



PATIENT

Heidi Newbold

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

13 yrs

WEIGHT

4.78

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

12770

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: transferred due to food bloat and history of collapsing trachea. Patient is on steroids and ingested a large amount of food last night and this morning. She's been having significant coughing. Fasted overnight on fluids.

Abnormal PE/Chem/CBC/UA Results: CBC. RBCs 5.03 Chemistry. phosphorus 10.3, BUN 587, total protein 8.1, albumin 4.3, globulin 3.8, glucose 128, cholesterol 326, ALP 386 EPOC. BUN 43, lactate 4.4, glucose 131, BE 6.2, pH 7.487 CPL-Abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

Normal size and margination was 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. No evidence of pelvic dilation and mild medullary mineral was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.61 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver exhibited mild to moderate hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended in size and the lumen contained mild, non-shadowing ingesta, chyme and gas.

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 ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

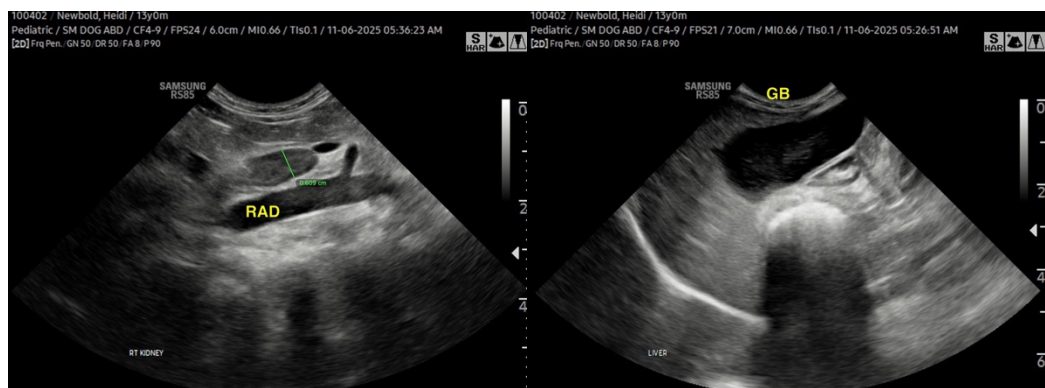
No overt lymphadenopathy or peritoneal effusion was present.

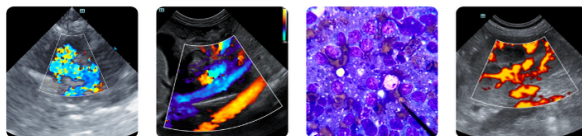
ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogeneous liver
- Mild, non-organized gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract, non-distended stomach with mild ingesta/chyme
- Remodeled pancreas
- Age-related kidneys with mild medullary mineral
- Nonspecific bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of current food bloat, mechanical/metabolic gastrointestinal ileus, mural pathology or foreign material. Continued gastrointestinal support indicated. The liver is most consistent with chronic benign hepatopathy criteria and suggestive of chronic steroid or vacuolar hepatopathy, non-obstructive cholestasis or less likely hepatic inflammation given patient history and ALP elevation. Hepato-supportive medications are suggested. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation or clinical signs suggestive of chronic pancreatitis. Correlation of renal presentation and mild azotemia with urinary workup, if not done, is recommended.





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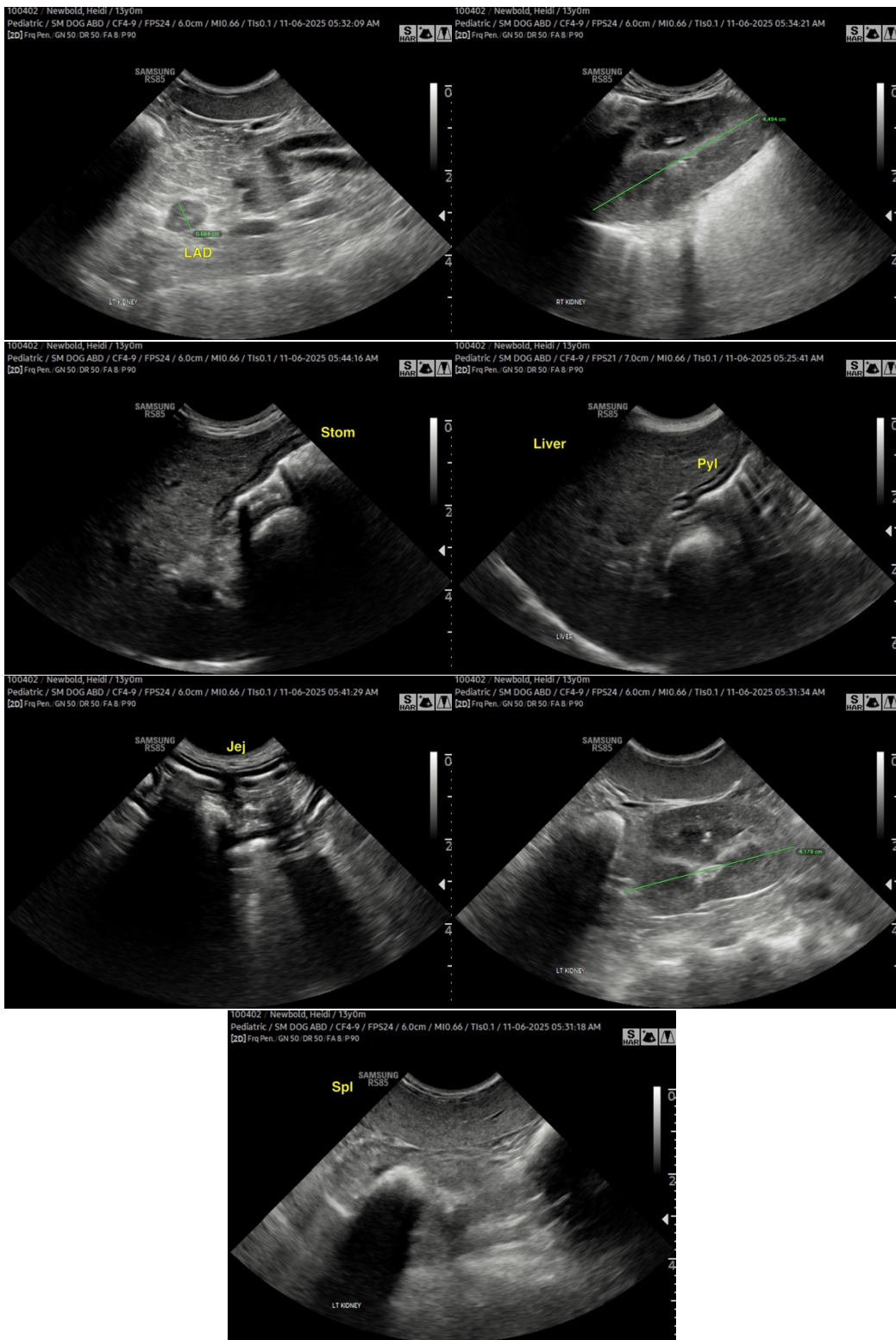
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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