



**PATIENT**

Prince Malinowski

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

MN

**AGE**

13 years

**WEIGHT**

11.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Healing Traditions  
Holistics Vet

**REFERRING VET**

Dr. Gerrow

**INVOICE**

14889

**DATE**

9-15-22

**PRESENTING CLINICAL SIGNS**

Chronic vomiting for years. Labs unremarkable. History of trialing variety of food types including novel protein options (ex: kangaroo) with limited success. Also has some skin issues suspected to be allergy related.

**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 was noted.

The area of the residual prostate was free of overt pathology.

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 4.2 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

A discrete, non-expansive nodule was present in the cranial left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.89 cm x 0.80 cm. The overall left adrenal gland measured 0.8 cm width at the cranial pole and 0.53 cm width at the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.67 cm width in the cranial pole and 0.61 cm width in 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 containing mild, mildly congealed, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach fundus and body exhibited sonographically unremarkable wall layering. The ventral gastric body wall width measured 0.29 cm. The stomach was nondistended with mild to moderate luminal gas. Intact yet mildly prominent pylorus walls with minor retained pyloric fluid were noted. The pylorus wall width measured 0.48 cm. No evidence of mechanical pyloric outflow obstructive or obstructive pyloric mural pathology was noted.

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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 ileus, obstruction, or foreign material. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.34 cm width.

**SEX**

MN

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

**AGE**

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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.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Intact mildly prominent pylorus walls
- Sonographically unremarkable small bowel
- Mild age-related renal changes
- Discrete left adrenal nodule - probable adenoma
- Mild gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically, the appearance of the stomach, specifically the pylorus, is suggestive of mild, potentially chronic gastritis. No evidence of gastric or gastrointestinal neoplastic criteria or sonographically active pancreatitis was noted. Potential for low-grade to chronic pancreatitis could be present yet sonographically normal. Correlation with a Spec cPL could be considered.

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Otherwise, largely mild geriatric abdomen without evidence of significant visceral pathology.

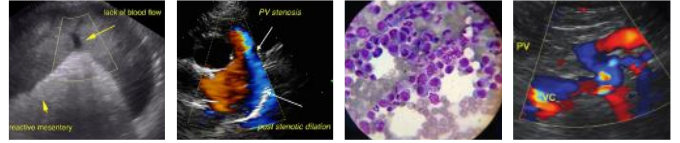
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Sonographic monitoring of the left adrenal nodule for evidence of progression, as well as assessment of systemic BP for evidence of hypertension, is recommended. If not recently done, three-view chest radiographs may be considered to rule out occult thoracic or esophageal pathology as a contributing factor to the chronic vomiting. A canned hydrolyzed diet trial, gastroprotectant protocol i.e., Omeprazole, +/- empirical coverage for helicobacter, and assessment of clinical response may prove beneficial. Sonographic reassessment in the area of the pylorus is suggested if persistent / progressive vomiting is noted despite conservative therapy.

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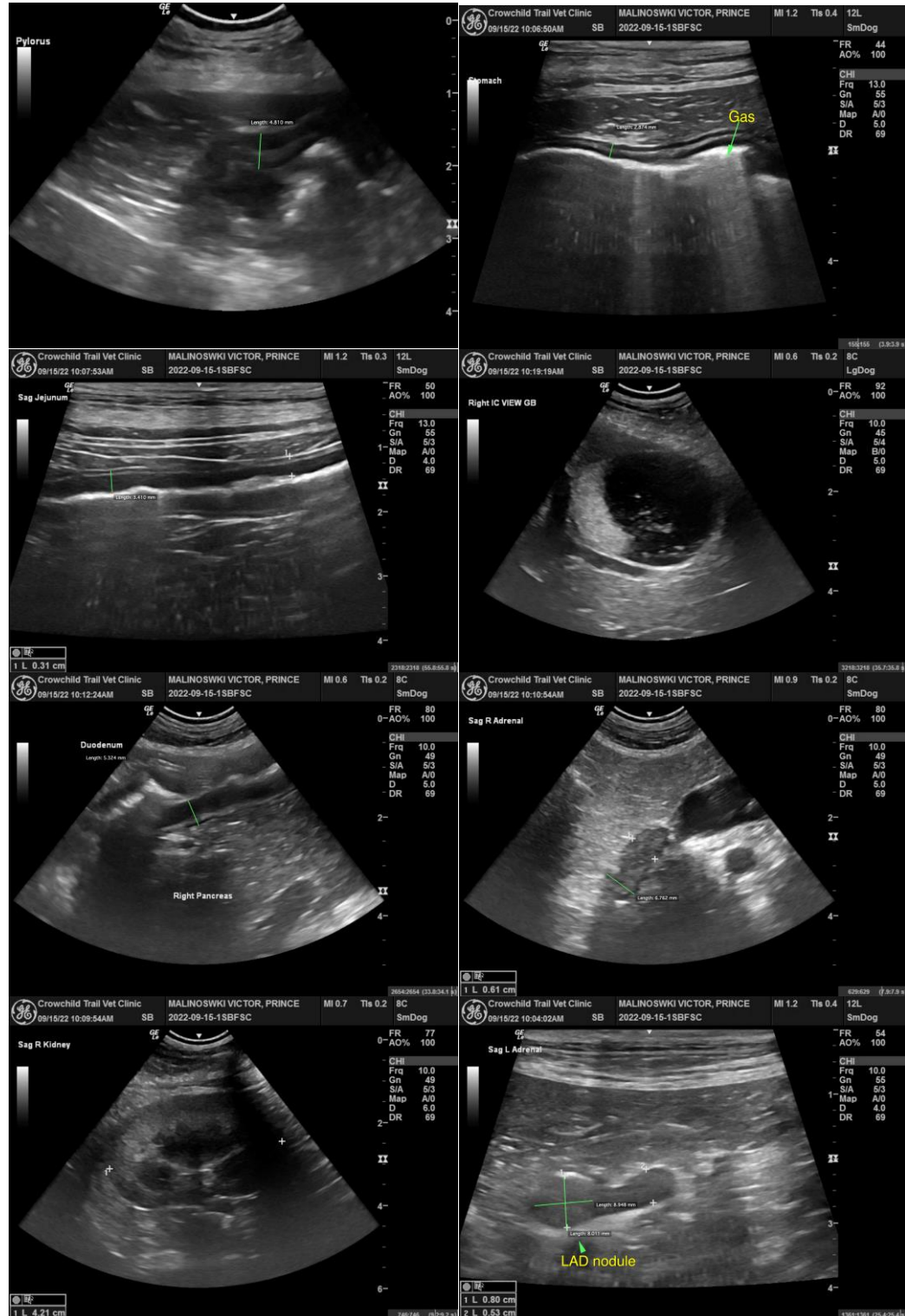
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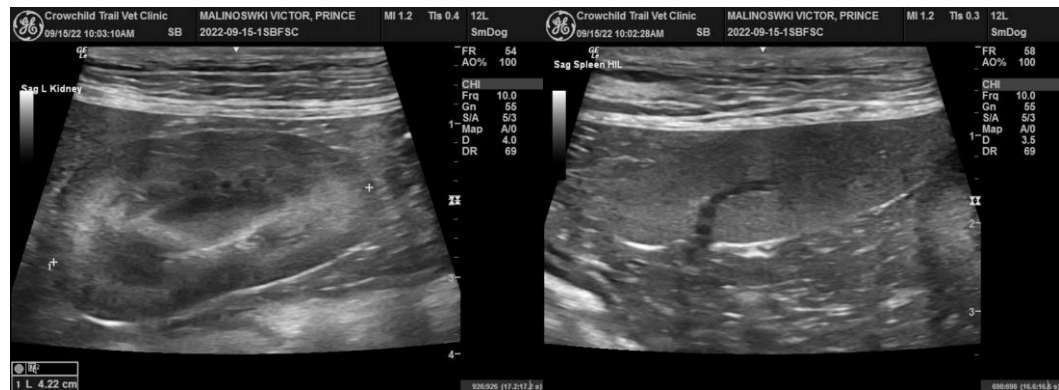
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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