



**PATIENT**

Riley Hutchison

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

FS

**AGE**

11yr

**WEIGHT**

4.9lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jonathan Moss

**HOSPITAL NAME**

Harvest Hills  
Veterinary Hospital

**REFERRING VET**

Jonathan Moss

**INVOICE**  
23312

**DATE**  
12/22/2025

**PRESENTING CLINICAL SIGNS**

Pt presented for diarrhea and not eating. Pt has had GI issues and HGE types flare ups and is on HP but O fed 98%lean ground beef and this started after.

Abnormal PE/Chem/CBC/UA Results: attached

**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 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. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 2.8 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.40 cm width at the caudal pole The right adrenal gland measured 0.45 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**

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent discrete hypoechoic intraparenchymal nodules were present, an example measured 0.45 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor non-organized debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented intact prominent wall layering with propensity for prominent intestinal mucosal layer. Subtle hyperechoic primarily jejunal mucosal speckling was present. The lumen of the



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small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.38 cm width.

Normal visible colon wall layers were present. Generalized mild colon distention containing soft to non-formed fecal matter.

## SPECIES

Canine

### *Pancreas*

The right pancreas was prominent in size with symmetrical mildly swollen contour. Mild non-homogenous hypoechoic parenchyma compared to adjacent omentum was present.

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### *Free Abdomen*

Mild volume primarily peri intestinal peritoneal effusion was present.

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Mild generalized hyperechoic omentum was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

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- Enteropathy exhibiting subtle hyperechoic mucosal speckling- non-specific enteritis, PLE,
- IBD or other inflammatory enteropathy, less likely occult neoplasia all potentials
- Mildly enlarged non-homogeneous hypoechoic pancreas -consistent with mild active to chronic active pancreatitis.
- Mild hepatomegaly - subjective benign
- Minor non-organized gallbladder debris (non-mucocele)
- Mild volume peritoneal effusion and mild omental hyperechogenicity

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### Secondary

- Mild chronic renal changes with mild medullary mineral.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate and if possible, correlation with effusion analysis cytology +/- C/S if evidence of effusion inflammation is suggested. Although considered less likely, three view chest radiographs to rule out intrathoracic pathology or cardiomegaly as a contributing factor is recommended.

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Part or all of this protocol may be considered based on your clinical impression of the patient:

**OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:**

**Plasma** 10 mL / kilogram IV over 4 hours

Or **Human albumin** 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day

**And Colloids/Hetastarch**

10 to 20 mL per kilogram per day and dogs

10 to 15 mL per kilogram per day cats

(Can bolus first 1/3 of dose over 15 minutes)

& maintain on LRS maintenance otherwise.

**Famotidine** 1 mg/kg Iv Im po dc Sid /bid

**Sucralfate** 0.5-1 g po tid dogs, 0.5 g bid cats in slurry Or **Misoprostol** 1-5 ug/kg po tid

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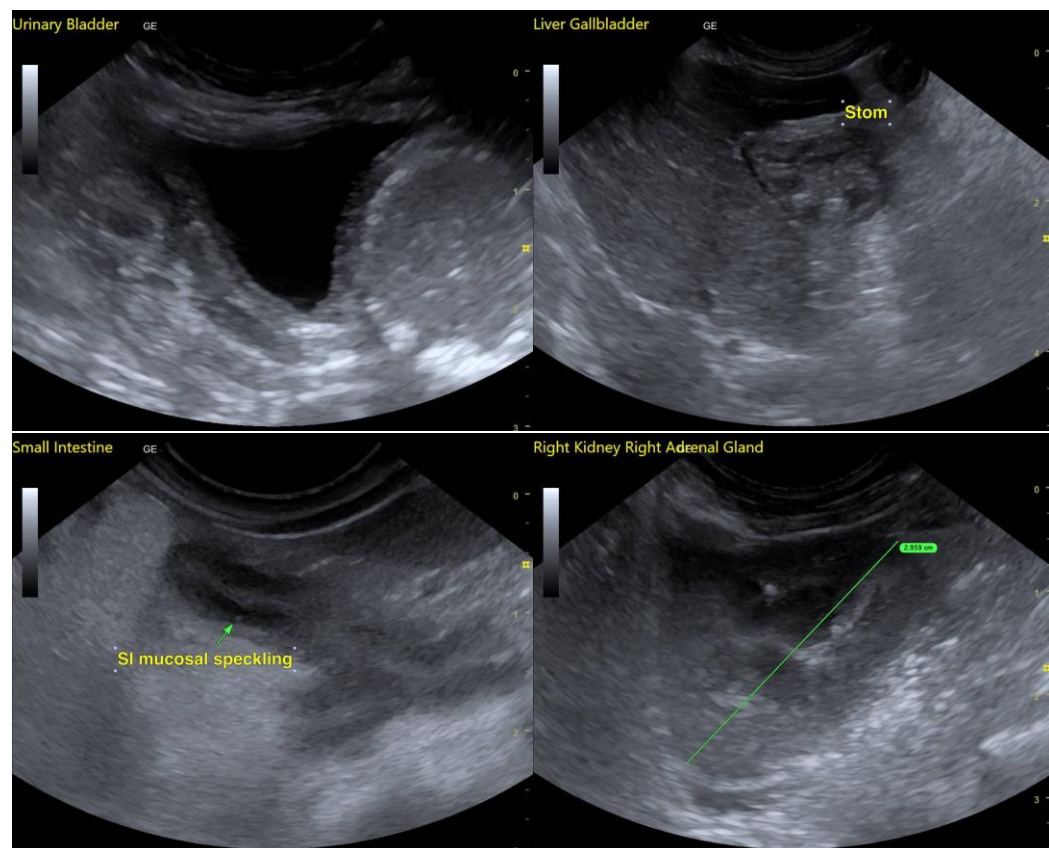
**Diet:** Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar and high colony count probiotic (Proviale)

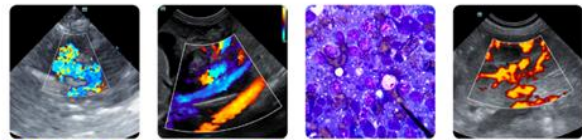
**Prednisone** or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. **Chlorambucil** in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m<sup>2</sup> Q 24-48 hours.

**Cobalamin** (B12) 250-1500 ug/dog weekly x 6 weeks.

**Calcium** supplementation if necessary.

**Aspirin** 0.5-1 mg/kg/day or **Clopidogrel** (Plavix) 1-5 mg/kg/day.





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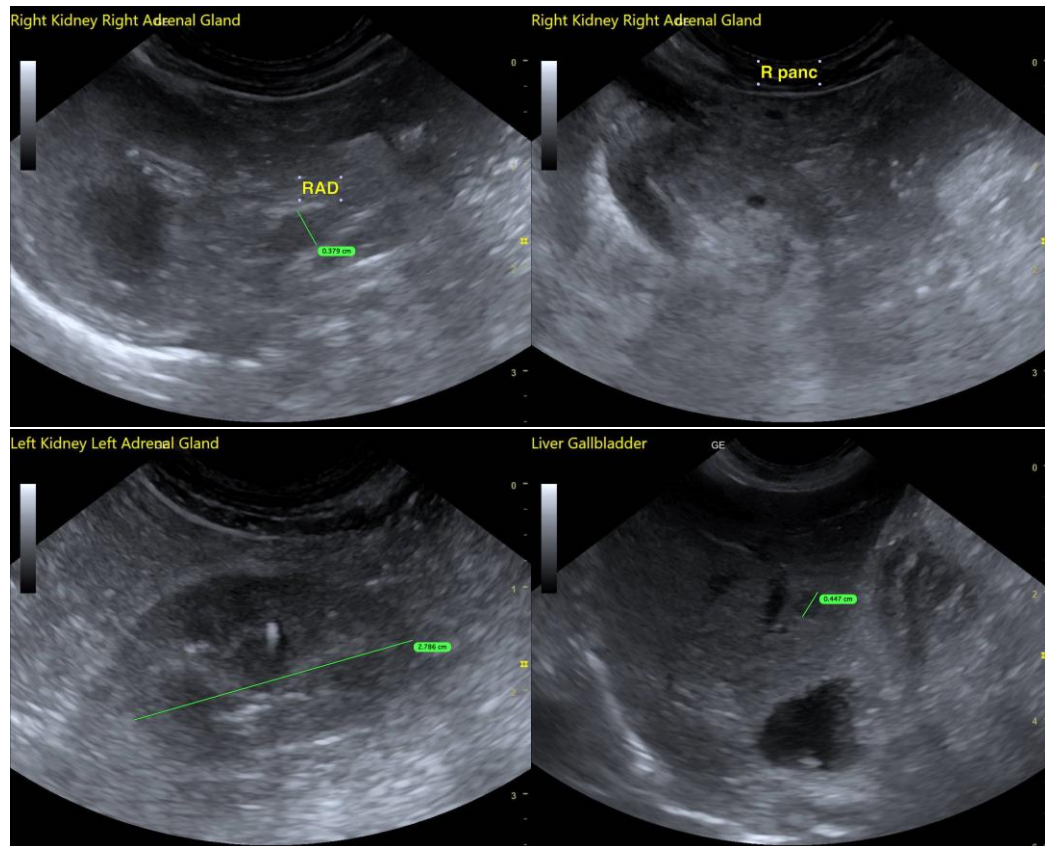
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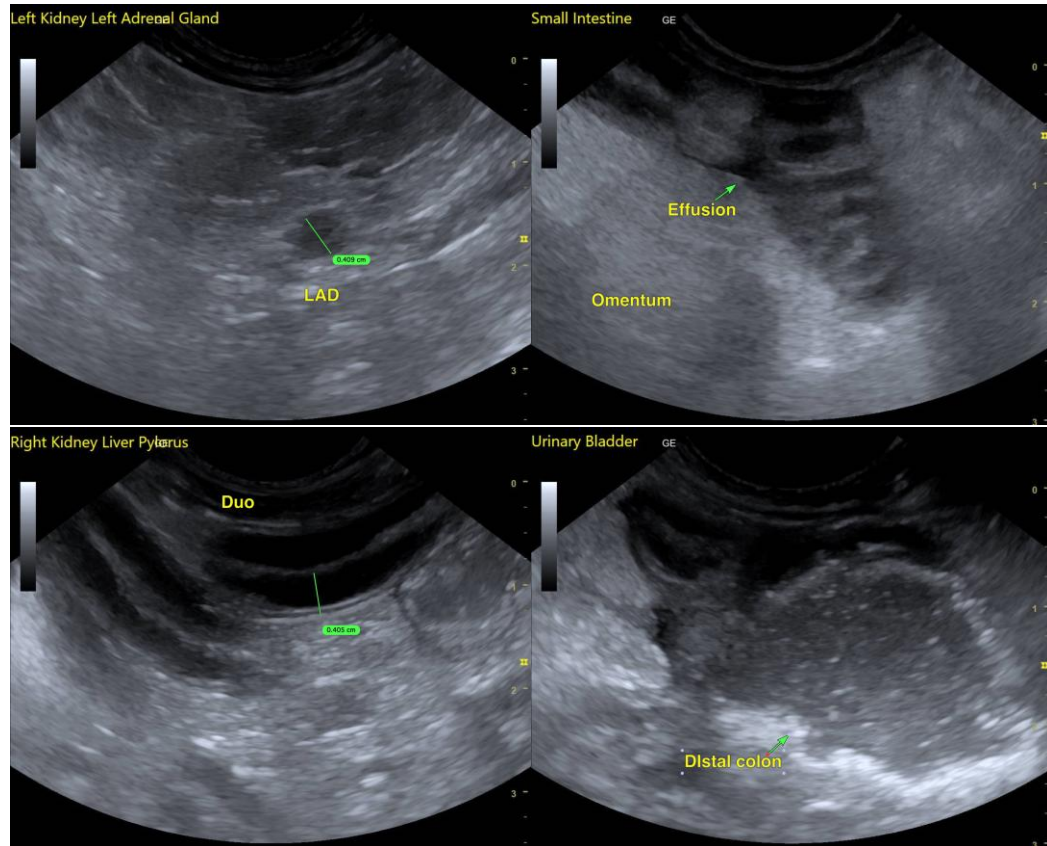
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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