



|                                  |  |
|----------------------------------|--|
| <b>PATIENT</b>                   | <b>PRESENTING CLINICAL SIGNS</b>   |
| Harlie Skinner                   | Vomiting and lethargic for the past few days, no diarrhea. Ate a little 2 days ago. Drinking okay.   |
| <b>SPECIES</b>                   | Abnormal PE/Chem/CBC/UA Results: Tacky mm, abdomen is doughy and cranial abdominal pain. Radiographs gas in colon, ingesta in stomach, thickened intestines. CBC hemoconcentration, leukocytosis, neutrophilia and monocytosis. Chemistry normal. CPL abnormal. UA pyuria, hematuria and proteinuria.  |
| Canine                           |  |
| <b>BREED</b>                     | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| Yorkshire Terrier                | <b>Urinary System</b>  |
| <b>SEX</b>                       | 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.   |
| Spayed Female                    |  |
| <b>AGE</b>                       | 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 measured 4.4 cm. Right kidney measured 4.4 cm. |
| 9 Years                          |  |
| <b>WEIGHT</b>                    | <b>Adrenal Glands</b>  |
| 15.5 lbs                         | The right adrenal gland is unable to be well visualized in these images.   |
| <b>INTERPRETED BY</b>            | The left adrenal gland is normal in size (0.60 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.   |
| Beth Johnson, DVM<br>DACVIM      |  |
| <b>IMAGING PERFORMED BY</b>      | <b>Spleen</b>  |
| Harold Mike Beard                | 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), except for an approximately 2.1 cm x 0.87 cm in size, non-capsule disrupting, anechoic density in the mid spleen. Splenic vasculature appears normal.  |
| <b>HOSPITAL NAME</b>             | <b>Liver</b>   |
| Animal Care<br>Veterinary Center | The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.  |
| <b>REFERRING VET</b>             |  |
| Dr. Kayla Anthony                |  |
| <b>INVOICE</b>                   | 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.   |
| 75128                            |  |
| <b>DATE</b>                      | <b>Gastrointestinal</b>  |
| 5/14/26                          | The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with echogenic, non-shadowing contents consistent with normal ingesta, gas, and fluid, as well as some hard acoustic shadow from echogenic contents, concerning for foreign material.   |



## PATIENT

Harlie Skinner

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

15.5 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Harold Mike Beard

## HOSPITAL NAME

Animal Care  
Veterinary Center

## REFERRING VET

Dr. Kayla Anthony

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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 similarly moderately distended with fluid, and the same shadowing echogenic contents described in the stomach appeared to extend into the proximal duodenum with multiple loops of small bowel appearing bunched/plicated with concern for linear 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***

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

### ***Free Abdomen***

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

## PRIMARY FINDINGS

- Suspect gastric and small bowel linear foreign material, obstructive, with bowel plication noted.
- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Hypo to anechoic splenic mass – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

## SECONDARY FINDINGS

- 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.
- Moderate age related kidney changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

When patient is stable enough to undergo surgery, an exploratory laparotomy for further visual evaluation and removal of the suspected foreign material as well as any compromised portions of the gastrointestinal tract that may be discovered, is recommended.

Assessment and potential biopsy and/or even removal of the spleen could be considered at the same time for histopath.

In the meantime, given the urinalysis results, submission of urine for a culture could be considered.



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Harlie Skinner

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**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

15.5 lbs

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

Animal Care  
Veterinary Center

**REFERRING VET**

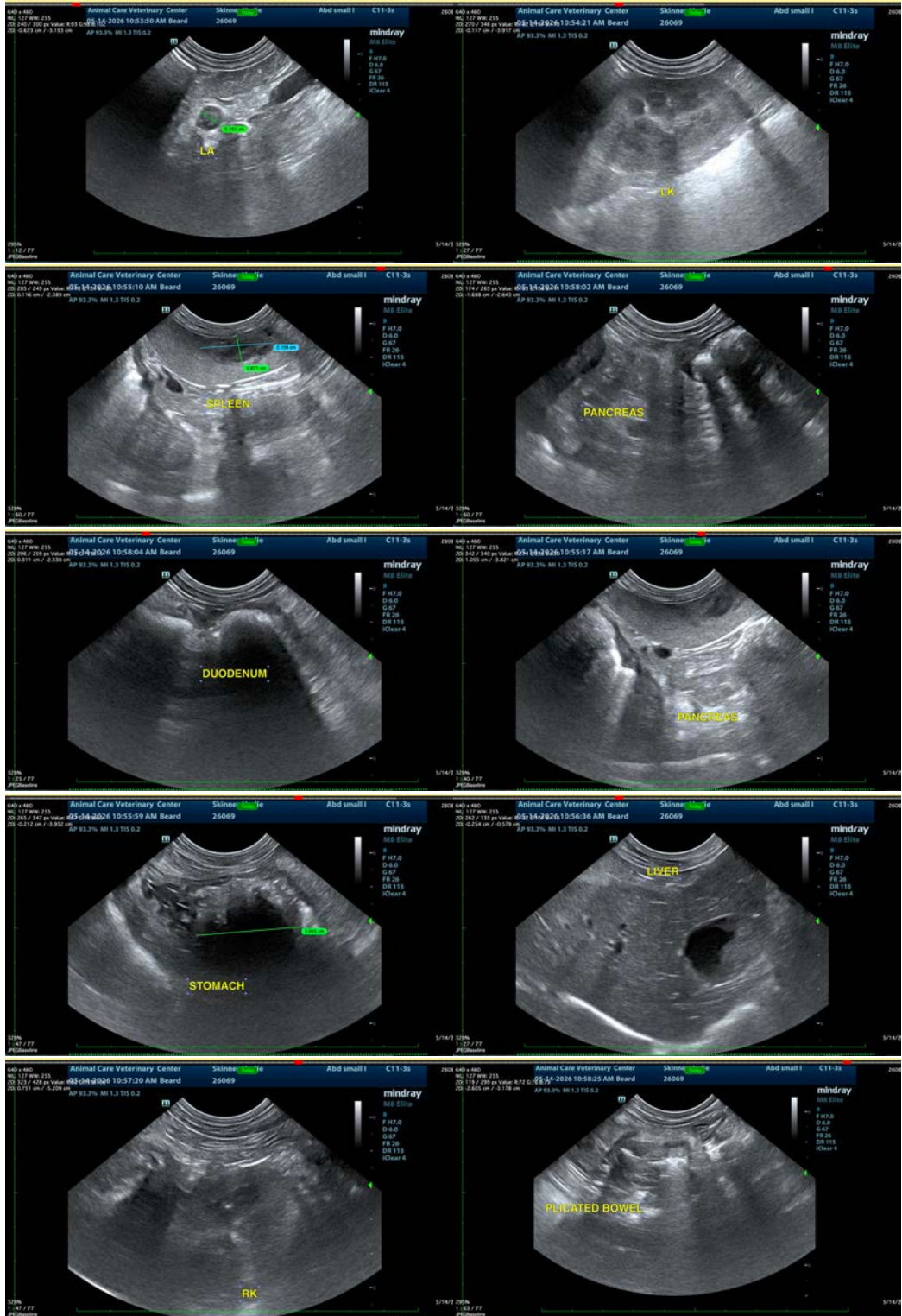
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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