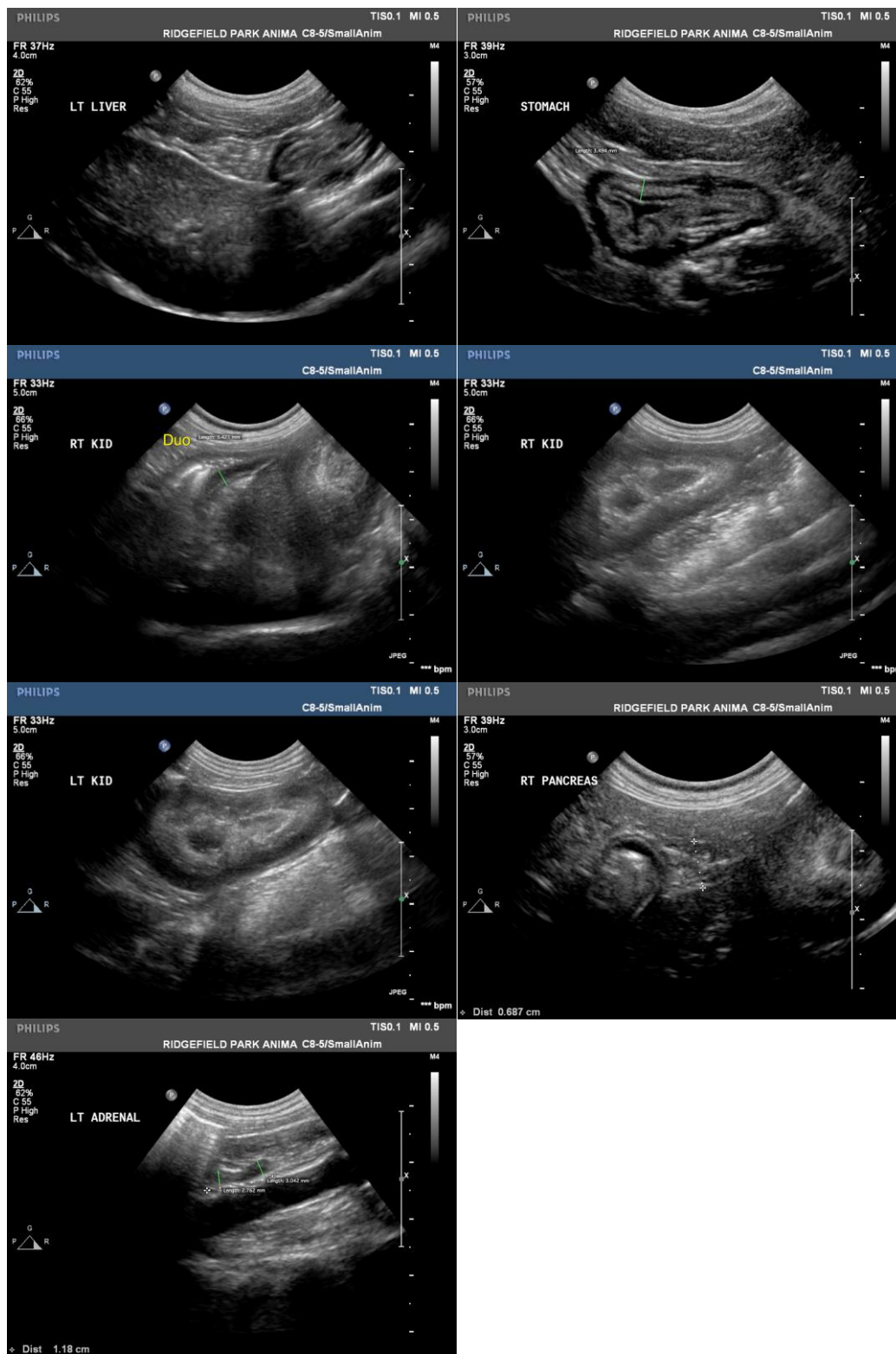
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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