



PATIENT

Miley Motosune

SPECIES

Canine

BREED

Morkie

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.5 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Governors Road
 Animal Hospital

REFERRING VET

Dr. Dogar

INVOICE

14037

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- History of pancreatitis had flare up Jan 2026 and has been on meds since. If taken off meds, Vomiting and Diarrhea return
- History of Hypothyroidism
- Has been on Omeprazole, Metronidazole, Gabapentin and Thyrotab

Abnormal PE/Chem/CBC/UA Results: BUN 16.3 ALP 1363 Lipase 2672 QPL 584

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 change 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 measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.74 cm width at the cranial pole and 0.49 cm width in the caudal pole. The right adrenal gland measured 0.61 cm width in the caudal pole.

Spleen

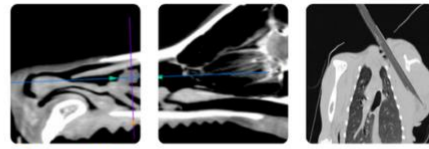
The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary noncapsule deforming mildly nonhomogenous hypoechoic cranial splenic nodule was present measuring 1.2 cm in diameter.

Liver & Gallbladder

The liver presented 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. Focal to intermittent discrete hypoechoic intraparenchymal nodules were present with an example measuring 1.4 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild primarily nonshadowing ingesta without signs of obstruction or foreign material.

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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 formed feces in lumen.

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Pancreas

The pancreas was prominent in size with mild capsule asymmetry and heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Chronic pancreatitis pattern with remodeling.
- Hepatopathy with subtle intraparenchymal nodule.
- Normal gallbladder.
- Subtle splenic nodule.
- Bilateral chronic renal changes.
- Mild bilateral adrenomegaly.
- Normal gastrointestinal tract with mild gastric ingesta- most consistent with food echogenicity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Flare ups of chronic active pancreatitis is suspected in this patient although overall the pancreas is most consistent with chronic inflammation. A GI panel to include PLI, TLI, cobalamin and folate is suggested to assess for non-obvious intestinal disease as a contributing factor. Vacuolar hepatic changes with subtle hyperplasia and non-obstructive cholestasis is favored.

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Likewise, the splenic nodule tends to trend benign with hyperplasia, hematopoiesis, small granuloma, or other suspected with minor potential for emerging hepatosplenic nodular neoplasia thought less likely yet sonographic monitoring is recommended. Adrenal workup may be considered if clinical signs are consistent with Cushing's syndrome. Correlation with urinalysis is recommended.

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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), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

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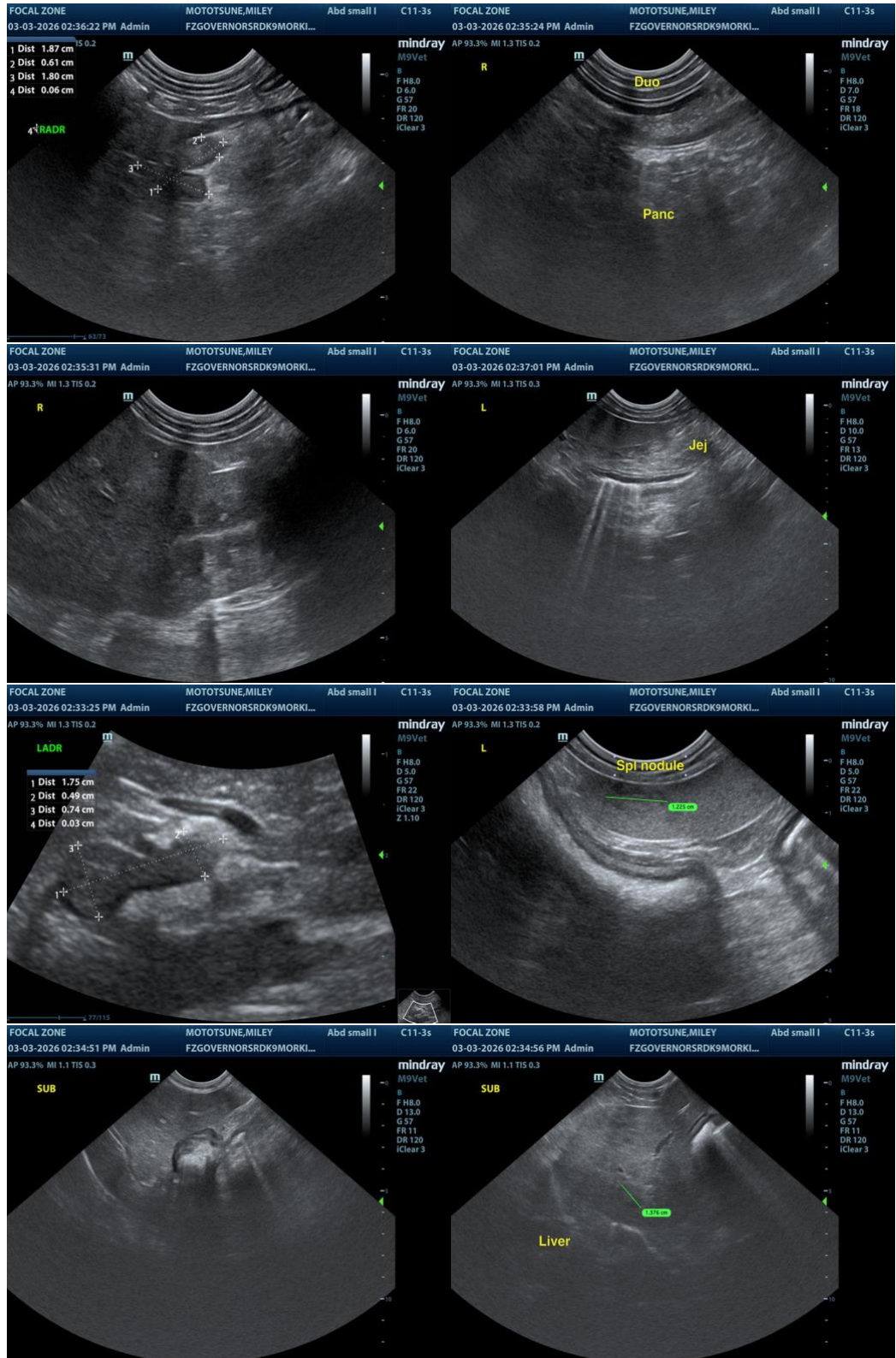
Dr. Dogar

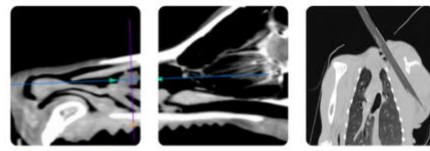
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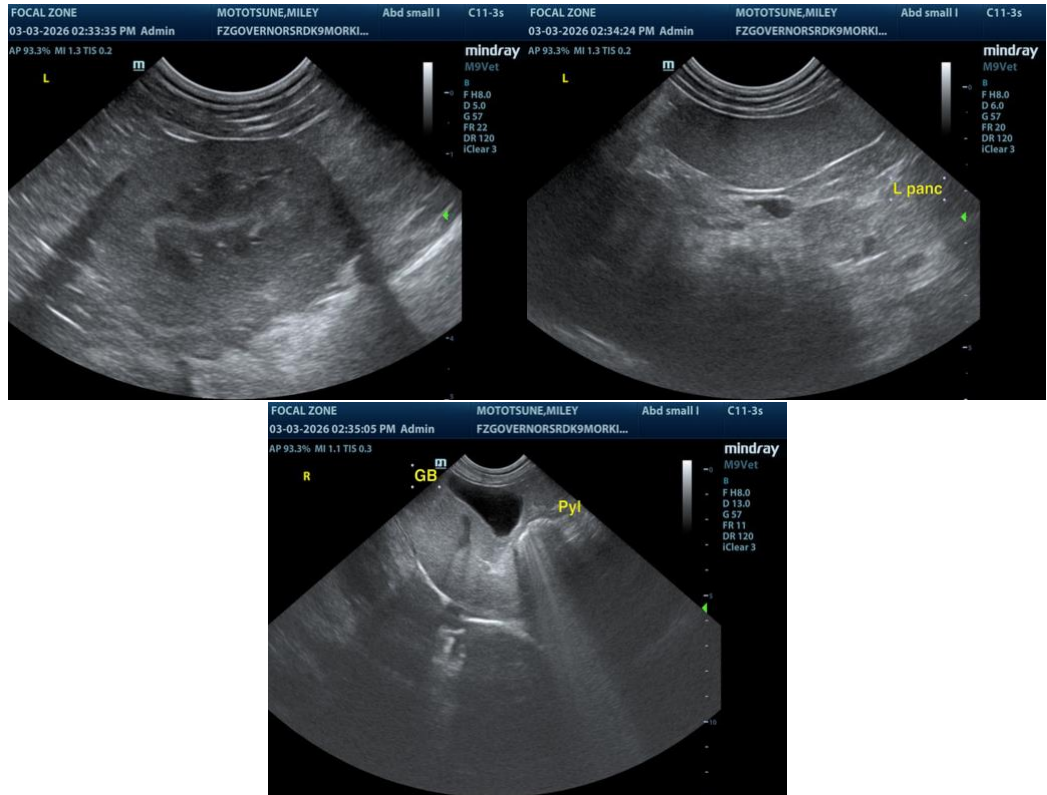
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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