



## PATIENT

Barkley Palmieri

## SPECIES

Canine

## BREED

Tibetan Terrier

## SEX

Male Neutered

## AGE

7

## WEIGHT

40 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ride AH

## REFERRING VET

Kate McAnnally, DVM

## INVOICE

13277

## DATE

3/12/26

## PRESENTING CLINICAL SIGNS

### History:

- 7 year old MN Tibetan Terrier with chronic intermittent diarrhea and less commonly, vomiting.
- Approximately 12-month duration.
- History of Giardia last year; recent routine fecal analysis was Negative, including for Giardia.
- Owners have tried various diets including novel protein (Kangaroo). Currently trying to transition to Purina HA. Daily probiotic.
- Appetite decreased past 24 hours, otherwise appetite has remained normal with past episodes of diarrhea. One episode of vomiting overnight last night.
- Hematochezia and mucus present on digital rectal exam, otherwise no abnormal structures palpated.
- Patient is reported to be unlikely to ingest anything foreign in or outside of the home.
- Owners elected to pursue AUS first, may consider abdominal radiographs pending results of ultrasound.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 2/3/26 revealed: Mild Crea elevation 1.7 (0.5-1.5) Cholesterol 816 (131-345) Spec CPL 231 (0-200) UA revealed Ca Ox dihydrate crystals 3+

## 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. Mild, dependent accumulated mineral to small calculi was present measuring ~1.4 cm in diameter with concurrent mild, non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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 mild indistinct loss of corticomedullary symmetry. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology and subjectively measuring 0.6 cm width at the caudal pole.

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.



## PATIENT

Barkley Palmieri

## SPECIES

Canine

## BREED

Tibetan Terrier

## SEX

Male Neutered

## AGE

7

## WEIGHT

40 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ride AH

## REFERRING VET

Kate McAnnally, DVM

## INVOICE

13277

## DATE

3/12/26

## Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was mildly hyperechoic with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No mass or nodules visualized. The gallbladder was non distended in size with moderate, non-dependent, non-organized, echogenic, nonmineralized biliary sludge occupying majority of the gallbladder lumen. The cystic duct and common bile ducts were normal without evidence of dilation.

## Gastrointestinal

The stomach presented intact 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 with apparent semi-formed to soft feces in lumen.

## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder dependent lumen mineral/calculi with mild particulate urine sediment
- Mild, nonspecific chronic renal changes
- Mildly enlarged hyperechoic liver
- Non-organized, moderate gallbladder debris – not consistent with mature mucocele
- Overall, sonographically unremarkable gastrointestinal tract with semi-formed to soft fecal matter in colon
- Normal area of pancreas
- Overtly normal adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Monitoring of gastrointestinal response to currently transitioning hydrolyzed diet and probiotic is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Concurrent as needed gastro protectant suggested, empirical deworming Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks despite fecal testing is suggested. Low-grade chronic pancreatitis may present sonographically normal. Full urinary workup including urinalysis, C/S, and +/- UPC level of non-inflammatory proteinuria is recommended. Hepato-supportive medications if evidence of hepatopathy or cholestasis going forward is recommended with consideration for screening hepatic FNA cytology, assuming normal clotting status and using 25-gauge needle for further assessment.



**PATIENT**

Barkley Palmieri

**SPECIES**

Canine

**BREED**

Tibetan Terrier

**SEX**

Male Neutered

**AGE**

7

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Quinn Robinson, RVT

**HOSPITAL NAME**

Hess Ride AH

**REFERRING VET**

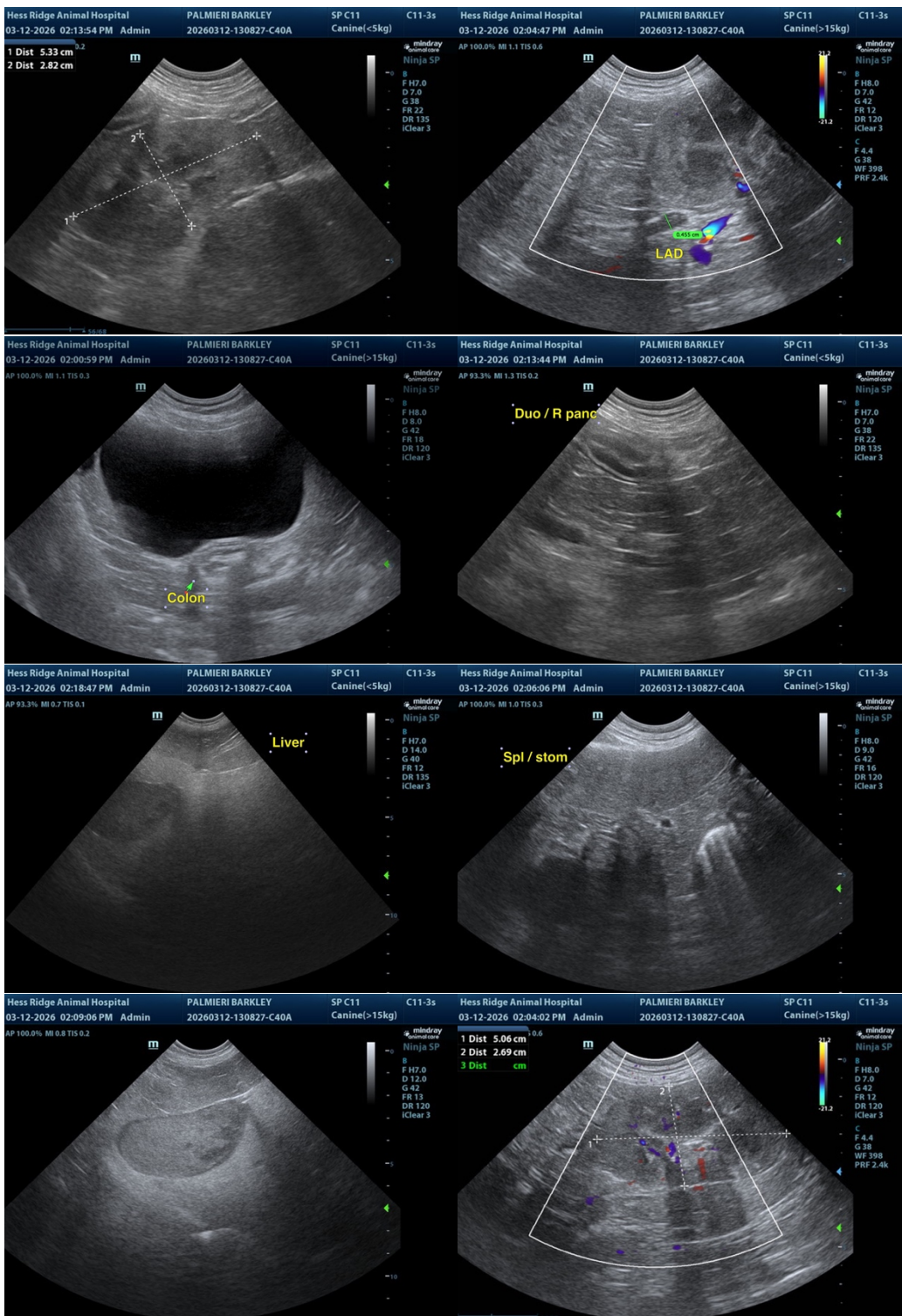
Kate McAnnally, DVM

**INVOICE**

13277

**DATE**

3/12/26





## PATIENT

Barkley Palmieri

## SPECIES

Canine

## BREED

Tibetan Terrier

## SEX

Male Neutered

## AGE

7

## WEIGHT

40 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ride AH

## REFERRING VET

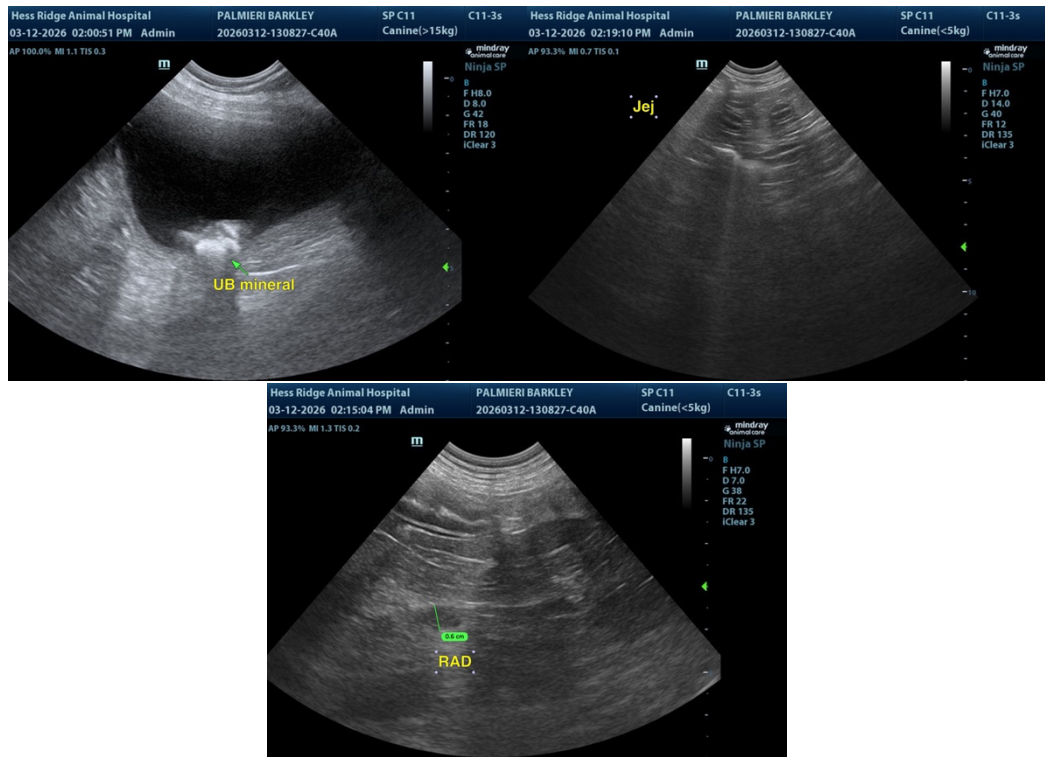
Kate McAnnally, DVM

## INVOICE

13277

## DATE

3/12/26



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](mailto:info@sonopath.com)