

## PATIENT

Gemma Farver

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

FS

## AGE

11yr

## WEIGHT

7.4lb

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

## IMAGING PERFORMED BY

Aaron Lucas DVM,  
PhD

## HOSPITAL NAME

Taylorsville Veterinary  
Clinic

## REFERRING VET

Aaron Lucas DVM,  
PhD

## INVOICE

23123

## DATE

12/5/2025

## PRESENTING CLINICAL SIGNS

History of Addisons disease (diagnosed at internal medicine specialist) and managed on prednisone (0.5 mg once daily), although owner discontinued due to perceived aggression issues with other dog in the house over food and has only been giving 1-2 times weekly. History of gastric mass diagnosed by sonopath on 2/26/24. Recheck of gastric mass carried out and reviewed by sonopath on 12/5/2024 Patient is clinically stable although she has lost 1.3 lbs in the past year.

Abnormal PE/Chem/CBC/UA Results: Weight loss 1.3 lbs in 12 months Full Chem/CBC/UA/Fecal are pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 3.75 cm. The left kidney measured 3.27 cm.

### Adrenal Glands

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic. No specific masses or nodules seen. The phrenic vasculature, glandular echogenicity and detail were unremarkable. The left adrenal gland measured 1.53 cm in length and 0.51 cm at the cranial pole and \*0.64 cm at the caudal pole. The right adrenal gland measured 0.60 cm at the cranial pole and 0.74 cm at the caudal pole.

### Spleen

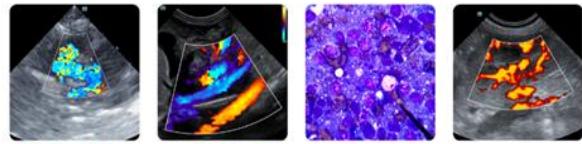
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

### Gastrointestinal

The gastric wall is diffusely thickened with some hazing of wall layering and a prominent muscularis layer. There are no specific masses visualized. Gastric wall thickening involves entire stomach, including the PDJ. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased, and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a



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mass effect observed. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### **Pancreas**

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

### **Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

### **Free Abdomen**

There is a very scant volume of free fluid visualized in the cystocolic view and between bowel loops.

## **ULTRASONOGRAPHIC FINDINGS**

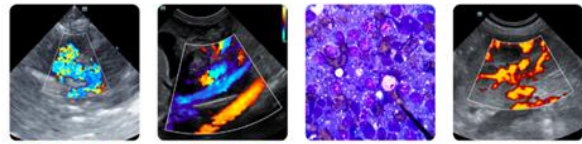
### **Primary Findings**

- Diffusely thickened gastric wall with hazing of wall layering
- Diffusely thickened small intestines with prominent muscularis
- Scant free fluid
- Bilaterally prominent adrenal glands
- Mildly coarse liver- static
- Aging renal changes with nephrocalcinosis

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastric wall thickening with hazing of wall layering together with small intestinal changes are persistent to somewhat progressed from previous exams. The presence of diffuse GI changes is suggestive of underlying chronic gastroenteropathy. Gastric biopsies are indicated.

The renal, adrenal, and liver changes are static. The previously reported pancreatic changes were not appreciated on today's ultrasound.



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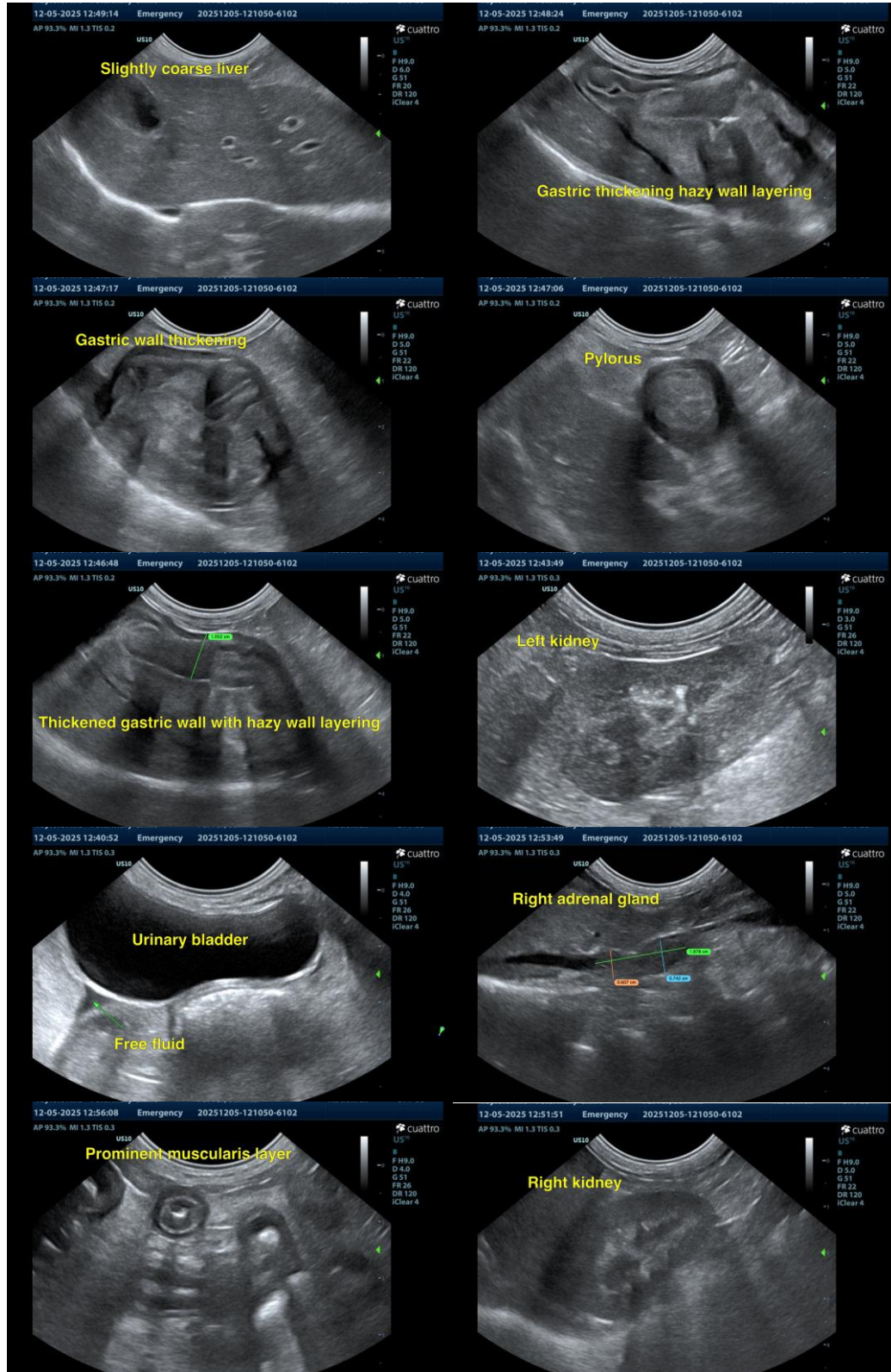
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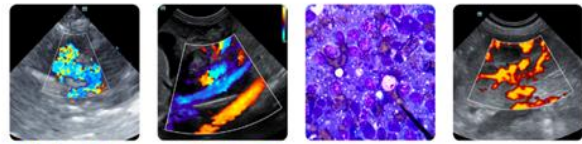
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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