



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Apple Stine 1 month duration of nausea, occasional phlegm/bile regurgitation, normal appetite, history of eating blankets.

**SPECIES** Medication: i/d, gabapentin, Prilosec, stopped Galliprant 6.26.

Canine Unremarkable CBC / Chemistry panel, Na/K ratio 32

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Pitbull Urinary System**

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2016 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 6.3 cm in length. The right kidney measured 6.7 cm in length.

**WEIGHT**

67

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.66 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 3.6 cm length x 0.55 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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.

**HOSPITAL NAME**

White Haven VH

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Gallagher

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.

**INVOICE**

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting areas of subjective strong distal acoustic shadowing.

**DATE**

6/29/23



**PATIENT** Apple Stine  
 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 mechanical / metabolic ileus, obstruction, or overt foreign material.

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

**BREED** *Pancreas*  
 Canine

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.

**SEX** *Free Abdomen*  
 Pitbull

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Intact normal gastric wall layering with mild shadowing ingesta
- Sonographically unremarkable small bowel - no evidence of small bowel mechanical / metabolic ileus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The shadowing gastric ingesta is nonspecific and may indicate recent meal ingestion with dense ingesta, medication, or treats. Correlation with most recent meal ingestion is suggested. If documented NPO, the presence of mild, shadowing gastric ingesta may indicate some degree of nonobstructive delayed gastric emptying. The possibility of a small amount of gastric foreign material, given the patient's history, cannot be definitively excluded.

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Documented 12-18/hour fast and sonographic reassessment of the stomach for evidence of persistent shadowing and ingesta vs. gastric emptying could be considered. Endoscopy may be ideal if persistent shadowing gastric ingesta or for potential biopsies.

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Although considered less likely, a resting cortisol level to assess for occult Addison's Disease is suggested.

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If no clinical concern for potential gastric foreign material, continued gastroprotectant protocol, dietary trial including canned novel protein or hydrolyzed diet with potential smaller more frequent feedings +/- coverage for helicobacter, and assessment of clinical response may prove beneficial.

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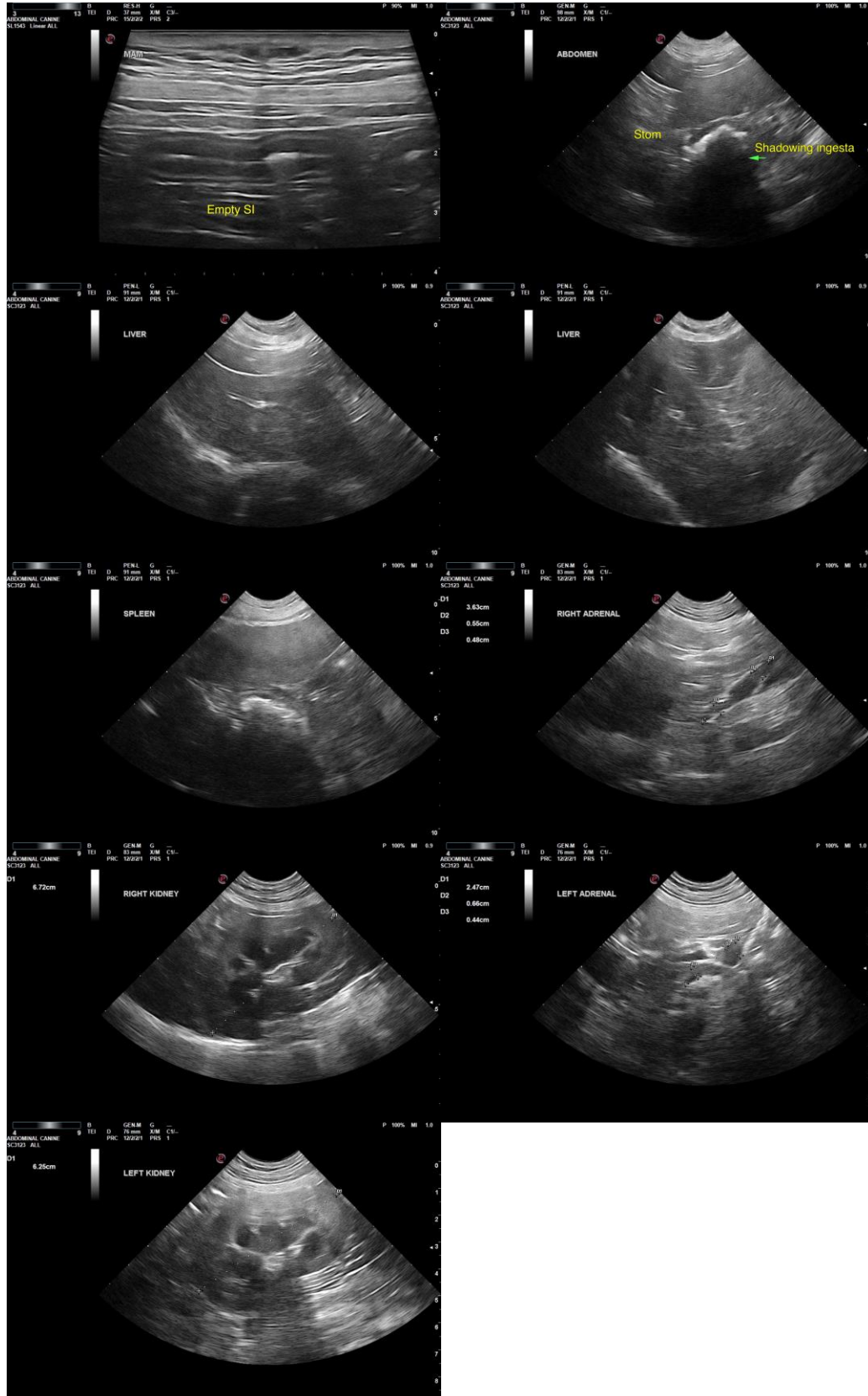
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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