



PATIENT

Allie Lanum

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

10yr

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Griffin

INVOICE

23014

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Patient has 2 day history of vomiting and adr

Abnormal PE/Chem/CBC/UA Results: u/a: Urine Protein 2+, Glucose 4+, Hyaline Casts >1/LPF, Non-Hyaline casts >1/LPF. Hematology: reticulocyte Hemoglobin 20.2, WBC 21.03, Neutrophils 11.98, Monocytes 5.45, Platelets 567, MPV 13.6, Plateletcrit 0.77. Chemistry: Glucose 671, IDEXX SDMA 21, BUN 107, sodium 132, Chloride 95, ALP 422, Bilirubin total 1.1, CPL 279,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor left kidney pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.77 cm width at the caudal pole. The right adrenal gland measured 0.72 cm width 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/Gallbladder

Generalized hepatomegaly with symmetrical areas of mild asymmetrical hepatic capsule contour and generalized variable heterogeneous remodeled parenchyma. Intermittent subtle parenchyma nodular changes were present. Normal vascular volume. 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and chyme



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was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left and right pancreas was irregularly enlarged to swollen in appearance exhibiting non-homogenous hypoechoic parenchyma. The left pancreas measured ~ 3.3 cm. Surrounding peripancreatic to generalized mid abdomen hyperechoic omentum was present.

Free Abdomen

No visualized overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Irregular swollen non-homogenous hypoechoic pancreas with peripancreatic peritonitis-severe inflammation, potential for neoplasia
- Enlarged non-homogenous subtle nodular liver- chronic vacuolar or reactive hepatopathy, inflammation, fibrosis, hyperplasia, non-obstructive cholestasis, occult neoplasia thought less likely
- Sonographically normal gallbladder
- Hypomotile gastritis and suspect mild duodenitis

Secondary

- Bilateral chronic renal changes
- Non-specific bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using 25ga needle, pancreatic and hepatic FNA cytology is warranted for further clarification. Correlation with spec cPL is recommended. Hospitalization with empirical therapy for active possibly necrotizing pancreatitis and associated peritonitis including gastrointestinal support, monitoring of clinical response, renal parameters and urinary workup including C/S is recommended. A guarded prognosis is suspected.



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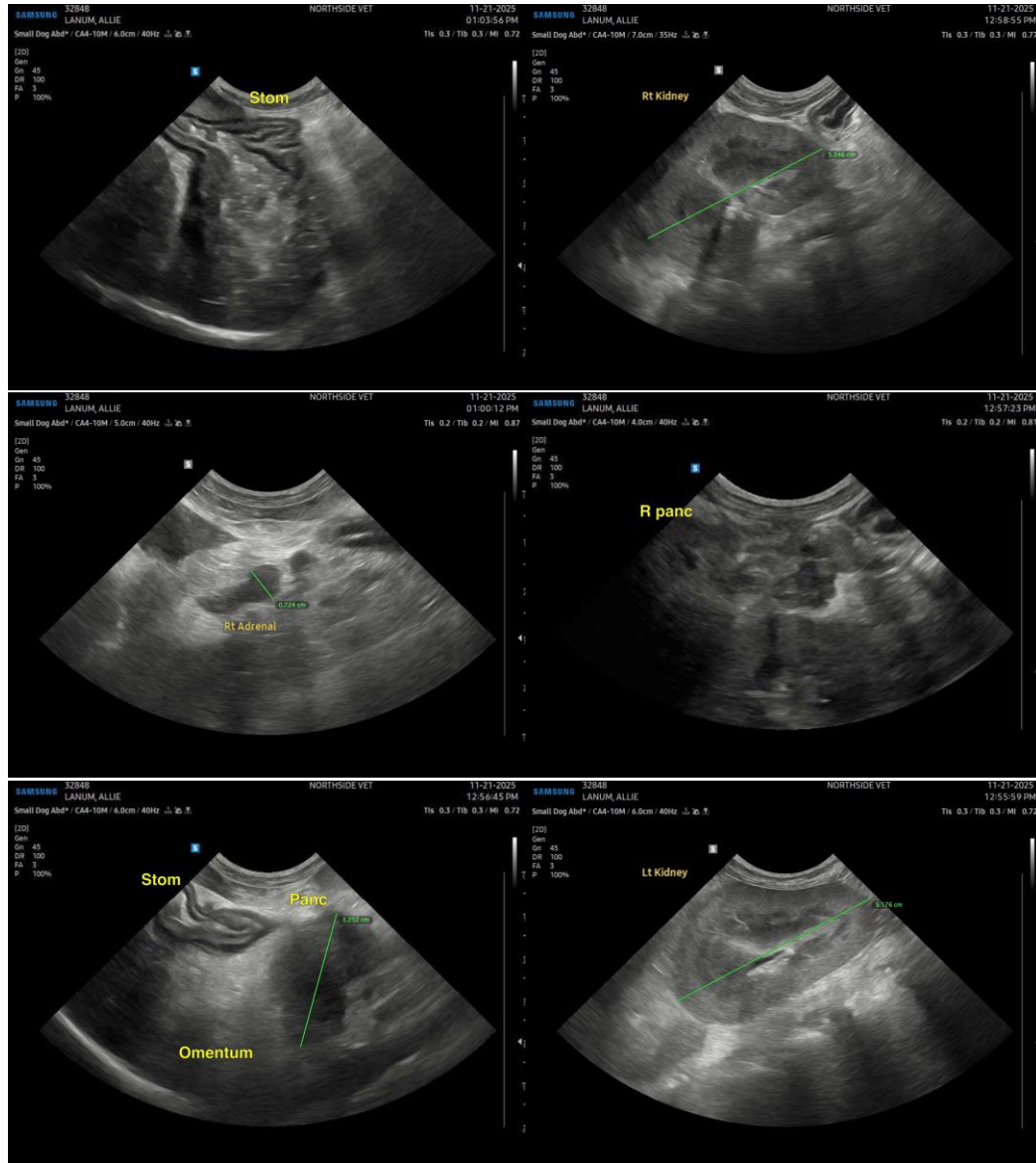
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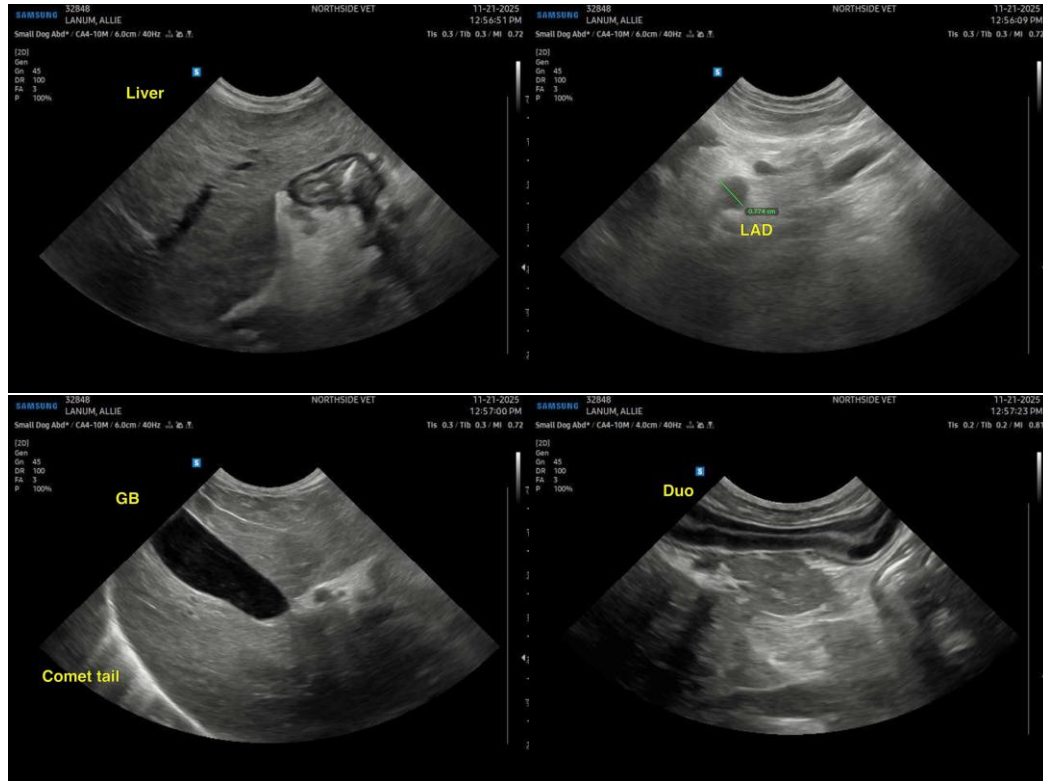
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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