



**PATIENT**

Brock Baxter

**SPECIES**

Canine

**BREED**

Greyhound Mix

**SEX**

MN

**AGE**

10 years

**WEIGHT**

21 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

Woodlands VH

**INVOICE**

14173

**DATE**

6/30/22

**PRESENTING CLINICAL SIGNS**

Chronic vomiting. Prior splenectomy.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, dependent to nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 6.7 cm in length. The right kidney measured 6.2 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 0.50 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

**Spleen**

The spleen was not definitively visualized owing to previous splenectomy. No overt pathology was noted in the area of the previous spleen.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the falciform fat 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 gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact yet mildly thickened wall layering subjectively in the area of the antrum and pylorus. Ventral pylorus wall width measured 0.60 cm. The stomach was primarily empty with minor retained chyme. No evidence of mechanical pyloric outflow obstruction was noted.

The upper duodenum exhibited Intact yet mildly prominent wall layering. The upper duodenum wall width measured 0.53 cm. The mid to descending duodenum as well as the visualized jejunum and ileum to the level of the colon were sonographically normal.

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



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**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 were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

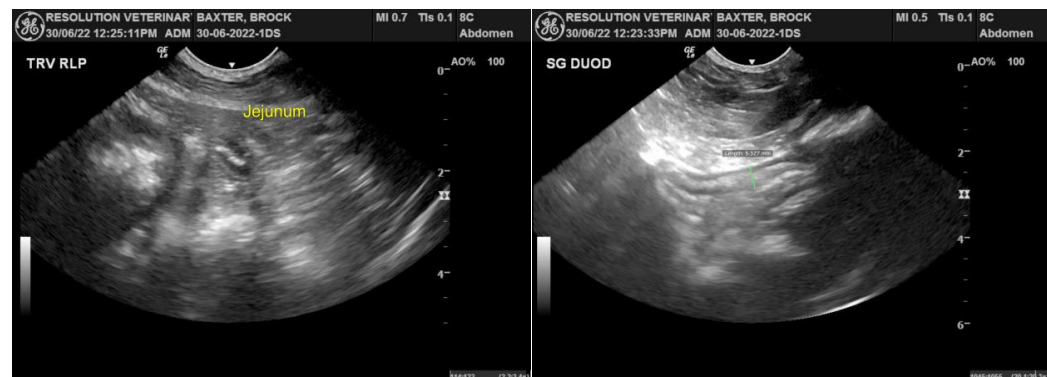
**ULTRASONOGRAPHIC FINDINGS**

- Intact yet mildly thickened pylorus and upper duodenal walls - suspect mild chronic gastritis / upper duodenitis
- Urinary bladder sediment
- Mild gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of gastrointestinal neoplastic criteria was evident. Gastroprotectant protocol, limited antigen to hydrolyzed diet trial, +/- empirical coverage for helicobacter and assessment of clinical response would be reasonable.

Adrenal screening with resting cortisol to rule out occult Addison's Disease is warranted. Sonographic reassessment of the pyloric and upper duodenal walls is suggested if persistent / progressive vomiting despite empirical supportive care. Upper gastrointestinal endoscopy may be indicated pending clinical response to suggested therapy.





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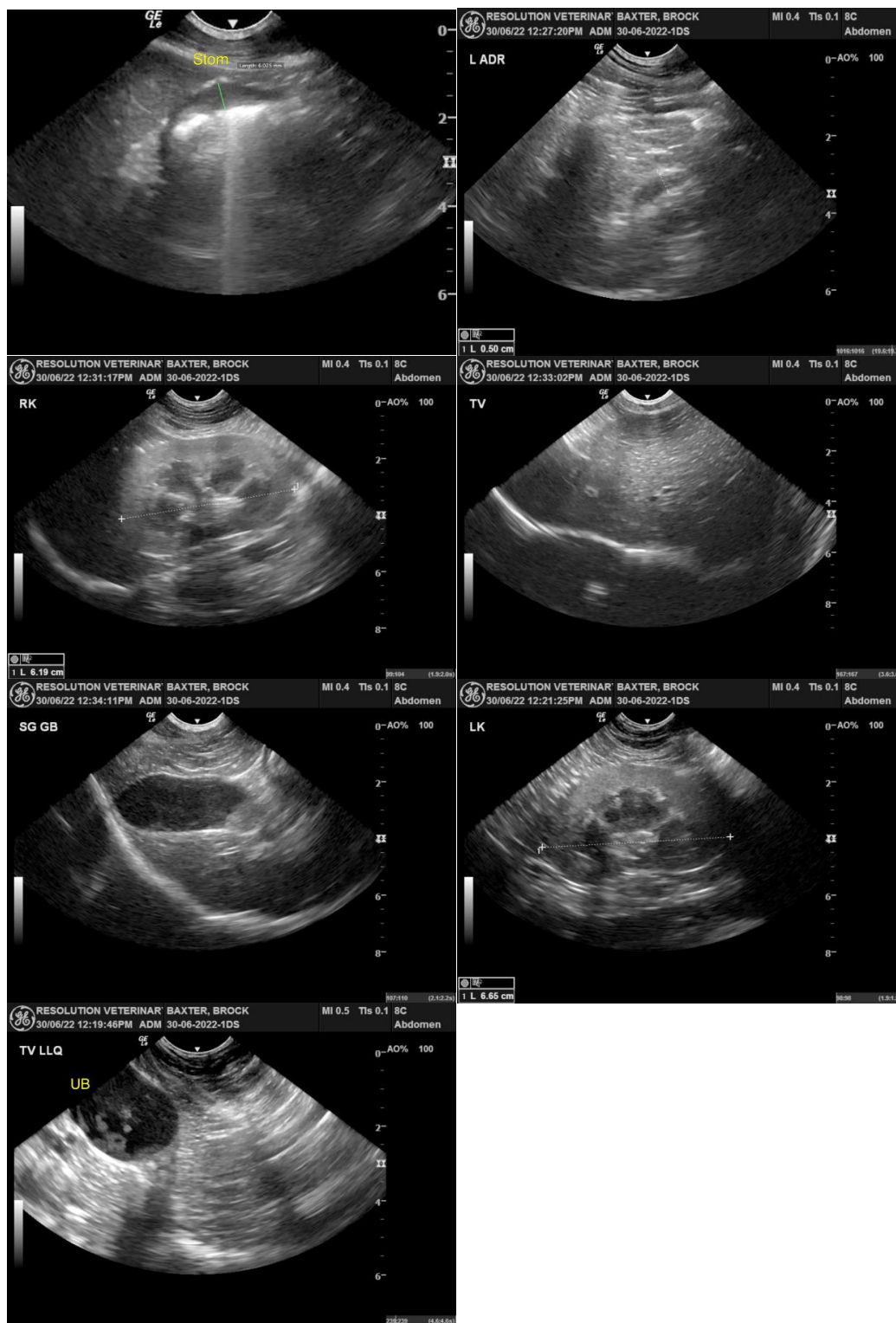
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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**

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