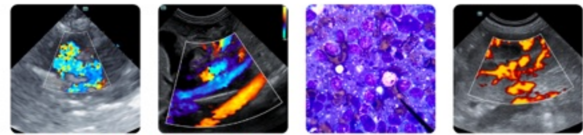


PATIENT

Princess Faith Summers

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

7 years

WEIGHT

4.3 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Eldred

INVOICE

69532

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: P presented for US due to intermittent episodes of nausea and vomiting blood.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.1 cm, right measured 3.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.44 cm in length x 0.48 cm and 0.38 cm in width. The right adrenal gland measured 1.69 cm in length x 0.63 cm and 0.66 cm in width.

Spleen

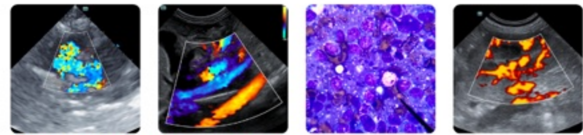
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of fluid and ingesta was present in the stomach. Thickening of the distal esophageal wall was noted and measures 0.27 cm.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Normal size and ratio of the portal vein, caudal vena cava and aorta. Portal vein measured 0.37 cm in diameter, caudal vena cava measured 0.45 cm in diameter, aorta measured 0.4 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Esophageal thickening.
- Ingesta filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the esophageal thickening would be reflux esophagitis. Although the ingesta filled stomach may merely be a reflection of a recent meal as the patient was fasted prior to the ultrasound etiologies such as gastric hypermotility, chronic gastritis, Helicobacter gastritis, ulcerative disease, dietary hypersensitivity, parasitic gastroenteritis and inflammatory bowel disease.

Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small, frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and gastric protectants (Omeprazole, Sucralfate).

If there is still not a satisfactory improvement then triple therapy for Helicobacter gastritis should be considered and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

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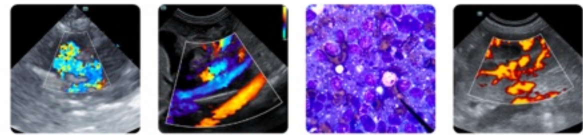

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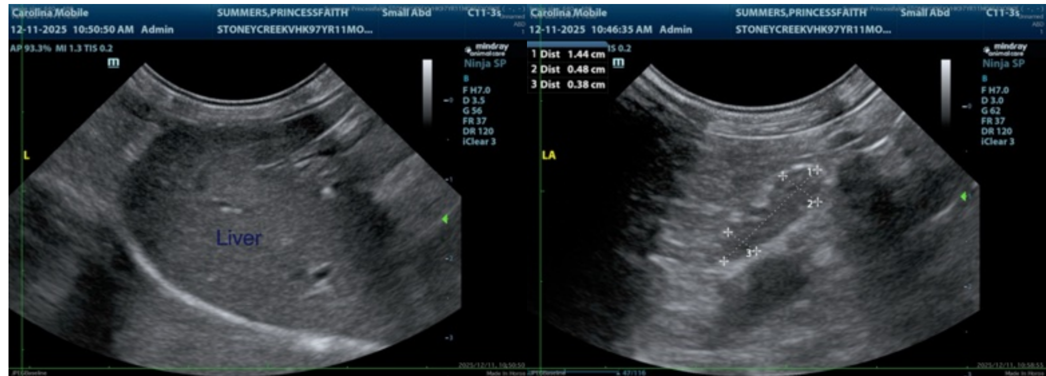

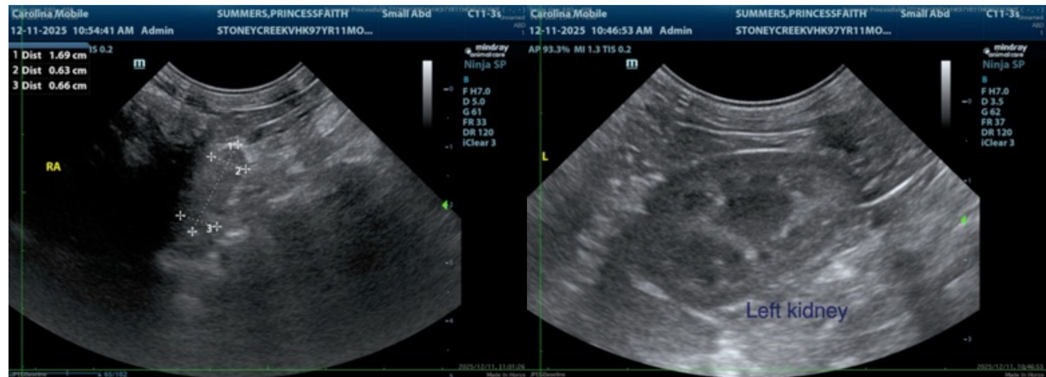

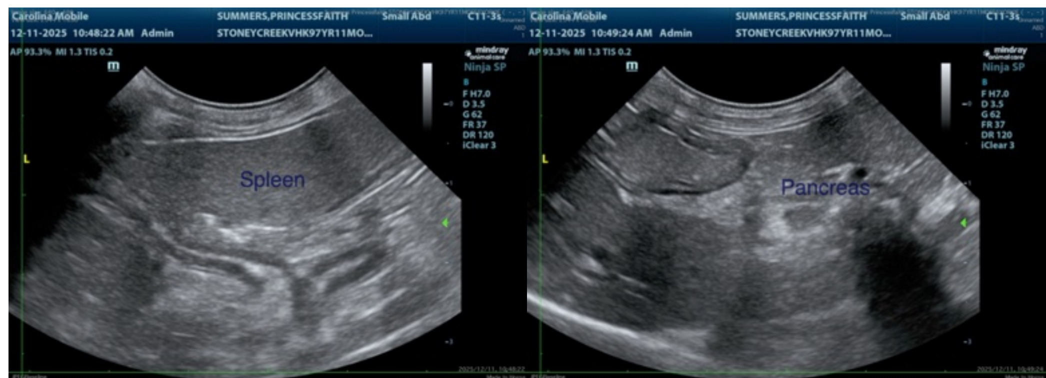

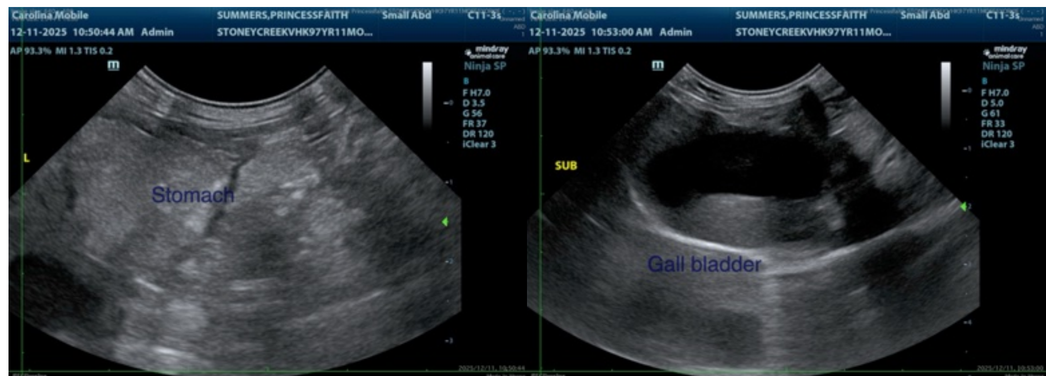

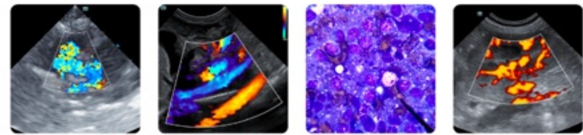

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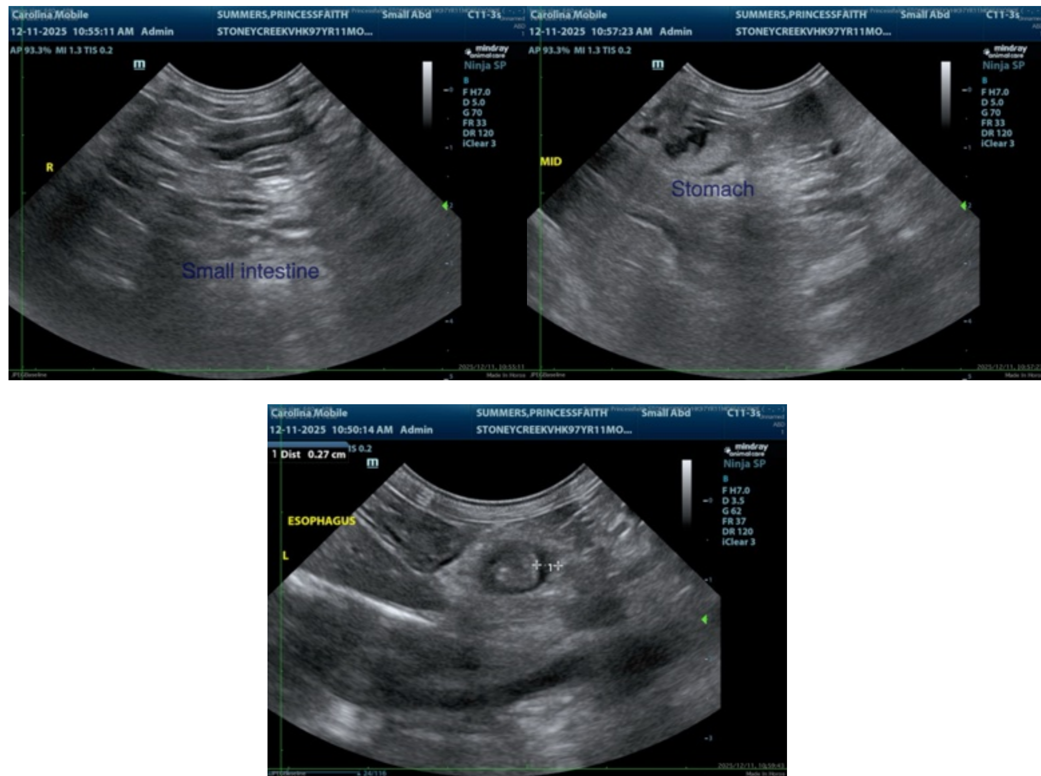

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com