

**PATIENT**

Tank Nebiolo

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

6 years

**WEIGHT**

16.8 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Harmony Animal  
 Hospital

**REFERRING VET**

Dr. Eppler

**INVOICE**

11098

**DATE**

1/14/2026

**PRESENTING CLINICAL SIGNS**

Intermittent vomiting, hepatopathy, abdominal distension, r/o cushings vs. other. Meds: Denamarin 225 mg SID, Convemia 1/4/26.

Abnormal PE/Chem/CBC/UA Results: ALP 855, was 480 12/19/24, currently Amyl >2500, Lipase 4831 (non-fasted) Urine: protein 500mg/dl however bld 10 RBC USG 1.012.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Left kidney measures 5.17 cm with trace pyelectasia is noted. Right kidney measures 5.28 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.9 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.69 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**



<b>PATIENT</b>	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Tank Nebiolo	
<b>SPECIES</b>	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Canine	
<b>BREED</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Yorkie	
<b>SEX</b>	<b>Pancreas</b> The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted. In the cranial abdomen, caudal to the stomach, and further down the right limb there are several anechoic densities. The largest of which, just caudal to the stomach, measures 1.2 cm x 1.9 cm in size.
Neutered Male	
<b>AGE</b>	<b>Free Abdomen</b> There is very scant/trace amount of anechoic free fluid adjacent to the enflamed pancreas.
6 years	
<b>WEIGHT</b>	As well as suspected, small reactive lymph nodes.
16.8 lbs	
<b>INTERPRETED BY</b>	<b>PRIMARY FINDINGS</b>
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> <li>Suspect moderate to severe acute pancreatitis with suspect reactive lymphadenopathy adjacent to the enflamed pancreas and suspect pancreatic cysts. Abscesses, hematomas, or complicated cysts can't be ruled out. Similarly, infiltrative neoplasia affecting the pancreas and the adjacent lymph nodes, while thought exceedingly less likely, can't be definitively ruled out.</li> <li>Mildly heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.</li> <li>Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>SECONDARY FINDINGS</b>
Rebecca Hamilton	<ul style="list-style-type: none"> <li>A moderate amount of echogenic urinary bladder debris.</li> <li>Are related kidney changes with mild pyelectasia noted in the left kidney.</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Harmony Animal Hospital	A quantitative PLI is recommended if not already evaluated.
<b>REFERRING VET</b>	
Dr. Eppe	
<b>INVOICE</b>	
11098	
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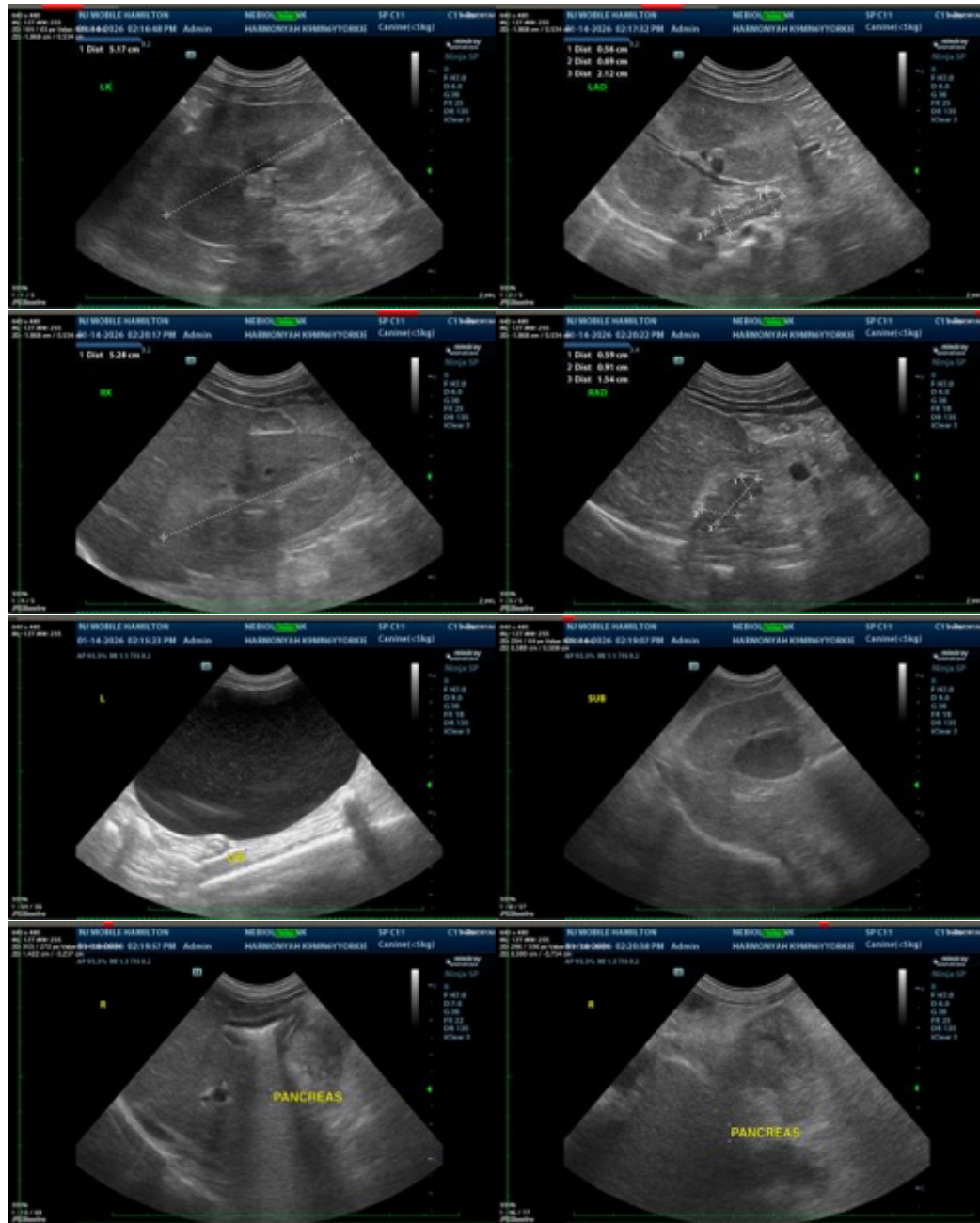
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Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.





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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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com