



**PATIENT**

Lacey Knapp

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

4.72 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Carver

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Carver

**INVOICE**

45844

**DATE**

3/11/23

**PRESENTING CLINICAL SIGNS**

P present to AEHV for diarrhea and anorexia beginning Thursday night. P was vomiting blood yesterday morning after giving famotidine. Hx of pancreatitis and coughing.

**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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Intermittent small cortical cysts noted. Minor left kidney pyelectasia. The left kidney measured 3.9 cm. The right kidney measured 4.4 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm at the caudal pole. The right adrenal gland measured 0.46 cm.

**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. Discrete, mildly hyperechoic medial parenchymal nodules present, consistent with emerging benign myelolipomas and considered incidental. 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 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 with anechoic content. Moderate non-organized echogenic gallbladder debris without evidence of gallbladder or peripheral gallbladder inflammatory criteria.

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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. Non-distended colon with semi-formed feces in lumen.



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**Pancreas**

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

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**ULTRASONOGRAPHIC FINDINGS**

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- Inflammatory gastroenteropathy pattern with likely concurrent mild colitis
- Heterogeneous pancreas - low grade to chronic pancreatitis or minor remodeling owing to previous inflammation suspected, no sonographic signs of significant / active pancreatitis.
- Mild hepatic parenchymal remodeling with moderate gallbladder debris - Gallbladder not consistent with mucocele criteria.
- Age related kidneys with small cortical cysts and minor left kidney pyelectasia

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, no sonographic evidence of significant pathology such as gastrointestinal ulcerative, neoplastic or obstructive criteria. Supportive care for gastroenteritis / chronic pancreatitis should prove beneficial. Resting cortisol to rule out occult Addison's Disease is warranted although the bilateral adrenals appeared normal sonographically. CBC / Chem panel / UA suggested if not recently done.

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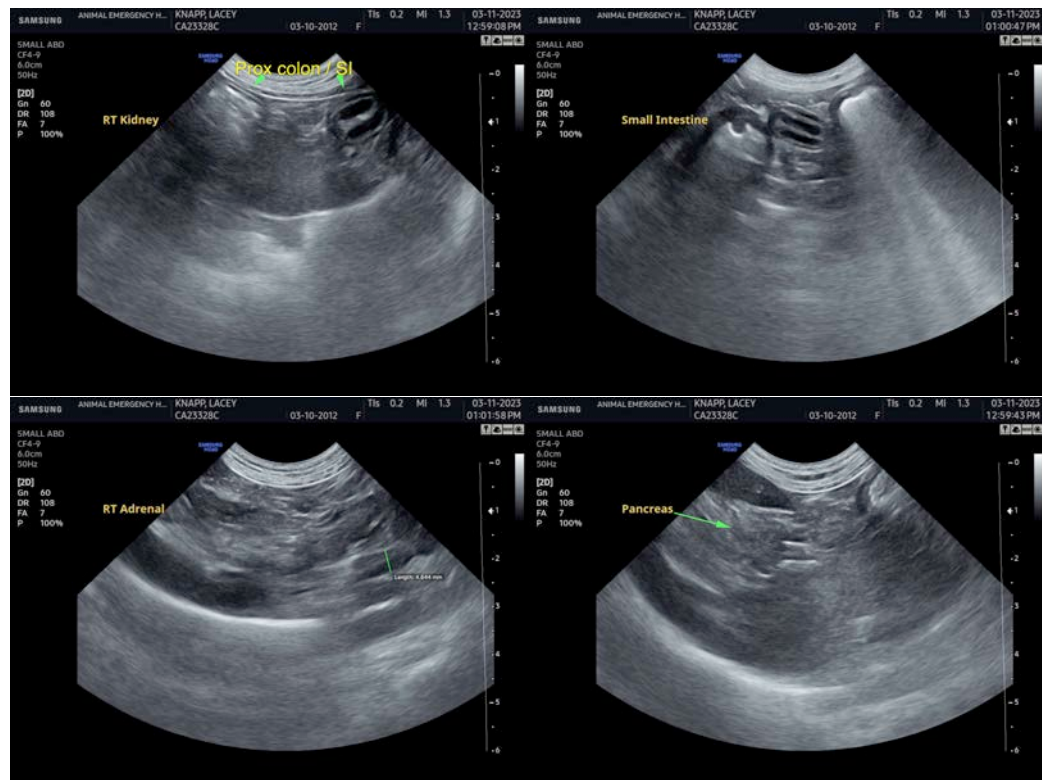
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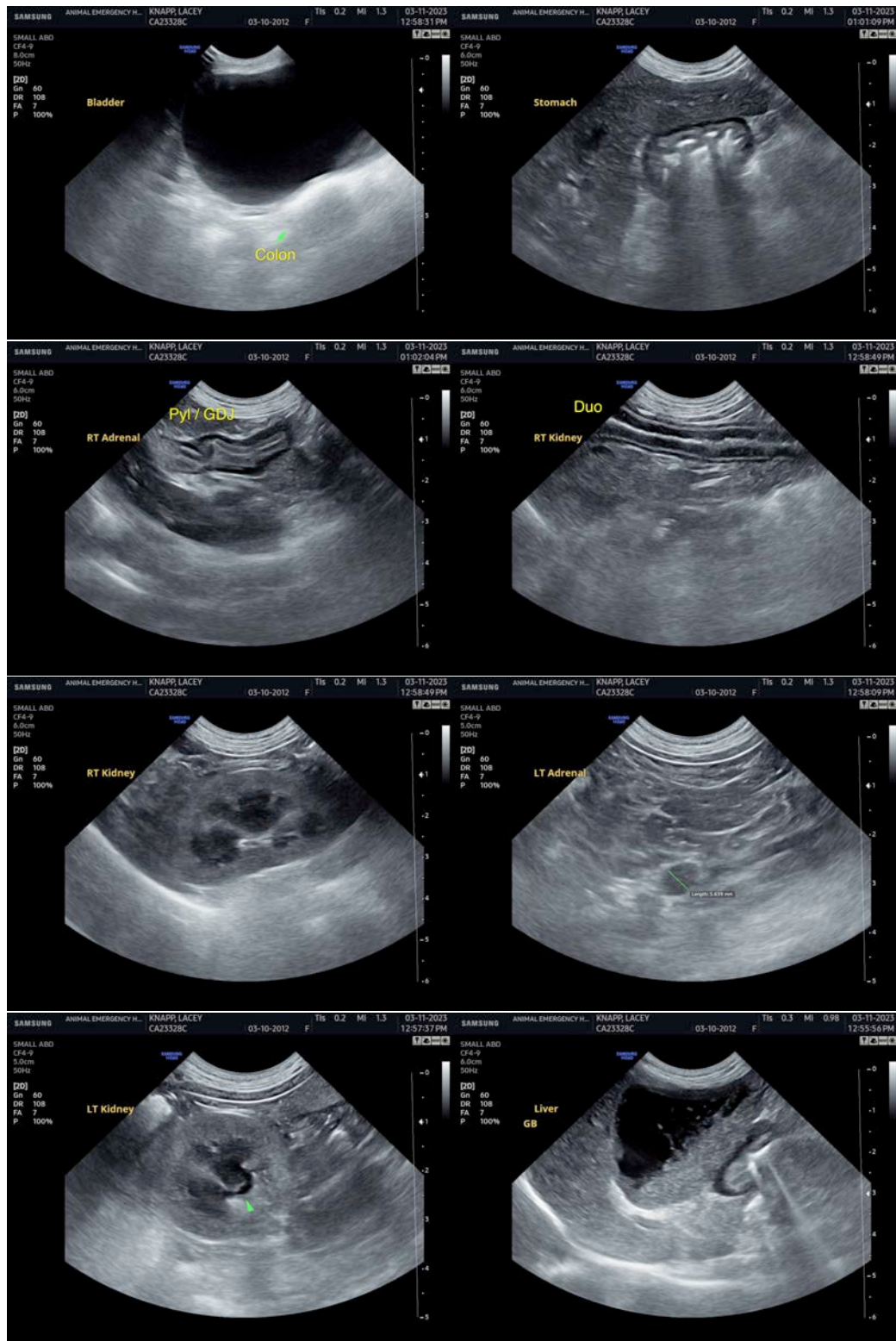
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Yorkie

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info@SonoPath.com

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