



## PATIENT

Zuzu Piantedosi

## SPECIES

Canine

## BREED

Beagle

## SEX

Female

## AGE

7y, 6m

## WEIGHT

23.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Gail Schmieder

## HOSPITAL NAME

Slade Veterinary  
Hospital

## REFERRING VET

Gail Schmieder

## INVOICE

10880

## DATE

5/8/26

## PRESENTING CLINICAL SIGNS

History of fb 3 months ago removed via endoscopy. Recurrent anorexia and vomiting over last 24 hours. In heat per cytology at this time. Although 0.5cm of fluid in uterus, no WBCs on cytology. Abnormal PE/Chem/CBC/UA Results: WBC sl elevated (15K), all else WNL. spec fPL pending.

## 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 were noted.

The area of the uterus dorsal to craniodorsal to the urinary bladder was free of pathology or overt uterine fluid dilation. There was no obvious pathology in the area of the left and right ovaries.

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 5.1 cm in length. The right kidney measured 4.9 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 0.48 cm caudal pole width. The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.66 cm caudal pole width, potentially images at an oblique angle, yet no obvious pathology.

### *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 minor nonorganized bile debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented normal intact wall layering. The stomach was nondistended containing a mild amount of shadowing content most notable in the area of the subjective antrum and pylorus. Shadowing



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content measured ~1.0-1.5 cm in diameter without obstruction to pyloric outflow, given lack of gastric distention. The ventral stomach body wall measured 0.45 cm width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty intestinal lumen was present without mechanical / metabolic ileus to the level of the colon.

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

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Nondistended stomach with mild shadowing lumen content
- Normal empty small intestine
- Normal area of pancreas
- Sonographically unremarkable area of uterus

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a mechanical gastrointestinal obstructive pattern or sonographic active pancreatitis. The small amount of shadowing gastric content is not specific and may indicate retained dense ingesta, treat, or medication, although a small amount of gastric foreign material is possible.

Mild to chronic pancreatitis at times may present as sonographically normal. Correlation with assessment for evidence of cranial abdomen / subxiphoid discomfort on palpation and pending pancreatic lipase test is recommended.

If available, upper gastrointestinal endoscopy is warranted for further clarification of the nonobstructive shadowing gastric content, which may be causing gastric irritation and potential retrieval if a small amount of recurrent gastric foreign body is confirmed.

Additional 12-hour NPO and sonographic reassessment of the stomach with gastrointestinal support would be more conservative. There is no evidence of uterine pathology or pyometra.

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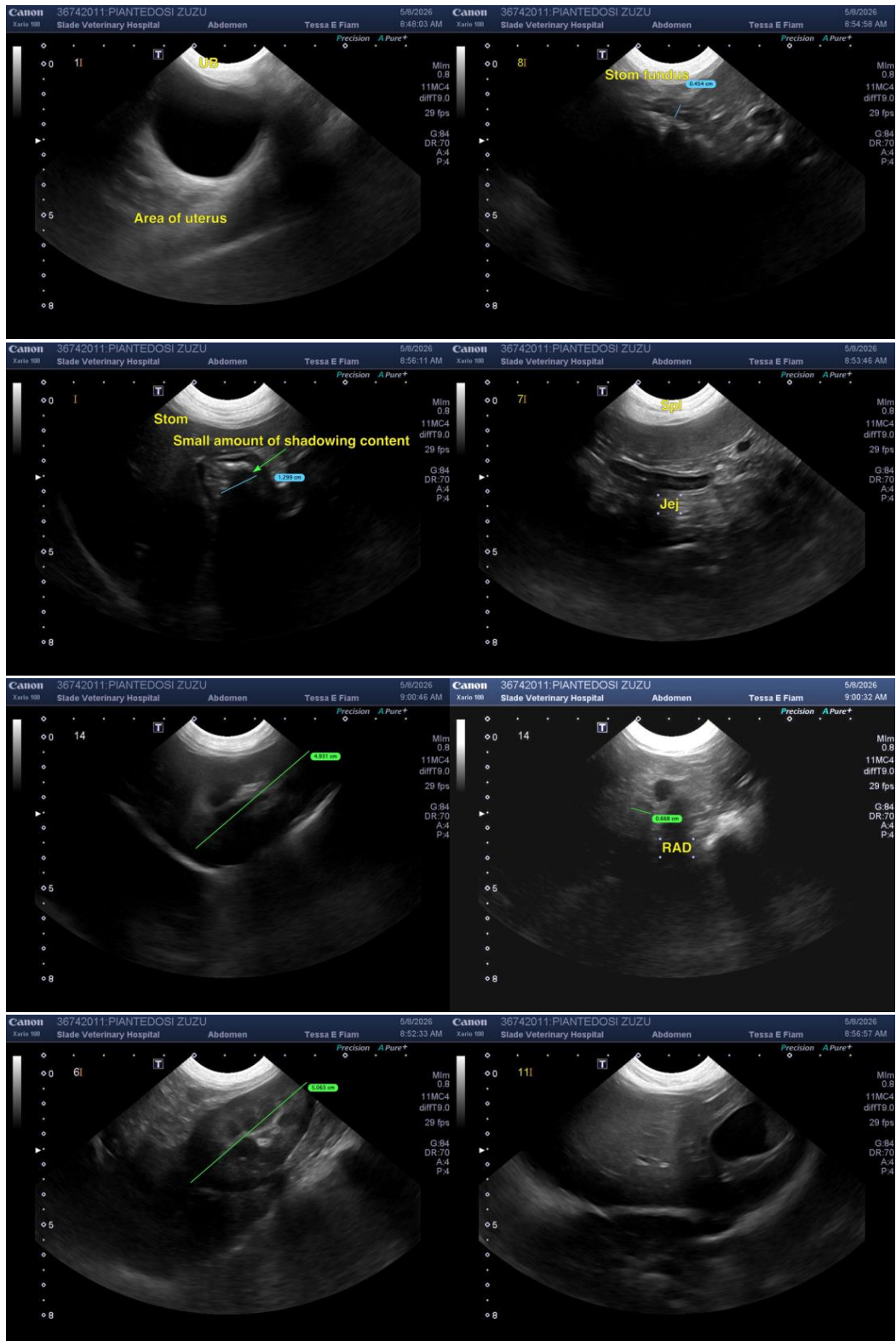
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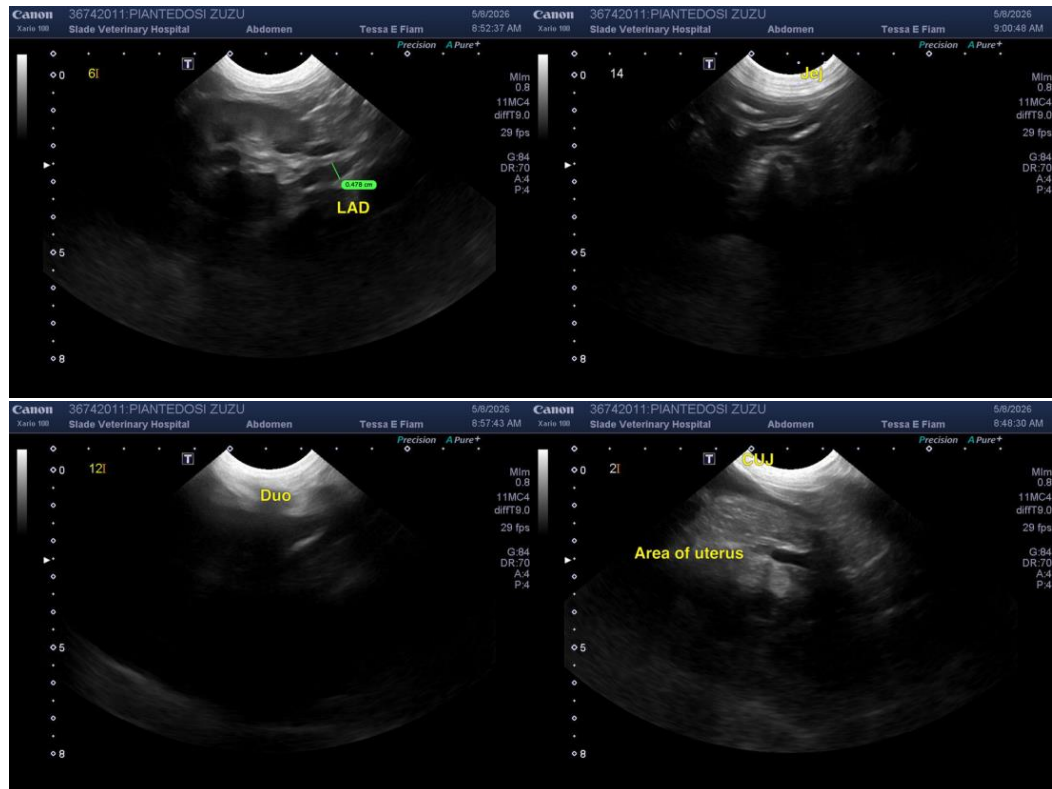
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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[info@sonopath.com](mailto:info@sonopath.com)