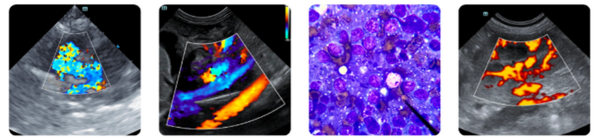


PATIENT
Sake Silverman

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
MN

AGE
10 years

WEIGHT
5.7 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Julia Bakker

HOSPITAL NAME
Orange Blossom Veterinary Imaging

REFERRING VET
Dr. Josie Hamilton

INVOICE
11256

DATE
2/5/2026

PRESENTING CLINICAL SIGNS

- Patient has history of IBD and recently has needed cerenia and gabapentin to maintain comfort/ normal behavior. Owner also reports stronger more pungent urine.
- 8/25: Urine C&S: Final Results - No growth ○ Consulted w/Hill's as P is on i/d LF and they rec'd transitioning to Hill's c/d LF.
- 8/29/25: Fecal Enteropathogen Panel to Tx A&M: - C. diffiicile (PCR): POS *Positive by PCR.
- Tx: Sent home Visbiome, but P wouldn't eat his meals with it mixed in (and O doesn't want to pill P.)
- ● 1/25/26: Annual Exam + BW - In general, P looks the best I've seen him - seems happy, moves easily, alert & interactive ○ BW: unremarkable besides ALT 154 (<121) - see attached for full values.
- Current Therapies: ○ Hill's c/d LF ○ Omeprazole 1mg/kg QD ○ Cerenia (Maropitant) citrate 2mg/kg QD ○ Gabapentin 10-15mg/kg q12 PRN ○ *Rarely used now — Metronidazole ~10mg/kg q12-24 hrs PRN.

Abnormal PE/Chem/CBC/UA Results: Please see attached condensed history including last ultrasound findings and cytology findings for liver and spleen at last scan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be well visualized in these images.

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 pyelectasia, mineral or infarcts observed. Left kidney measure 3.94 cm, and the right kidney measures 3.92 cm.

Adrenal Glands

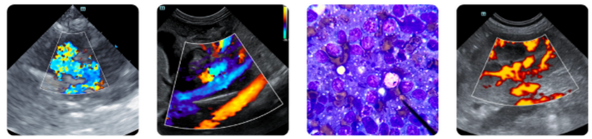
The right adrenal gland is normal in size (1.3 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm at cranial pole and 0..37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver



PATIENT
Sake Silverman

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
MN

AGE
10 years

WEIGHT
5.7 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Julia Bakker

HOSPITAL NAME
Orange Blossom Veterinary Imaging

REFERRING VET
Dr. Josie Hamilton

INVOICE
11256

DATE
2/5/2026

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately 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

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.

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

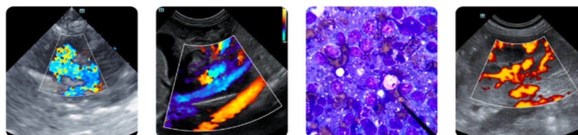
Free Abdomen

There is a very scant/trace pocket of free fluid in the caudal abdomen.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Mild/subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Moderately 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.
- 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.



PATIENT
Sake Silverman

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
MN

AGE
10 years

WEIGHT
5.7 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Julia Bakker

HOSPITAL NAME
Orange Blossom Veterinary Imaging

REFERRING VET
Dr. Josie Hamilton

INVOICE
11256

DATE
2/5/2026

- A very scant pocket of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

SECONDARY FINDINGS

- Hyperechoic splenic nodule – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- Mild to moderate age-related kidney changes.

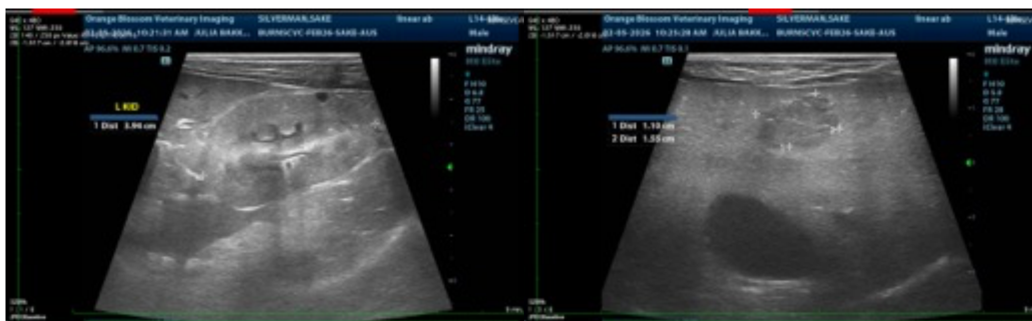
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

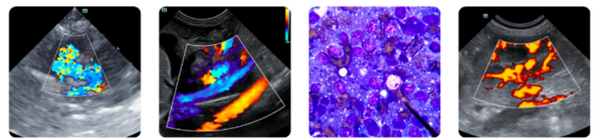
The appearance of this study is static, almost completely identical to last year's exam, and a patient clinically doing well with largely unremarkable lab work, previous benign aspirates, etc., current maintenance plan as is reportedly already in place may be appropriate.

Having said that, especially in the face of ongoing or progressive or intermittent gastrointestinal signs, alternate therapies may be warranted. If metronidazole is chronically indicated, a transition from metronidazole to Tylosin is recommended due to the risk of toxicity from long term metronidazole administration. Additionally, a transition in diet could be considered to address biome inconsistencies. Fecal microbe transplant therapy could be considered.

Ultimately, in the face of ongoing or persistent or progressive clinical signs, some form of immunosuppression may be warranted if patient's biopsies were and continue to be consistent with inflammatory bowel disease.

Full consultation and/or referral to a Veterinary Internist could also be considered given reported historical complications with treatments, etc.





PATIENT
Sake Silverman

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
MN

AGE
10 years

WEIGHT
5.7 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Julia Bakker

HOSPITAL NAME
Orange Blossom
Veterinary Imaging

REFERRING VET
Dr. Josie Hamilton

INVOICE
11256

DATE
2/5/2026

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