



**PATIENT**

Kiya Becker

**SPECIES**

Canine

**BREED**

Pitbull Terrier Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

**INVOICE**

14274

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

Vomiting multiple times (just food), no vomiting in the past 24 hrs, did eat some chicken with rice yesterday, NPO today for ultrasound. Possibly irregular, enlarged spleen on abdominal radiographs. CPL mild (+). Current meds: Cerenia.  
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL as of 7/10/22.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.8 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 2.4 cm length x 0.49 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 2.2 cm length x 0.58 cm width at the caudal pole.

**Spleen**

The spleen exhibited subjective borderline to mild mid to cranial enlargement yet maintained symmetrical capsule contour. Normal splenic vascularity was noted. Minor generalized splenic parenchyma heterogeneity was noted with no masses or nodules.

**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 exhibited intact yet mildly prominent wall layering. The ventral gastric body wall width measured 0.44 cm. The stomach was primarily empty with minor retained nonshadowing ingesta / chyme.



<b>PATIENT</b>	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 small intestinal mechanical/ metabolic ileus pattern, obstruction, or foreign material. The small intestinal wall width measured 0.38 cm.
Kiya Becker	
<b>SPECIES</b>	The colon was overtly normal containing segmental subjective semi-formed to soft feces along with shadowing fecal matter in the descending colon.
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Pitbull Terrier Mix	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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11 years	<ul style="list-style-type: none"> <li>• Mild gastroenteritis pattern - potentially resolving</li> <li>• Sonographically unremarkable pancreas</li> <li>• Mild age-related kidneys</li> <li>• Subjective borderline to mild mid to cranial splenomegaly with subtle splenic parenchyma heterogeneity - subjectively benign</li> </ul>
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
50 lbs.	Overall, no overt evidence of gastrointestinal foreign material or mechanical obstructive pattern was noted. Technically, the possibility of small passed foreign material which is now within the colon cannot be definitively excluded. No indication for immediate surgical intervention was noted.
<b>INTERPRETED BY</b>	Potential for low-grade to chronic pancreatitis could be present yet sonographically normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Continued as-needed gastrointestinal supportive care with continued monitoring of clinical response would be reasonable.
<b>IMAGING PERFORMED BY</b>	<b>REFERRING VET</b>
Kelly Vazquez	The potential mild mid to cranial splenic enlargement, although nonspecific, is not overtly consistent with splenic pathology with potential considerations including patient variant, regional hyperplasia, hematopoiesis, or similar. Continued monitoring of the spleen for evidence of progressive enlargement or parenchymal changes could be considered yet no overt evidence of splenic pathology was evident.
<b>HOSPITAL NAME</b>	<b>INVOICE</b>
Ramapo Valley AH	14274
<b>REFERRING VET</b>	<b>DATE</b>
Dr. Katara	7/12/22



**PATIENT**

Kiya Becker

**SPECIES**

Canine

**BREED**

Pitbull Terrier Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

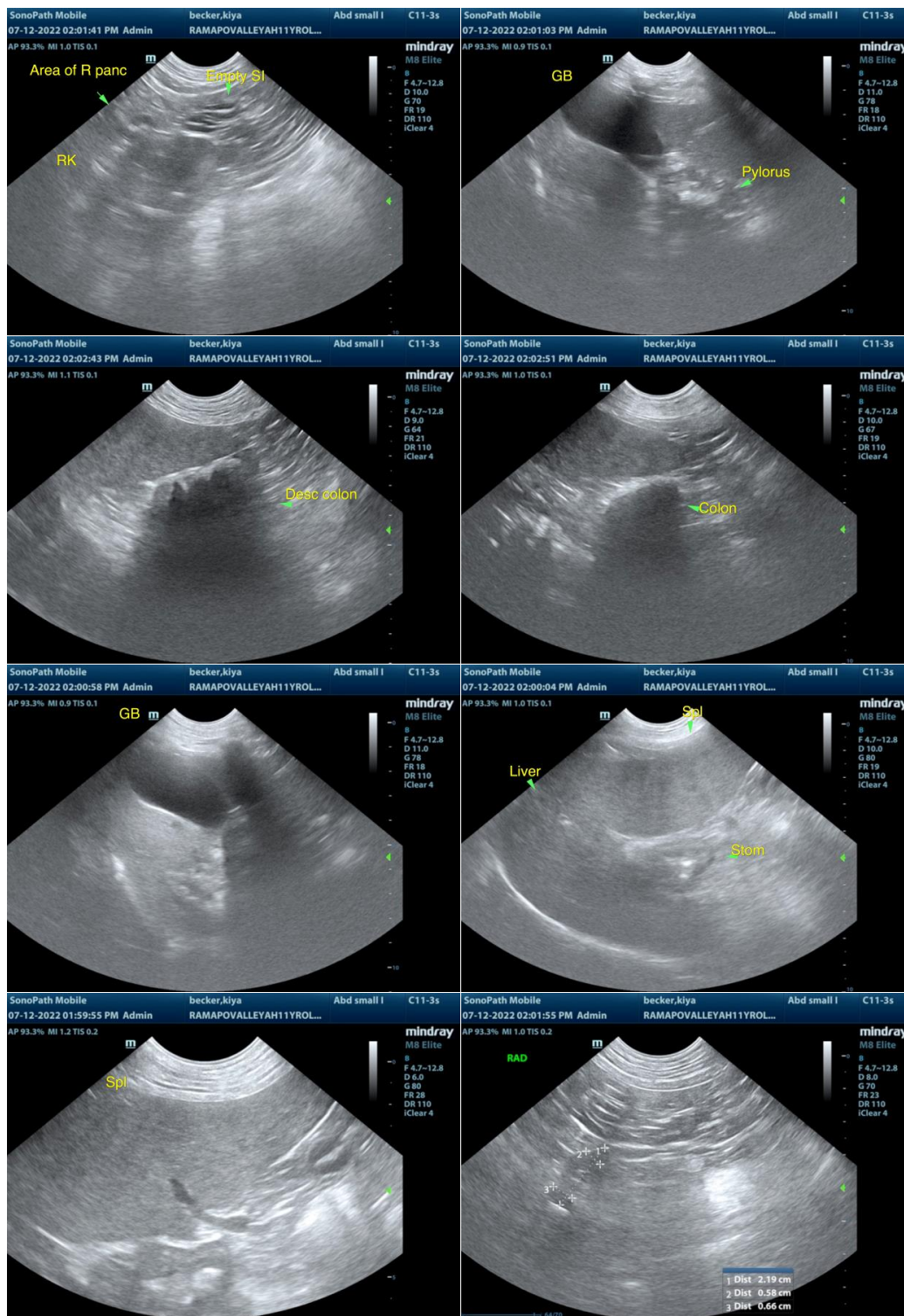
Dr. Katara

**INVOICE**

14274

**DATE**

7/12/22





**PATIENT**

Kiya Becker

**SPECIES**

Canine

**BREED**

Pitbull Terrier Mix

**SEX**

FS

**AGE**

11 years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

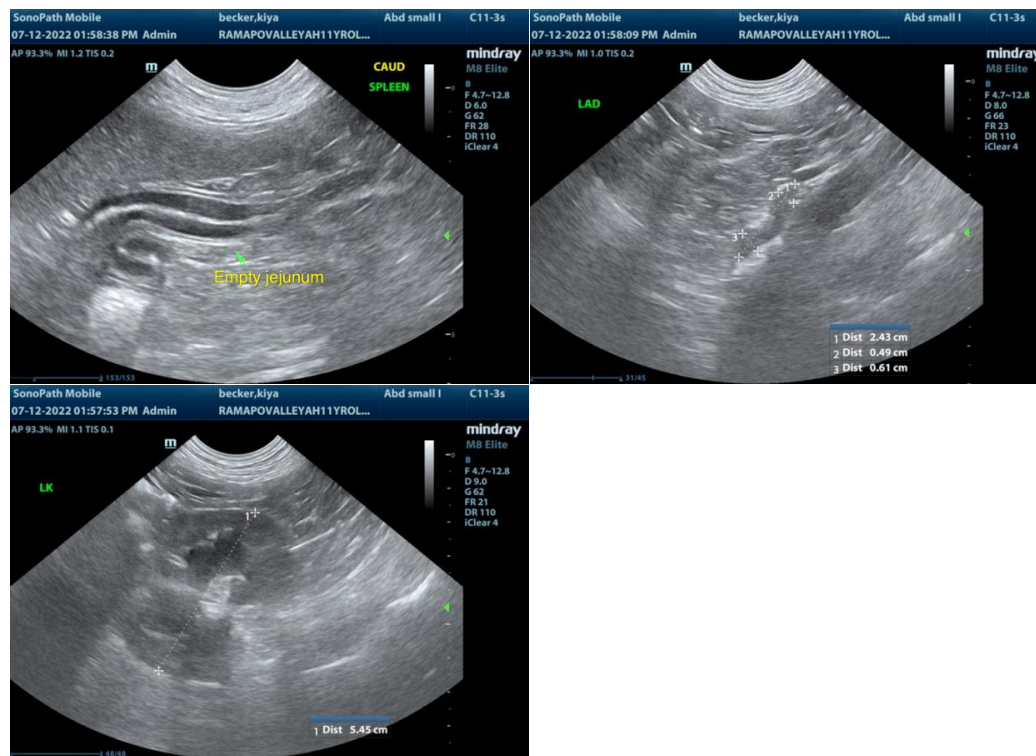
Dr. Katara

**INVOICE**

14274

**DATE**

7/12/22



**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