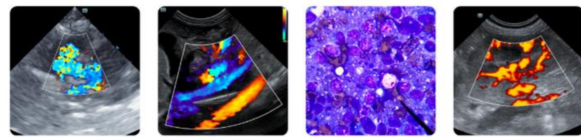


PATIENT

Nikki Park

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male (neutered)

AGE

16 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

10418

DATE

12/4/25

PRESENTING CLINICAL SIGNS

V+, D+, radiographs show possible abdominal mass cranial left CUrrent meds: Cerenia, Metronidazole Abnormal PE/Chem/CBC/UA Results: AST 71, ALKP 134, Urea nitrogen 111, SDAM 27.8, BUN 74, Na+ 165, k+ 5.6, Chl 126, WBC 15.6, PLT 665, EOs 1, Neutrophils 10764, Mono 1092

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate to significant loss of corticomedullary symmetry and definition expected for the age of the patient. Dystrophic medullary mineral was present. Intermittent cortical cysts were present. Mild left kidney pyelectasia was noted. The left kidney measured 2.6 cm in length. The right kidney measured 2.6 cm in length.

Adrenal Glands

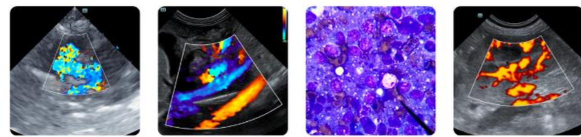
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.59 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in the caudal pole.

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/ 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. The liver parenchyma was uniform with a mildly coarse echotexture. 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 containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact, mildly thickened wall with mildly thickened gastric mucosa. The gastric body wall width measured 0.46 cm in width. The stomach contained a mild amount of retained anechoic fluid and small spherical homogenous mucosal vs. lumen echo measuring ~1.0 cm in diameter. There is no evidence of obstruction to pyloric outflow.

The small intestine presented generalized thickened intact small intestine wall exhibiting thickened mucosa with segmental mild hyperechoic duodenojejunal mucosal speckling. The duodenum wall measured 0.6 cm width. The jejunum wall measured 0.53 cm width.

Normal visible colon wall layers were present with semi-formed fecal matter.

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 obvious significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic degenerative renal changes exhibiting dystrophic mineralization, cortical cysts, and mild pyelectasia
- Benign hepatopathy pattern with mild nonorganized gallbladder debris (non mucocele)
- Chronic pancreatitis with remodeling
- Mild hypomotile gastritis with small nonshadowing mural vs. lumen echo or lesion
- Enteropathy exhibiting Intact thickened intestine wall and duodenojejunal mucosal speckling, semi-formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intrabdominal mass. The small nonobstructive gastric mural vs. lumen echo may indicate focal nonshadowing ingesta, medication, focal hyperplasia, cyst, wild potential emerging gastric tumor is not excluded. This did not appear to be obstructive to pyloric outflow. Concurrent IBD or other inflammatory enteropathy, emerging PLE, infectious disease, occult intestinal neoplasia in conjunction with probable chronic pancreatitis are all potentials. Correlation of azotemia with full urinary workup including urinalysis, C/S, and UPC level is recommended.

Gastrointestinal and renal support with clinical monitoring and sonographic reassessment of the nonspecific gastric echo, as well as generalized gastrointestinal tract, is recommended.

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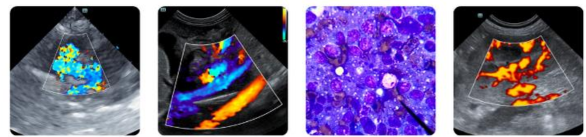

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MEGHAN MORSE, LVT, CVT 12-04-2025 02:26:15 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen

MEGHAN MORSE, LVT, CVT 12-04-2025 02:27:41 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen
Stom
Poss lesion / cyst vs ingesta
0.967 cm

MEGHAN MORSE, LVT, CVT 12-04-2025 02:28:40 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen
1 Dist 2.53 cm
RK

MEGHAN MORSE, LVT, CVT 12-04-2025 02:28:53 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen
0.558 cm
RAD
R

MEGHAN MORSE, LVT, CVT 12-04-2025 02:29:01 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen
Panc
R

MEGHAN MORSE, LVT, CVT 12-04-2025 02:27:05 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen
1 Dist 2.60 cm
LK

MEGHAN MORSE, LVT, CVT 12-04-2025 02:26:52 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen
LAD
0.585 cm

MEGHAN MORSE, LVT, CVT 12-04-2025 02:27:34 PM Admin PARK, NIKKI FARVIEW K9MN16YRYORKIE Canine(5-15kg) C11-3s Abdomen
Jej mucosal speckling
0.534 cm

PATIENT

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SEX

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AGE

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WEIGHT

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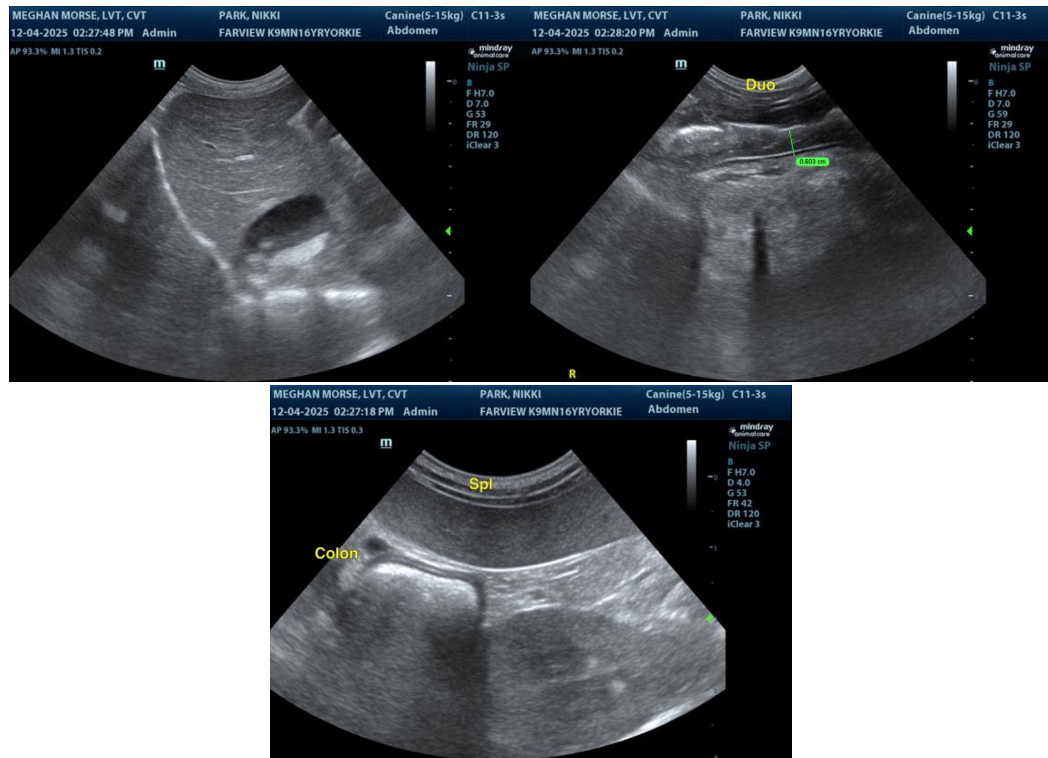

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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