



## PATIENT

Evie Ferris

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Female Spayed

## AGE

10y

## WEIGHT

5.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Keisha Smitley, CVT

## HOSPITAL NAME

Geary VS

## REFERRING VET

Dr. Curtis Geary, VMD

## INVOICE

13280

## DATE

3/13/26

## PRESENTING CLINICAL SIGNS

History:

- Patient is here for AUS. Has had vomiting and diarrhea for the past month.
- Meds: On Cerenia. Patient is also on Phenobarbital and Keppra.
- Has been seen at her RDVM and x-rays showed an enlarged liver.

Abnormal PE/Chem/CBC/UA Results: ALKP - 260 USG: 1.014 BW and U/A attached

## 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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney exhibited mild medullary mineral. The left kidney measured 3.1 cm in length. The right kidney exhibited small renoliths. The right kidney measured 3.4 cm in length.

### Adrenal Glands

The left and right adrenal glands exhibited overtly normal size, position and shape. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland measured 0.49 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

The liver presented subjective 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 with mild, non-organized, non-dependent, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, non-shadowing ingesta/chyme.

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 variably formed fecal matter and lumen gas.

## 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

- Benign hepatopathy – vacuolar, cholestatic, inflammatory or medication induced hepatopathy or combination possible
- Mild, non-organized gallbladder debris (non-mucocele)
- Age-related kidneys with mild medullary mineral/small renoliths
- Normal adrenal glands
- Sonographically normal gastrointestinal tract with mild gastric ingesta and variably formed fecal matter in colon
- Normal area of pancreas
- Sonographically normal spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastro protectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Concurrent hepato-supportive medications including Denamarin and Ursodiol, if tolerated, may prove beneficial. No evidence of adrenal pathology as a contributing factor yet adrenal screening could be considered if clinical signs consistent with Cushing's Syndrome are non-reported or arise in conjunction with urine specific gravity < 1020 or 1.020.



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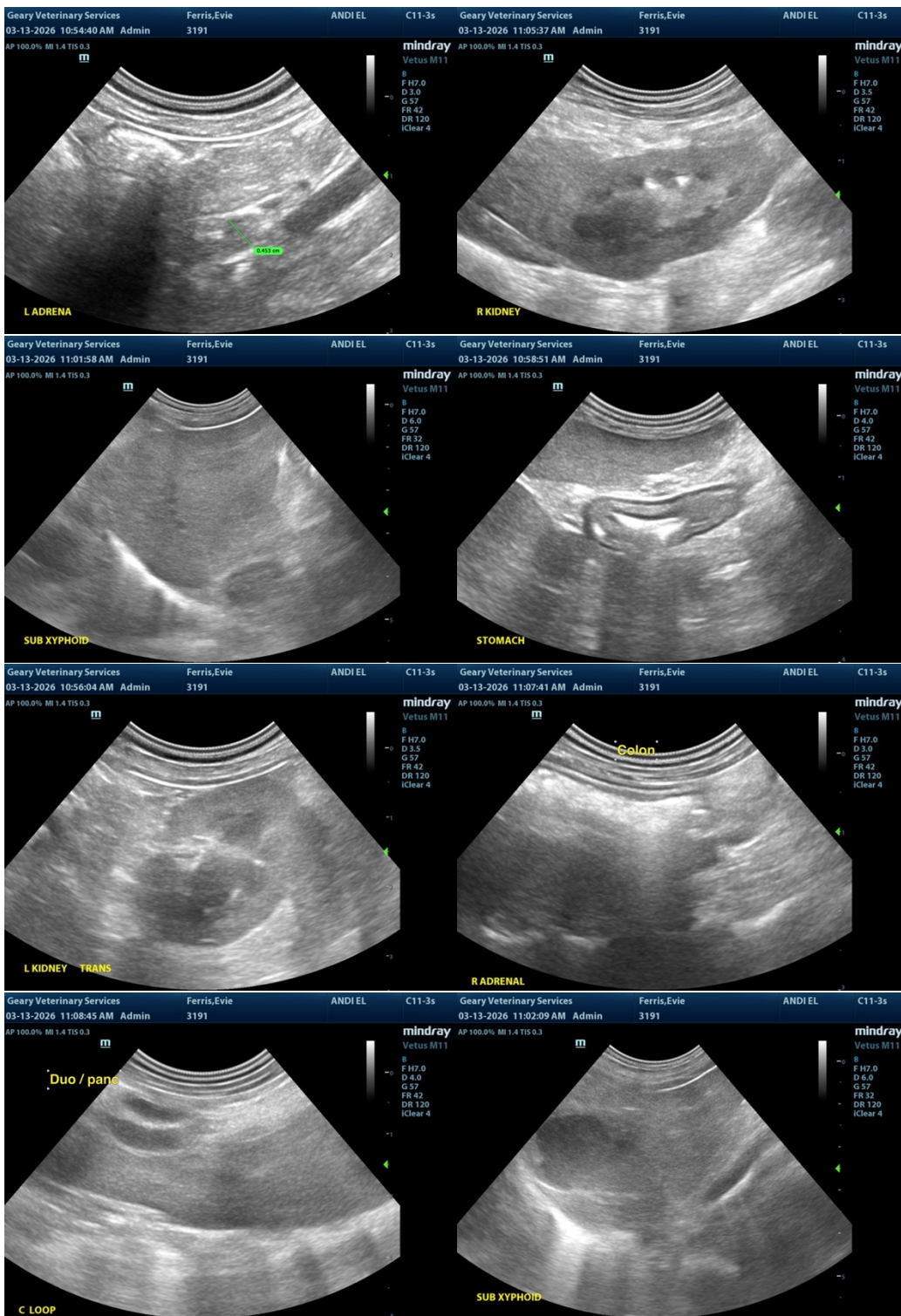
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)