



PATIENT	PRESENTING CLINICAL SIGNS
Toby Salamanca	<ul style="list-style-type: none">Progressive weight loss , inappetence, regurgitation/vomiting
SPECIES	Abnormal PE/Chem/CBC/UA Results: WBC 17.65(5-16.7) Pancreatic Lip 227 (0-200) previously 319
K9	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Yorkshire Terrier	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
MN	The area of the residual prostate appeared normal and free of pathology
AGE	No evidence of pathology in the area of the aortic trifurcation.
14	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral and intermittent small cortical cysts were noted. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.
WEIGHT	
5.4kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.
IMAGING PERFORMED BY	Spleen
Dr . Gira	The spleen was normal in size and contour. The parenchyma presented primarily homogeneous. 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. A solitary discrete hypoechoic nonhomogeneous perihilar to medial parenchyma splenic nodule was present measuring 1.5 cm in diameter. The nodule was non capsule deforming.
HOSPITAL NAME	Liver/ Gallbladder
Sabadilla Animal Clinic	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a mild coarse echotexture and mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Indistinctly marginated, isoechoic to nonhomogeneous focal hyperechoic nodular mass lesion adjacent to and dorsal to the gallbladder measuring approximately 3.0 cm in diameter was present. A concurrent, separate, discrete, hyperechoic caudate lobe intraparenchymal nodule was seen measuring 0.72 cm diameter.
REFERRING VET	
Dr. Asemadahun	
INVOICE	
74028	
DATE	
3-3-26	The gallbladder was non-distended in size with thin walls and minor gallbladder debris. The cystic and common bile ducts were normal.



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Yorkshire Terrier

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Gastrointestinal

The stomach exhibited regional borderline prominent intact stomach wall. The stomach contained moderate barely echogenic to progressively shadowing ingesta and lumen gas. No evidence of obstructive pyloric mural pathology is seen. The stomach wall measured 0.47 cm wall width. The pylorus wall measured 0.36 cm wall width.

The small intestine presented intact wall layering exhibiting propensity for borderline prominent mucosal layer. The lumen of the small intestine was empty without mechanical/metabolic ileus to the level of the colon. Duodenum wall measured 0.43 cm wall width. The jejunal wall measured 0.40 cm wall width.

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

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. Nodular left pancreatic limb remodeling was noted. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

Mildly prominent to enlarged hepatic lymph nodes adjacent to the portal vein were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example of lymph node measured 2.7 x 1.2 cm width.

No evidence of peritoneal effusion.

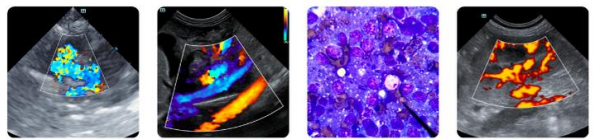
ULTRASONOGRAPHIC FINDINGS

- Intact borderline prominent stomach wall with gastric ingesta.
- Empty small intestine exhibiting borderline prominent intact wall.
- Indistinct mild nonhomogeneous to nodular liver mass with concurrent separate caudate lobe nodule.
- Subtle splenic nodule.
- Chronic pancreatitis / pancreatic fibrosis pattern with left pancreas nodular remodeling.
- Chronic renal changes exhibiting medullary mineral and cortical cysts.
- Mild hepatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended. Given reported inappetence and a documented NPO, metabolic or nonobstructive gastric ileus or delayed gastric emptying is possible.

A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs, if not done, is recommended.



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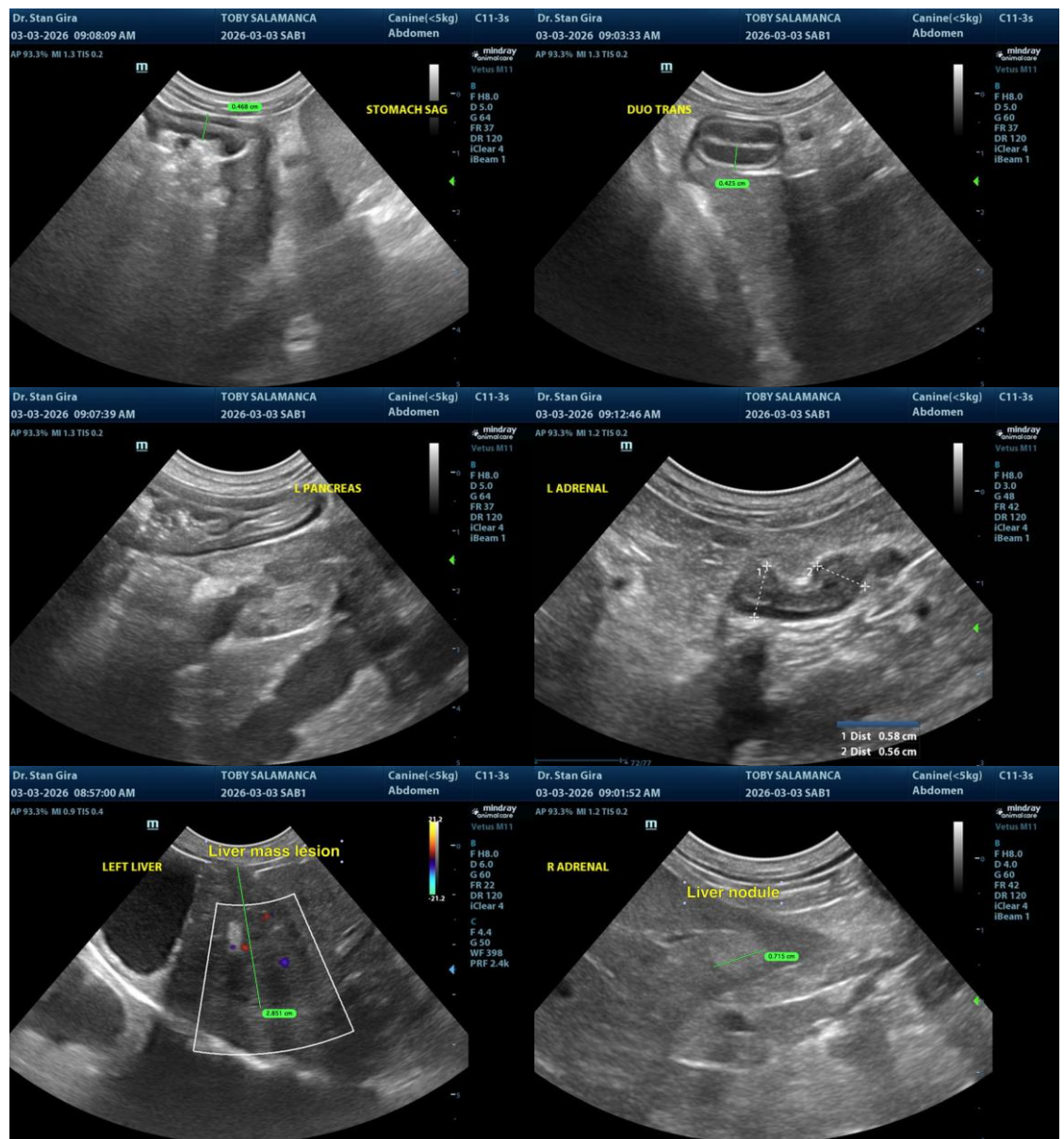
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Smaller or frequent feedings of a canned bland or hydrolyzed diet, as needed gastroprotectant, and empirical therapy for chronic pancreatitis with clinical monitoring may prove beneficial.

Assuming normal clotting status, and using 25-gauge needle, indistinct hepatic mass and splenic nodule FNA cytology could be considered for further assessment.

Sonographic monitoring of the liver and spleen for evidence of progressive mass/nodule as well as the gastrointestinal tract, pancreas, and lymph nodes if continued or progressive gastrointestinal signs or weight loss would be more conservative.





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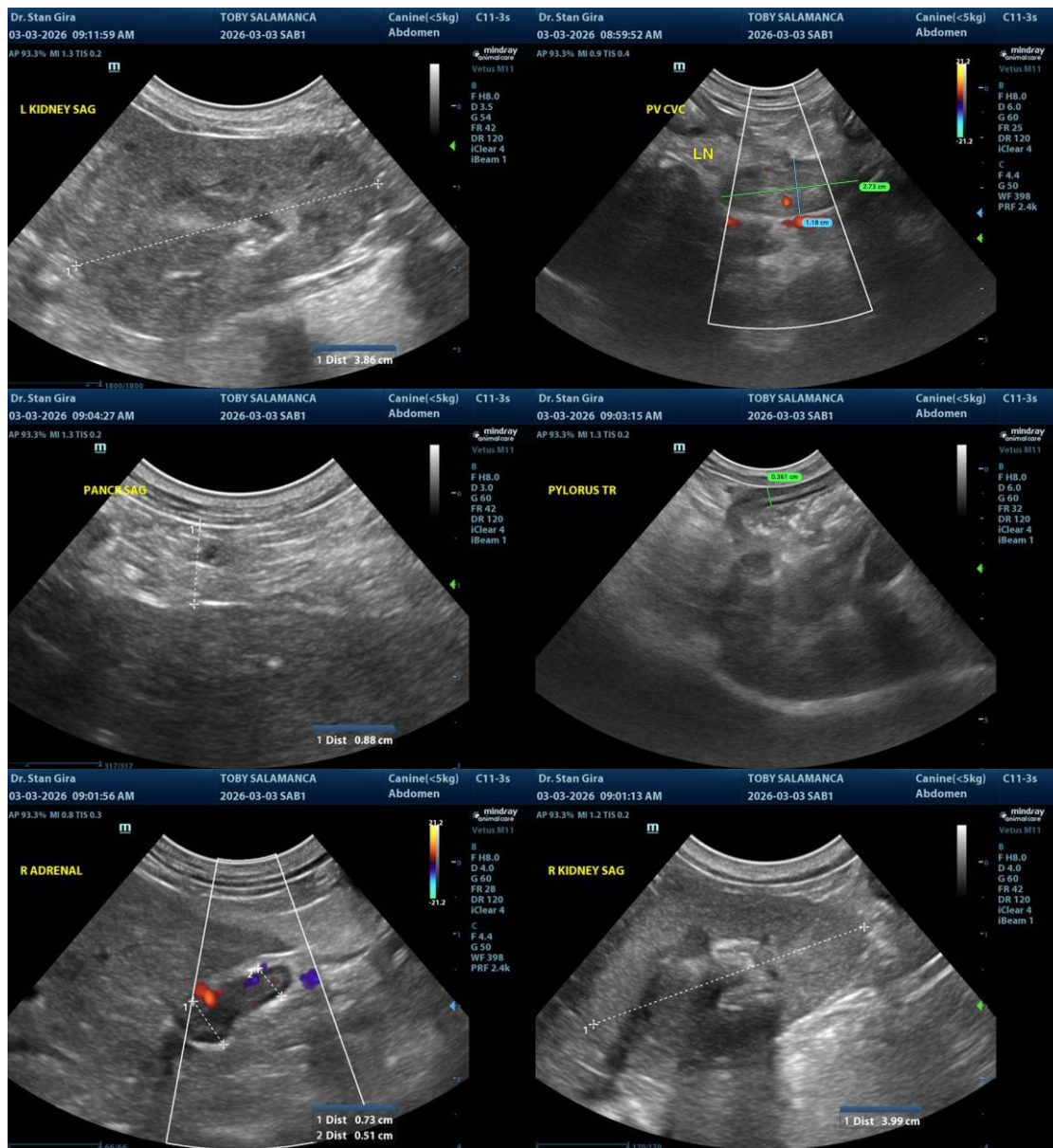
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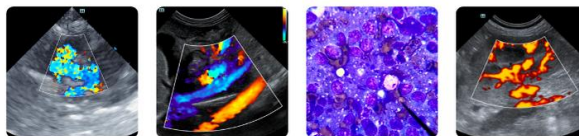
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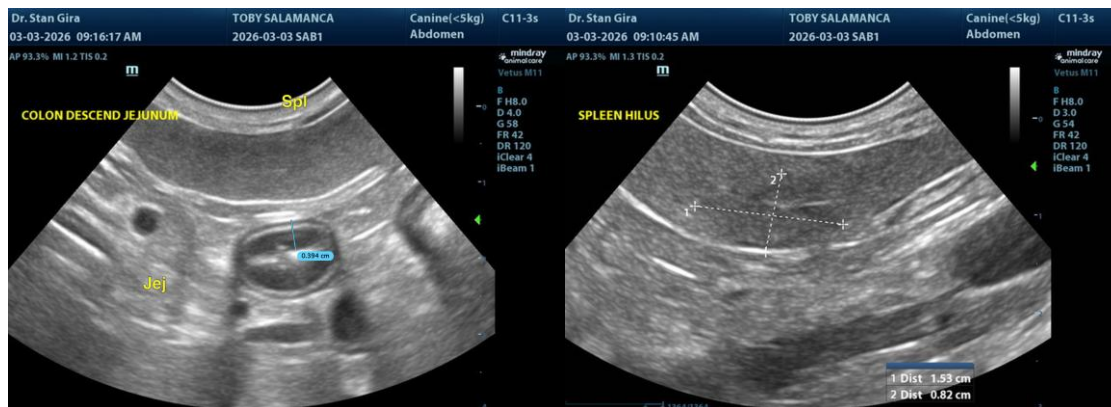
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com