



PATIENT

Maizy Ferguson

SPECIES

Canine

BREED

Yorkie Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

1 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr. Elock

INVOICE

12563

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Presented for lethargy, vomiting and hyporexia

Abnormal PE/Chem/CBC/UA Results: Elevated BUN with otherwise normal renal values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 change 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 moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Mild medullary mineral was visualized. The left kidney measured 2.2 cm in length. The right kidney measured 2.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.36 cm width in the caudal pole. The right adrenal gland measured 0.34 cm width in 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

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 gravity dependent mildly mineralized nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented with intact mildly prominent wall layering and gastric mucosa. The stomach was nondistended and primarily empty with minor retained fluid. No obstruction to pyloric outflow.

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. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.20 cm width.

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



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Pancreas

Maizy Ferguson

The left pancreas presented normal to mildly prominent in size with mild capsule asymmetry and heterogeneous remodeled parenchyma compared to adjacent nonreactive omentum.

SPECIES

Free Abdomen

Canine

No overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

Yorkie Terrier

- Mild gastritis pattern, sonographically normal small intestine.
- Chronic renal changes exhibiting mild medullary mineral.
- Mild nonorganized mineralized gallbladder debris (non-mucocele).
- Heterogeneous remodeled left pancreas- patient/age variant, benign remodeling owing to previous inflammation, chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for cranial abdomen/subxiphoid discomfort on palpation and correlation with a spec cPL for evidence of chronic pancreatitis is recommended. No overt gastrointestinal ulceration yet micro-ulceration is not definitively excluded in conjunction with elevated BUN. Gastrointestinal support including broad spectrum gastroprotectants and empirical therapy for chronic pancreatitis is recommended. Sonographic reassessment if progressive gastrointestinal signs or azotemia.

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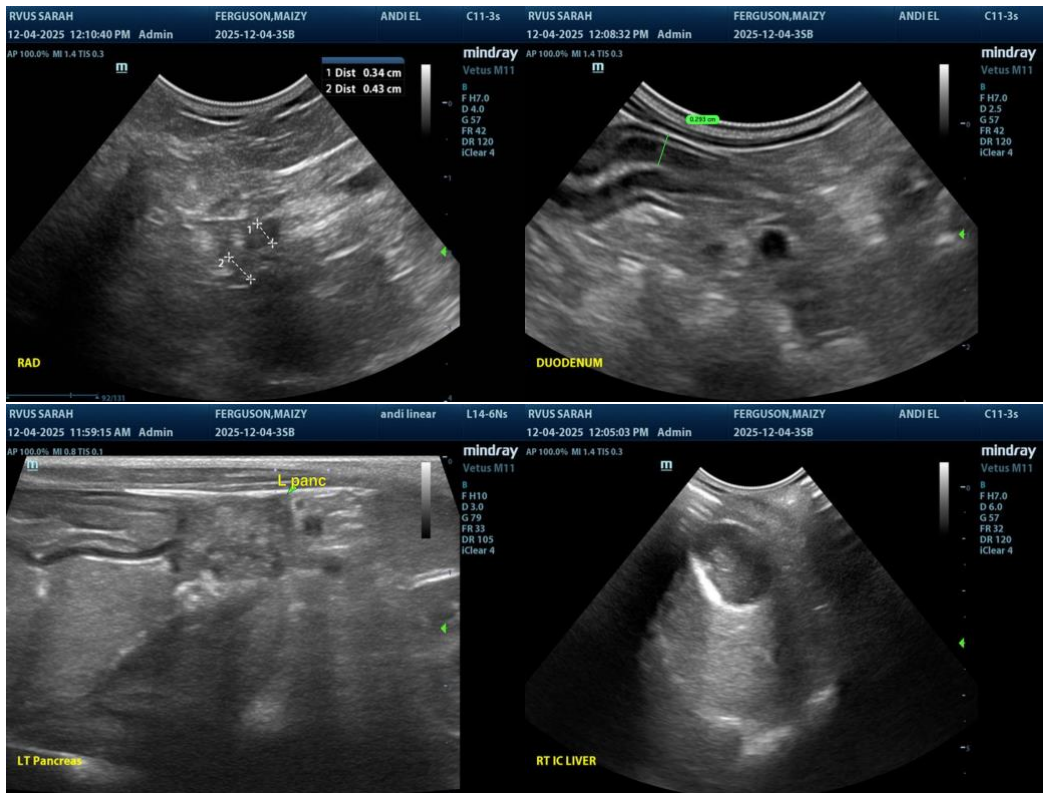
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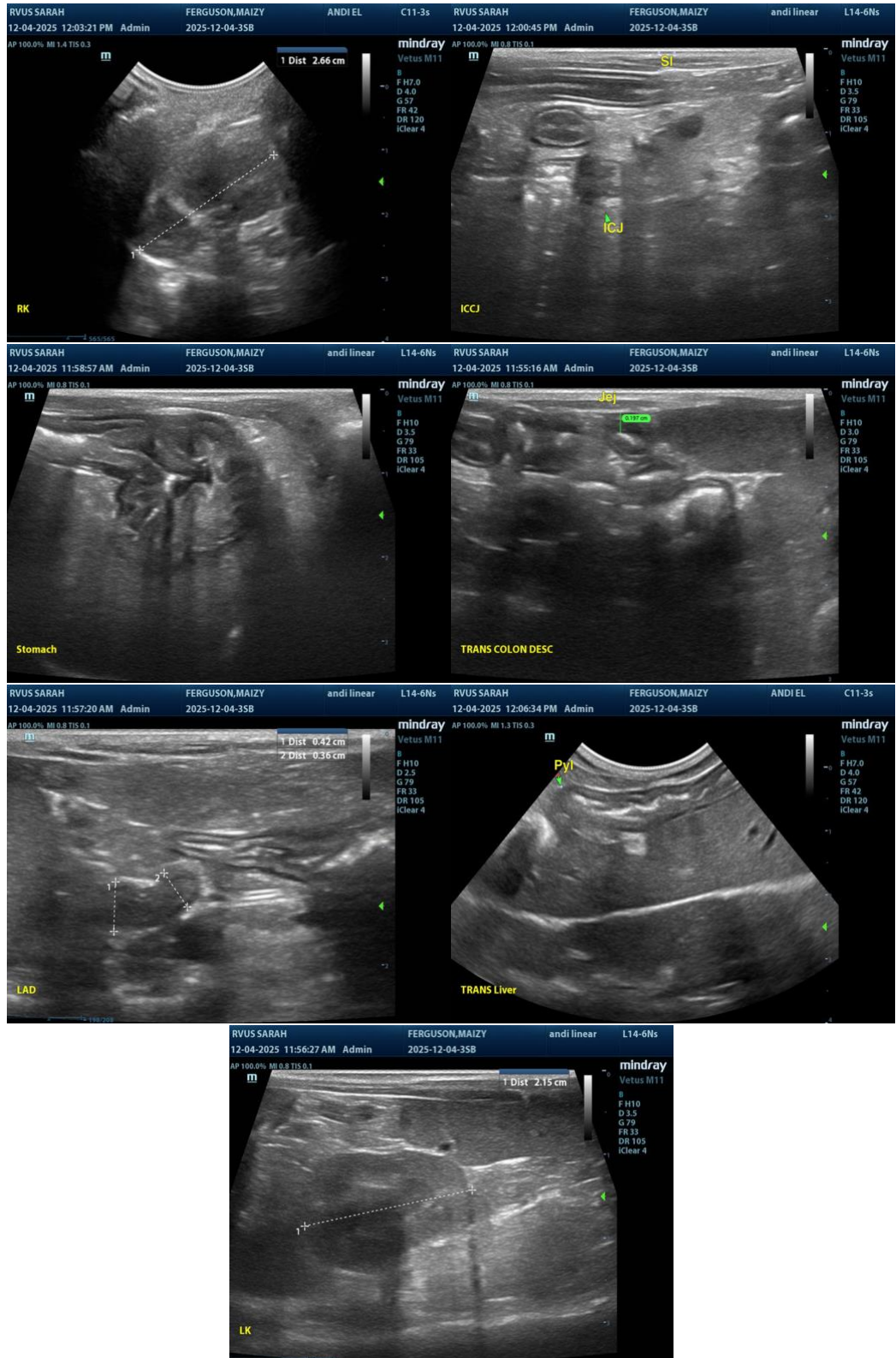
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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