



PATIENT

Mercedes Findlater

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

4 Years

WEIGHT

2.45 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Patton

INVOICE

71872

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Ate garbage a couple days ago, developed anorexia, vomiting with blood, hematochezia
Abnormal PE/Chem/CBC/UA Results: Inflammatory leukogram, elevated lipase and amylase

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the caudal pole. The right adrenal gland measured 0.47 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented subjective intact borderline thickened wall layering, most notable in the area of the pylorus. Pylorus wall measured 0.48 cm. The lumen of the stomach was primarily empty with minor retained fluid and luminal gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental minor ileus and gas.

Normal visible colon wall layers were present with generalized mild distention, containing primarily non-formed to mild soft fecal matter.



PATIENT

Mercedes Findlater

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

4 Years

WEIGHT

2.45 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Patton

INVOICE

71872

DATE

11/17/25

Pancreas

The pancreas was normal to mildly prominent in size with symmetrical contour and mild non-homogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent, mildly prominent jejunocolic lymph nodes were noted. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis.
- Mild generalized distended colon with non-formed to soft fecal matter.
- Mild pancreatitis.
- Intermittent mild benign mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal pancreas and lymph node presentation consistent with acute gastroenterocolitis and mild pancreatitis, with mild lymphatic hyperplasia or potential mild lymphadenitis secondary to dietary indiscretion in conjunction with patient history. No evidence of gastrointestinal foreign material or obstructive pattern. Gastrointestinal support and empirical therapy for mild pancreatitis with clinical monitoring is indicated. Sonographic reassessment recommended if non-responsive or progressive gastrointestinal signs.





PATIENT

Mercedes Findlater

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

4 Years

WEIGHT

2.45 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

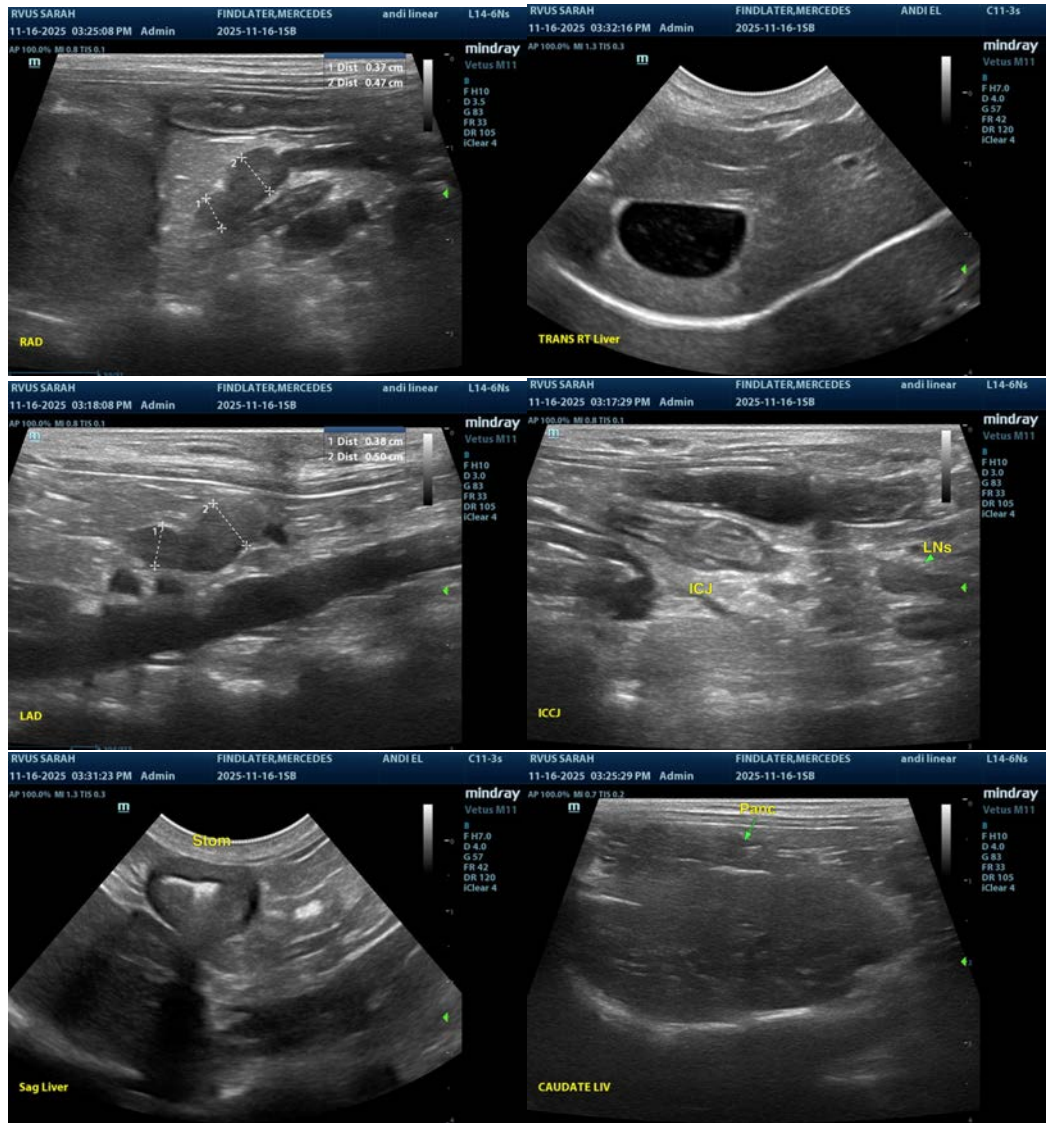
Dr. Patton

INVOICE

71872

DATE

11/17/25





PATIENT

Mercedes Findlater

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

4 Years

WEIGHT

2.45 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

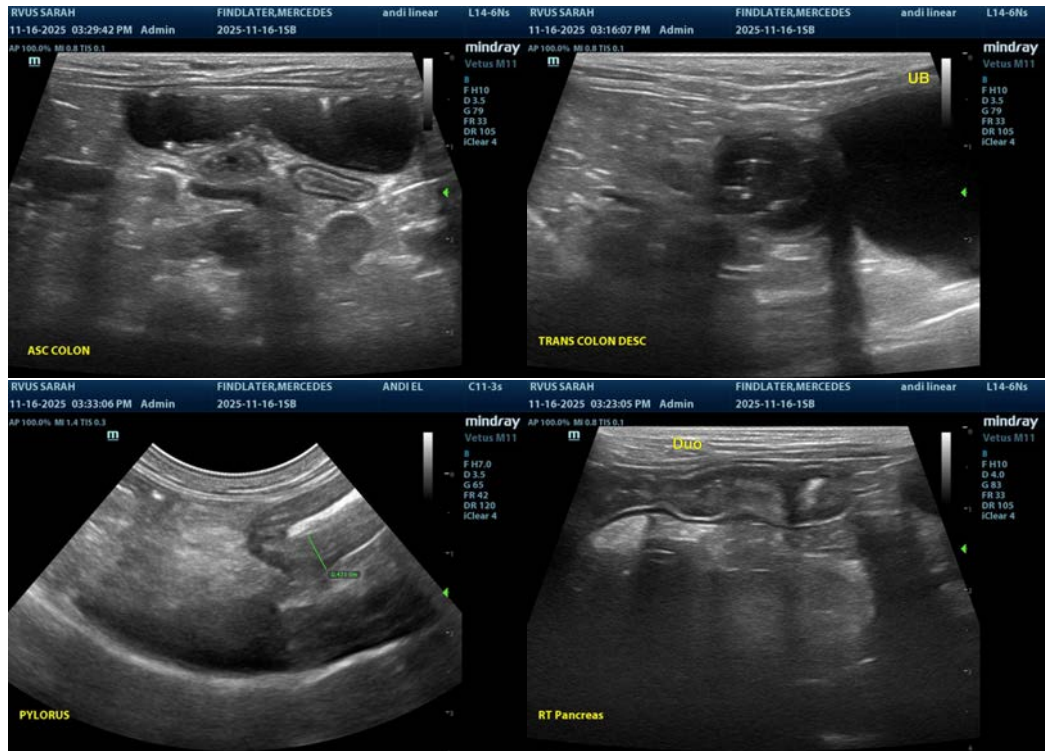
Dr. Patton

INVOICE

71872

DATE

11/17/25



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com