



PATIENT

Monkey Wymore

SPECIES

Canine

BREED

Yorkie Cross

SEX

Spayed female

AGE

13 years

WEIGHT

4.9 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary
Clinic

REFERRING VET

Dr. Abbott

INVOICE

74942

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Yesterday, Monkey presented for not eating or drinking since Sunday. Monkey vomited once Sunday night, didn't want to eat dinner, nor breakfast Monday AM.

Moderate dental disease, no abdominal pain on PE, a bit quiet demeanor

Febrile 102.5, HR 124

Daily meloxicam x2m

Started broad spectrum antibiotics (enrofloxacin injection, follow up by amoxi/clav PO) and gave SQF

Abnormal PE/Chem/CBC/UA Results: ALT, ALP, GGT elevated (440, 468, 23 respectively)

Neutrophilic leukocytosis - WBC 20.34, PMN 16.35 Unremarkable abdominal radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 2.89 cm and the right kidney was 2.97 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 0.99 cm by 0.36 cm by 0.3 cm and the right adrenal gland was 0.79 cm by 0.41 cm by 0.25 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Generally normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have evidence of gross pathology to explain the recent anorexia, vomiting or lethargy. Since this patient does have an ALT of 440 it is recommended to consider underlying causes such as Leptospirosis. If this patient has not been vaccinated for Lepto then a titer should be considered. A FNA of the liver for cytology is also recommended to better determine the underlying pathology. Supportive care with Denamarin, Cerenia, bland diet and probiotics should be provided. If there continues to be no improvement then a recheck blood work panel should be considered and if there continues to be abnormal liver values the a liver biopsy may be required for more definitive diagnosis.





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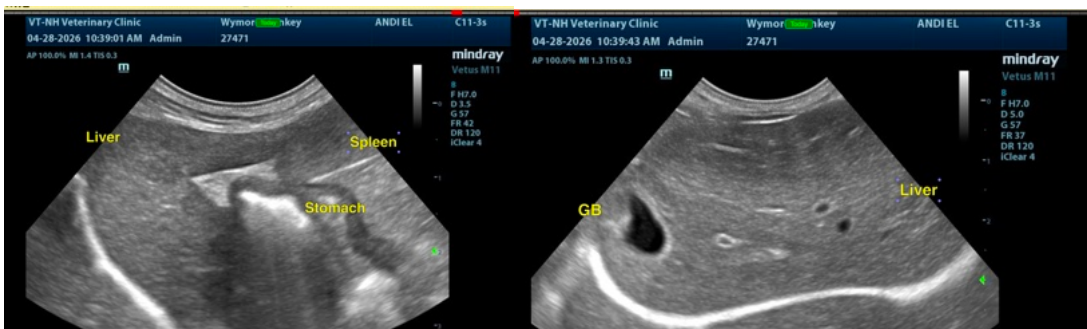
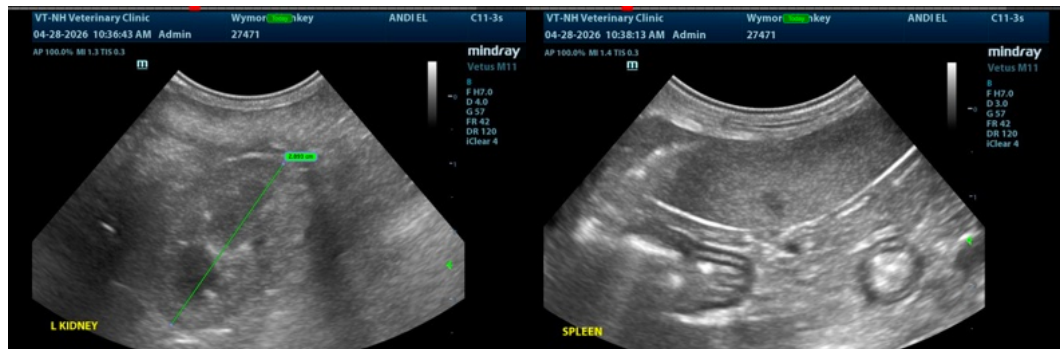
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com