



## PATIENT

Sicey Vasquez Ramirez

## SPECIES

Canine

## BREED

Yorkie x

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

6.4 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Dr. Juli Sorenson

## INVOICE

75497

## DATE

5/28/26

## PRESENTING CLINICAL SIGNS

Patient returned after treatment of pancreatitis - patient was doing very well at home, eating and drinking well, but acutely went down hill and was very lethargic, patient came in with a low HCT at 12, 18% following transfusion.

Abnormal PE/Chem/CBC/UA Results: Similar bloodwork to previous with exception of HCT drop

## 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.

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. Right kidney measured 4.5 cm. Left kidney measured 4.3 cm.

The right kidney is normal is size (4.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is mildly plump, primarily at the caudal pole (0.38 cm at cranial pole and 0.86 cm at caudal pole), and normal in 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



## PATIENT

Sicey Vasquez Ramirez

## SPECIES

Canine

## BREED

Yorkie x

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

6.4 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Dr. Juli Sorenson

## INVOICE

75497

## DATE

5/28/26

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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 is visible and subjectively mildly prominent and hypoechoic just caudal to the stomach, but this change is subtle/mild. There is enhanced hyperechoic fat/mesentery also in the area.

### ***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**

- Mild to moderate or potentially resolving acute pancreatitis can't be ruled out. Having said that, the enhanced hyperechoic fat in the cranial abdomen could be secondary to concurrent focal gastritis or proximal enteritis/duodenitis, especially given the reported new anemia and concern for possible GI bleed. There is no definitive ultrasonographically visible evidence of gastrointestinal bleed, but that is not abnormal, and microulceration cannot be ruled out.
- 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.

### **SECONDARY FINDINGS**

- Mild to moderate age related kidney changes.
- Mild left adrenomegaly.
- Moderate amount of echogenic urinary bladder debris.



## PATIENT

Sicey Vasquez Ramirez

## SPECIES

Canine

## BREED

Yorkie x

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

6.4 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency Veterinarians of Idaho

## REFERRING VET

Dr. Juli Sorenson

## INVOICE

75497

## DATE

5/28/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Especially given the new anemia, a routine fecal/giardia exam is recommended if not recently evaluated.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, empirical antacid therapy, gastroprotectants, etc. could be considered, but if the anemia persists without a definitive cause and clinical signs are supportive of a gastrointestinal bleed i.e., melena, hematemesis, etc., upper GI gastroscopy/endoscopy may be warranted.





## PATIENT

Sicey Vasquez Ramirez

## SPECIES

Canine

## BREED

Yorkie x

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

6.4 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency Veterinarians of Idaho

## REFERRING VET

Dr. Juli Sorenson

## INVOICE

75497

## DATE

5/28/26



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