

PATIENT

Tiffani Buehrle

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

2011

WEIGHT

5.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Creekview Veterinary
 Hospital

REFERRING VET

Ballek

INVOICE
 24302

DATE
 03/25/2026

PRESENTING CLINICAL SIGNS

- GI issues for ~2 months - vomiting, diarrhea, lethargy
- Resolves with medical management
- Elevated specCPL, SDMA, BUN/Crea
- Medication: Cerenia, metronidazole, Fortiflora, B12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Subnormal right kidney size compared to the left kidney. Normal margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture. Mild to moderate loss of corticomedullary border demarcation was present in the left kidney. The right kidney exhibited moderate to markedly indistinct corticomedullary border demarcation. No evidence of pelvic dilation was present. Bilateral areas of focal medullary mineral were present. The left kidney measured 2.8 cm in length. The right kidney measured 2.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were borderline enlarged in size given body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.45 cm width in the caudal pole. The right adrenal gland measured 0.51 cm width in the caudal pole.

Spleen

The spleen was normal in size with mild medial capsule asymmetry and perihilar medial capsule fibrosis. An indistinctly marginated, non-capsule deforming non-homogenous hypoechoic mid splenic nodule was present measuring 1.0 cm in diameter.

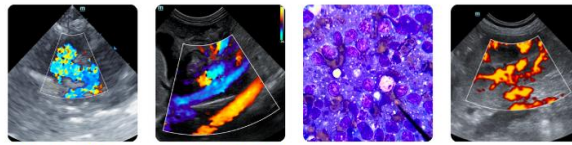
Liver/Gallbladder

The liver was subjectively mildly enlarged in size. 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 in size with thin walls and mild non-organized gravity dependent to non-dependent debris. The cystic and common bile ducts were normal.

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. Discrete hyperechoic segmental intestinal mucosal speckling. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.



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

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Yorkshire Terrier

ULTRASONOGRAPHIC FINDINGS

Primary

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- Non-specific enteritis pattern, exhibiting discrete mucosal speckling, semi-formed fecal matter in colon
- Pancreatic remodeling / chronic pancreatitis
- Mildly enlarged non-homogenous liver
- Non-organized gallbladder debris (non-mucocele)
- Splenic nodule
- Bilateral chronic renal changes, more prominent in right kidney with subnormal right kidney size
- Mild bilateral adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic nodule FNA for screening cytology is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Although current clinical signs are not overly consistent with Cushing's syndrome, adrenal screening and workup could be considered if clinical signs arise. Hepatosupportive medications may prove beneficial.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Monitoring of ALB levels given breed is suggested.

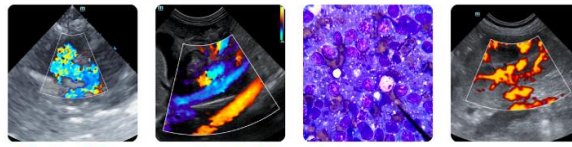
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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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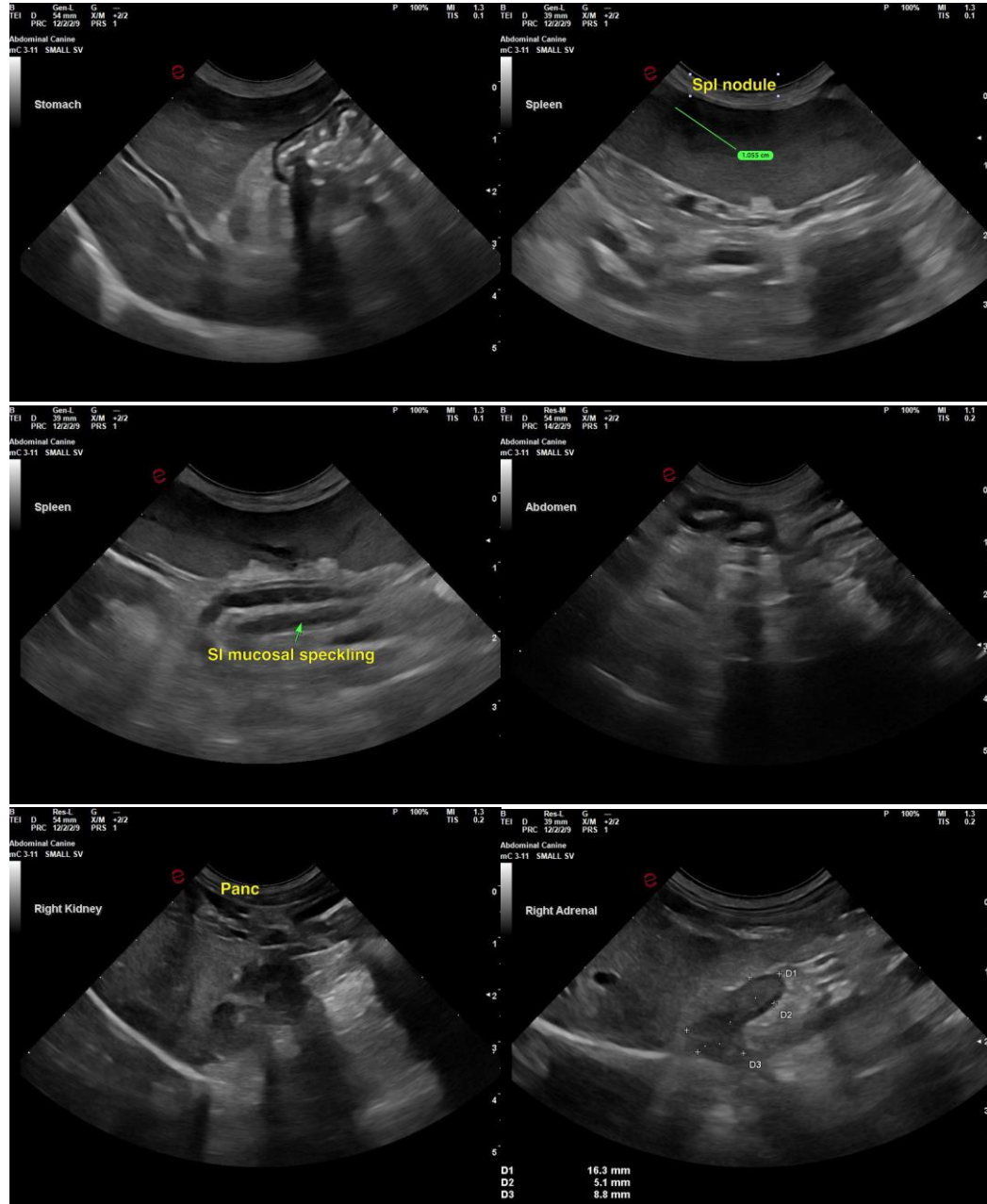
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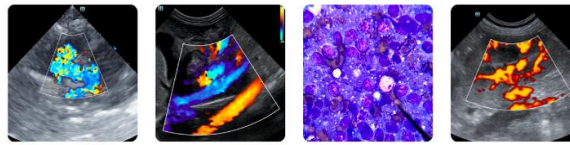
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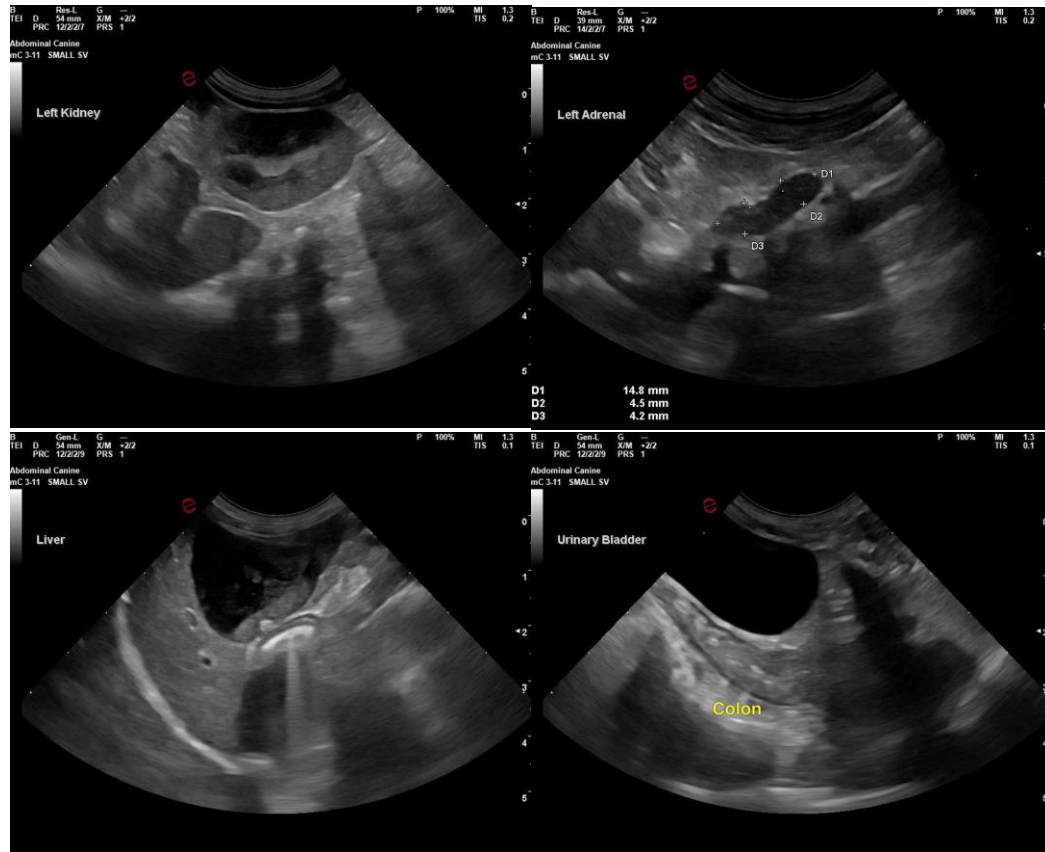
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com