



PATIENT

Allie Ball

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

6 Years

WEIGHT

4.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr. Sasha

INVOICE

12057

DATE

11/03/25

PRESENTING CLINICAL SIGNS

Ali, a 6-year-old Yorkshire Terrier, presented with a two-day history of acute gastrointestinal signs, including vomiting, diarrhea, lethargy, and anorexia. Upon presentation, a physical examination revealed that Ali was very tense on abdominal palpation, though her other vital signs were normal. A general health panel was performed, which indicated she was significantly dehydrated, with elevated alkaline phosphatase (ALP), alanine transaminase (ALT), and total protein levels. Pancreatitis was noted as a primary Ddx based on these clinical findings.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

Normal size and margination was 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 3.6 cm in length. The right kidney measured 3.9 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 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole.

Spleen

The spleen exhibited mild folding, not consistent with underlying pathology and likely patient variant. Intermittent, small to discrete hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 mild nonorganized nondependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented overall maintained intact wall layering. Propensity for prominent duodenal and ileal mucosa with duodenal-ileal and mild segmental jejunal hyperechoic mucosal speckling. Minor nonobstructive duodenal ileus. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.28 cm width. The ileum wall measured 0.31 cm width.

Intact mildly prominent distal descending colon and colorectal wall. The colon was nondistended containing generalized nonformed fecal matter consistent with patient's history.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.92 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable normal volume liver- consistent with benign hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Nonspecific gastroenterocolonopathy accentuated by subjective duodenitis/ileitis.
- Nonformed fecal matter in colon.
- Jejunocolic lymphadenopathy with perilymphatic hyperechoic omentum.
- Sonographically normal pancreas.

Secondary Findings

- Emerging benign splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/indiscretion, infectious disease, hepatoenterotoxic insult, acute versus chronic inflammatory bowel/IBD, occult parasitism, occult neoplasia (thought less likely), low-grade pancreatitis which may present sonographically normal or combination are all possible. No evidence of gastrointestinal obstructive pattern or foreign material.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology +/- leptospirosis titers/PCR, GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level. Hepatogastrointestinal support with clinical monitoring is indicated. Monitoring of albumin levels for evidence of emerging protein losing enteropathy given breed is suggested. Sonographic monitoring is recommended if nonresponsive, progressive or recurrent gastrointestinal signs or progressive hepatopathy.



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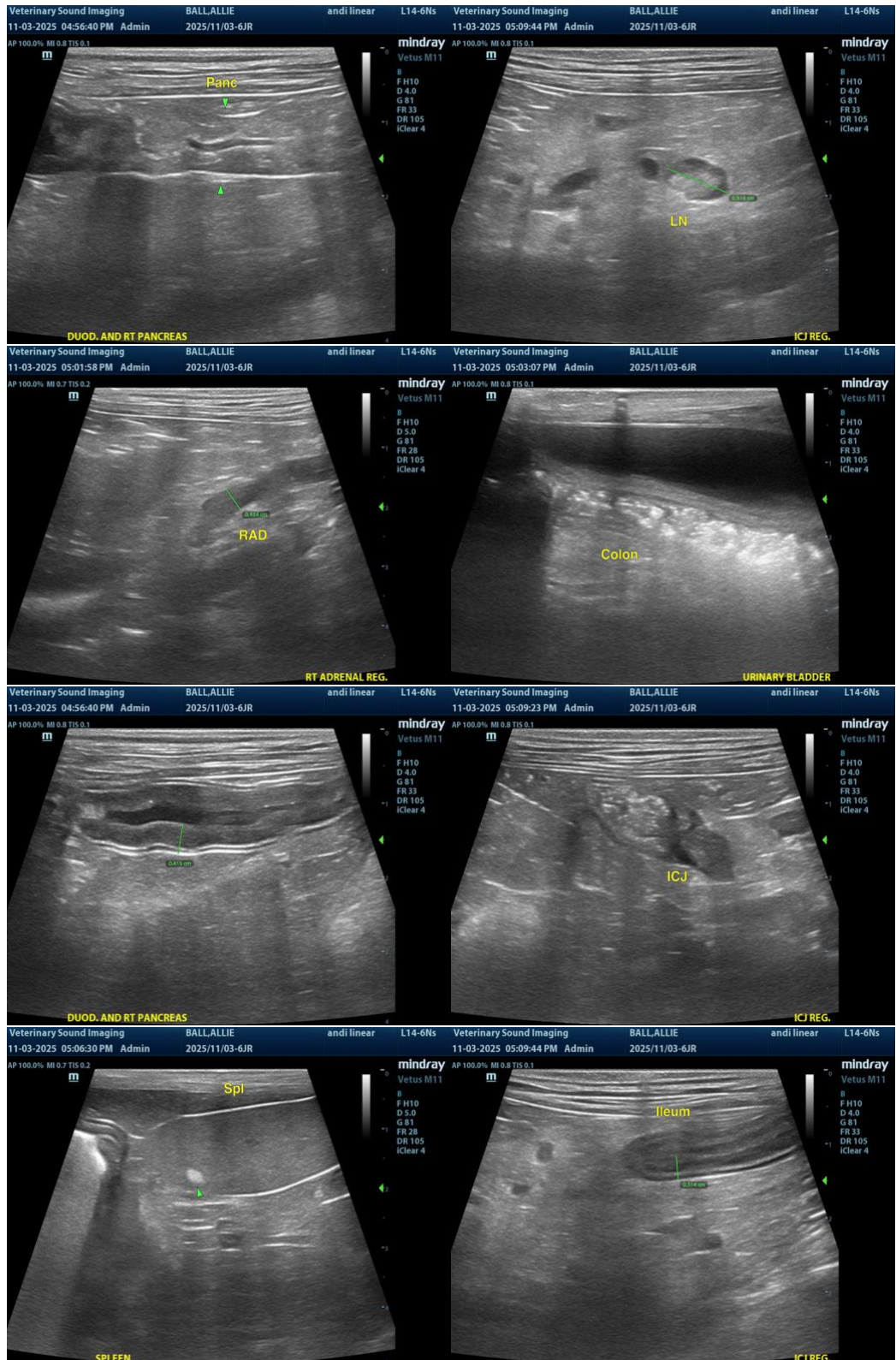
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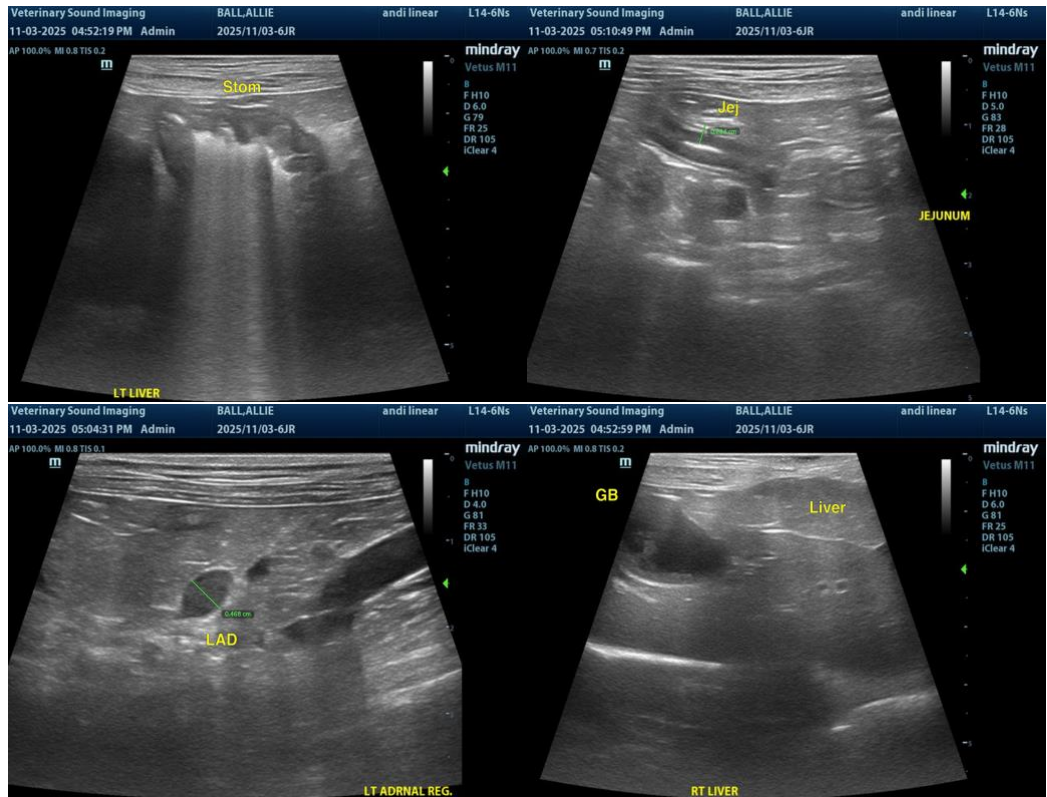
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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