



PATIENT

Lucy Gibson

SPECIES

Canine

BREED

Maltese X

SEX

FS

AGE

4 years

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Sutthill

INVOICE

14876

DATE

8/22/23

PRESENTING CLINICAL SIGNS

P has not eaten anything in the past 2 days, no treats, no cooked or rice, various foods. O reports P has soft serve stool yesterday, no vomiting. P started eating grass yesterday.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings None taken Current Medications None Radiographic Findings Gas in colon, stomach empty, no dilated loops of bowel, no other abd noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 3.5 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland measured 0.33 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.



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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was noted without evidence of retained gastric ingesta or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

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 obstruction. No evidence of small intestinal mechanical / metabolic ileus or foreign material.

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

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.

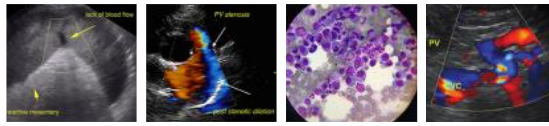
ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Sonographically unremarkable small bowel / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of a gastrointestinal obstructive pattern of foreign material. Sonographically, the appearance of the stomach was consistent with gastritis criteria and concurrent mild metabolic / functional gastric stasis.

Resting cortisol level to rule out occult Addison's Disease is suggested. Empirical therapy for gastritis, which may include gastroprotectants, canned or slurried hydrolyzed or novel protein diet trial, +/- coverage for helicobacter with assessment of clinical response would be reasonable. Three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Sonographic reassessment of the stomach is recommended if persistent / progressive clinical signs are noted. Pending additional diagnostics and empirical therapy, gastric endoscopy may be indicated.



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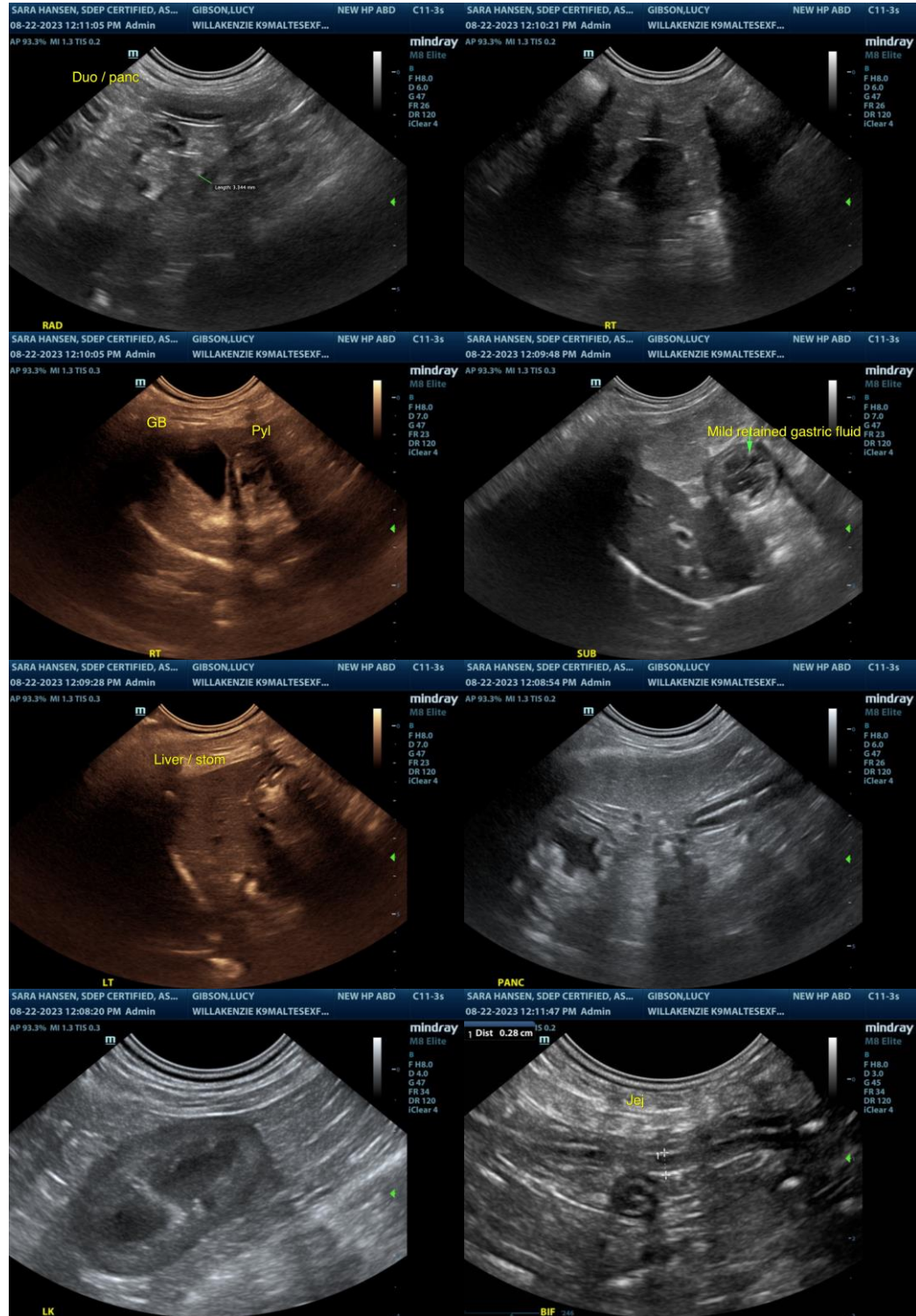
Dr. Sutthill

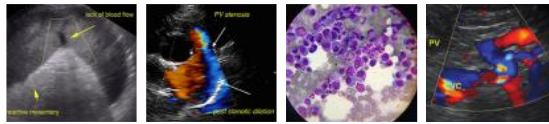
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com