



PATIENT

Little Bear Corregano

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

13yr

WEIGHT

3.67kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr Glotzer

INVOICE

23256

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

Little bear presents for weight loss, decreased appetite, and vomiting - Weight loss from 9 lbs to 8 lbs over one month - Very poor appetite with occasional eating followed by vomiting in the afternoon - Last 3 days eating only egg whites without vomiting - Previous episodes of vomiting every 2 hours after decent meals - Last vomiting episode was Monday (transcript recorded Tuesday) - Diarrhea ("squirts") in previous week, now resolved with some normal stools - Orange-colored urine - History of pancreatitis approximately 5 years ago, stabilized since then - Chronic elevated liver enzymes for 2 years, previously stable on denamarin - Recent significant elevation in liver values in November (double previous levels) - Currently on denamarin and ursodiol - Recently completed course of doxycycline - Changed from regular heartworm prevention to Simparica Trio in past year - Occasional vomiting noted on days Simparica Trio administered - Indoor dogs, pad-trained, minimal outdoor exposure - Occasional access to daughter's backpack contents (potential gum/candy exposure)

Abnormal PE/Chem/CBC/UA Results: Elevated ALT, ALKP, prolonged aPTT Positive Lepto AB snap test

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral were present. The left kidney measured 4.6 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.5 cm width in the caudal pole. The right adrenal gland measured 0.39 cm width in the caudal pole.

Spleen

The spleen exhibited mild enlargement with 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



PATIENT

Little Bear Corregano

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

13yr

WEIGHT

3.67kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr Glotzer

INVOICE 23256

DATE

12/17/2025

The liver was asymmetrically enlarged with generalized heterogeneous parenchyma exhibiting multiple isoechoic, variably sized intraparenchymal macronodules to small masses. An example of a liver macronodule to small mass measured 2.8 cm in diameter. The gallbladder was mildly distended in size with normal walls and moderate gravity dependent to non-dependent, non-organized gallbladder debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

Normal visible colon wall layers were present with semi formed to soft 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

Primary

- Asymmetrical hepatomegaly exhibiting non-homogenous parenchyma, multiple isoechoic hepatic macronodules / small masses
- Mild splenomegaly
- Unremarkable gastrointestinal tract with gastric and mild segmental intestinal ingesta, semi-formed/ soft fecal matter in colon
- Pancreatic remodeling
- Chronic renal changes exhibiting mild medullary mineral
- Mild distended gallbladder with congealed non-organized gallbladder debris-early immature gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosplenic FNA cytology using a 25 ga needle would be ideal with monitoring of clotting status. No evidence of mechanical gastrointestinal obstruction with potential mild gastric or gastrointestinal ileus assuming documented NPO. Underlying gastrointestinal disease or chronic pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



PATIENT

A UA is suggested if not recently done.

Little Bear Corregano

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

13yr

WEIGHT

3.67kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

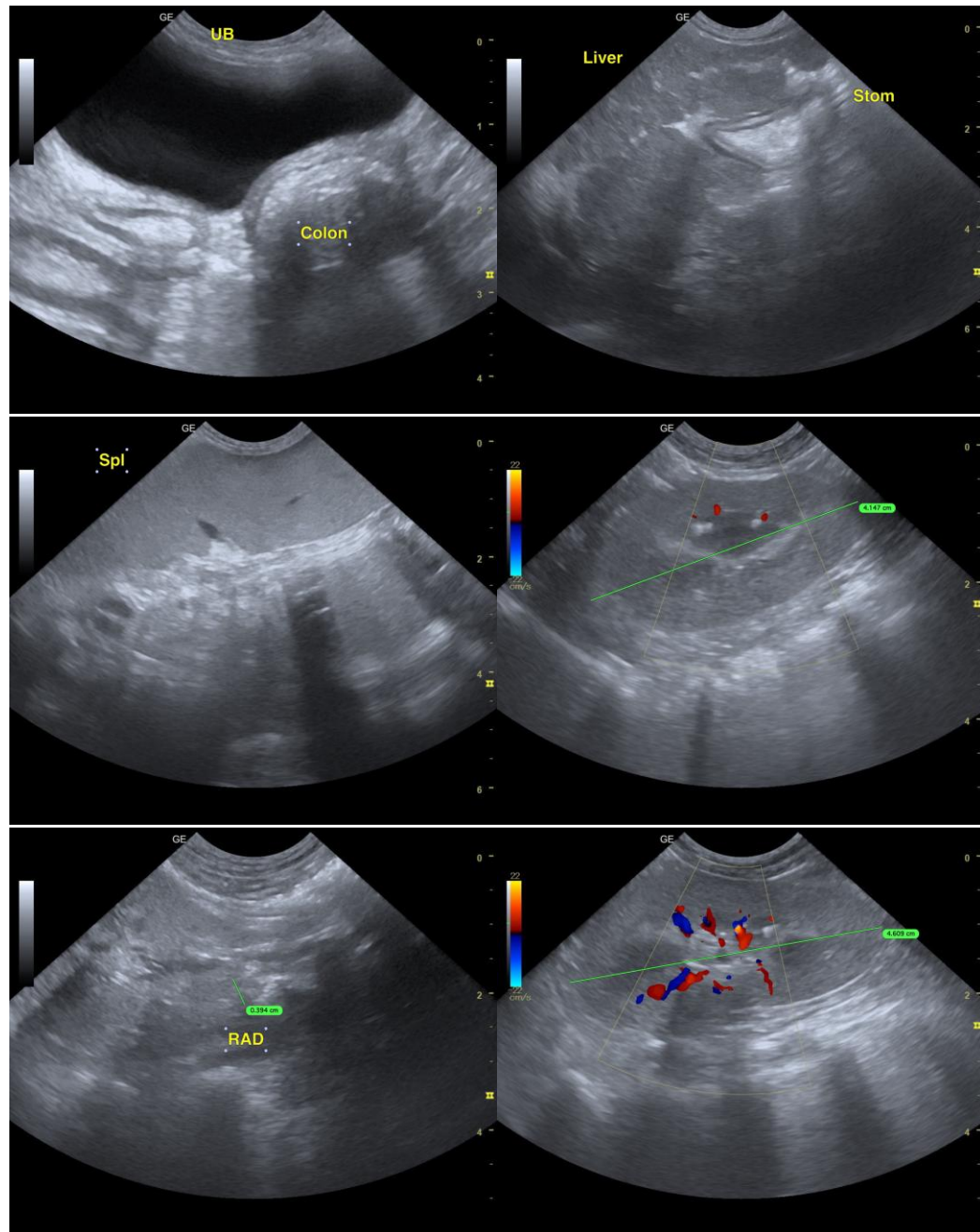
Dr Glotzer

INVOICE

23256

DATE

12/17/2025





PATIENT

Little Bear Corregano

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

13yr

WEIGHT

3.67kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

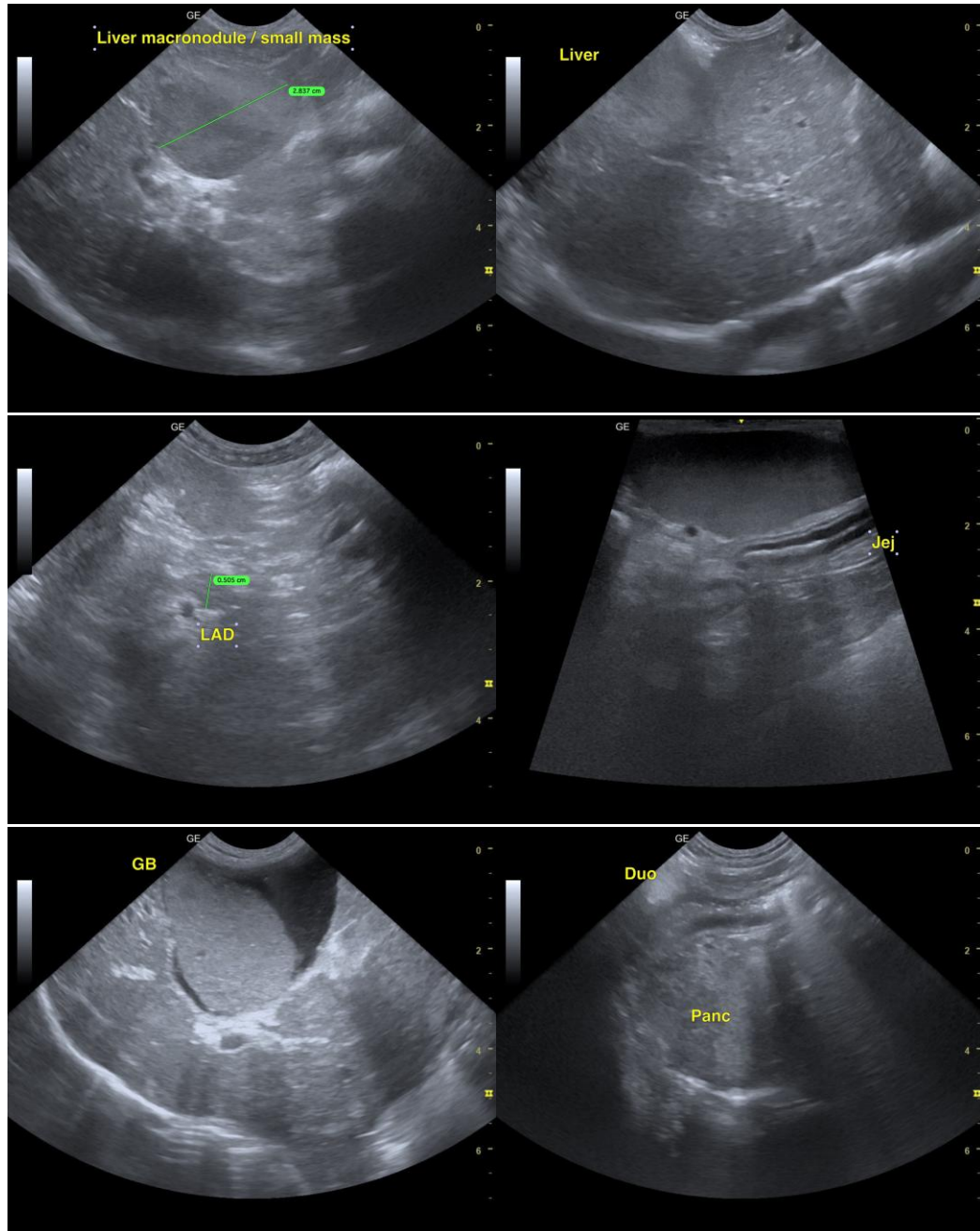
Dr Glotzer

INVOICE

23256

DATE

12/17/2025



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.



PATIENT

Little Bear Corregano

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

13yr

WEIGHT

3.67kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr Glotzer

INVOICE 23256

DATE
12/17/2025