



**PATIENT**

Mia DeVries

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

FS

**AGE**

16yr

**WEIGHT**

5.4lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Newton Veterinary  
Hospital

**REFERRING VET**

Dr Chan

**INVOICE**  
24339

**DATE**

03/30/2026

**PRESENTING CLINICAL SIGNS**

- BCS 3.9
- Persistent anorexia
- (previous report attached)
- Current Medications: Cisapride, Metoclopramide, Cerenia, Buprenex

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination were 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. Bilateral pinpoint dystrophic medullary mineral was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was mildly enlarged at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole.

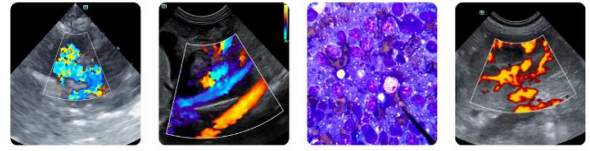
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole.

**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/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent discrete non-homogenous hyperechoic intraparenchymal nodules were present, an example measuring 0.83 cm in diameter. 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 debris. The cystic and common bile ducts were normal.



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***Gastrointestinal***

Mia DeVries

The stomach presented intact mildly thickened pylorus wall without obstruction to pyloric outflow. The gastric lumen contained mild retained fluid.

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The small intestine presented primarily intact wall layering with maintained muscularis/mucosa ratio. Thickened upper to mid duodenum wall with indistinct upper duodenum wall layering and mild non-obstructive upper duodenal ileus was present. The upper duodenum wall measured up to 1.0 cm in width.

**BREED**

Yorkshire Terrier

Overtly normal visible colon wall layers were present. Segmental empty transverse and proximal descending colon with semi-formed to soft fecal matter in the distal descending colon at the level of the urinary bladder.

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***Pancreas***

The right pancreas and area of the pancreas base exhibited mildly enlarged size with asymmetrical contour and heterogeneous indistinctly nodular parenchyma measuring ~ 3.2 cm in diameter.

**AGE**

16yr

***Free Abdomen***

No overt lymphadenopathy was present.

Peripancreatic to cranial abdomen hyperechoic omentum and minor effusion.

**WEIGHT**

5.4lb

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Enlarged heterogeneous pancreas with peripancreatic reactive omentum and minor effusion
- Persistent hypomotile gastroduodenitis pattern
- Hepatic parenchymal remodeling with intermittent discrete intraparenchymal nodules
- Static non-organized gallbladder debris

**Secondary**

- Static chronic renal changes
- Static mild left adrenomegaly - subjective benign

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Persistent pancreatitis and upper gastrointestinal inflammation with metabolic gastroduodenal ileus remains a primary consideration, however potential for pancreatic or emerging upper intestinal neoplasia is elevated given lack of sonographic appearance or response to supportive care since previous ultrasound. The liver and liver nodule may indicate associated or secondary hepatopathy and suspect nodular hyperplasia or lipogranuloma, potential for hepatic neoplastic criteria felt less likely.

Further assessment may include assuming normal clotting status and using 25ga needle, right pancreas FNA cytology and if possible, effusion analysis for further clarification. Upper gastrointestinal endoscopy if available also warranted with potential for biopsies.

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Continued aggressive therapy for pancreatitis and gastroduodenitis with clinical and sonographic monitoring would be reasonable. A guarded prognosis is indicated.

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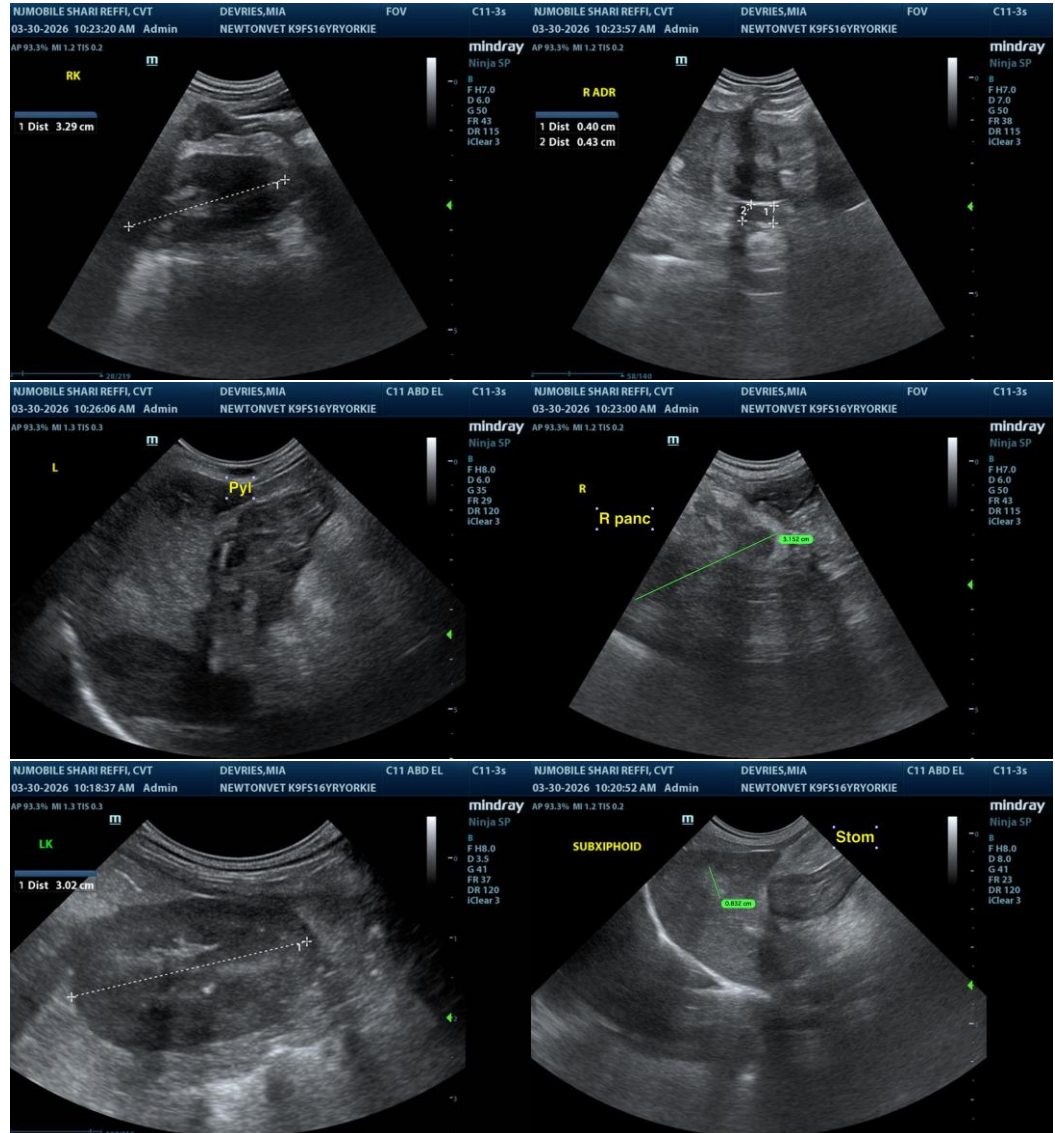
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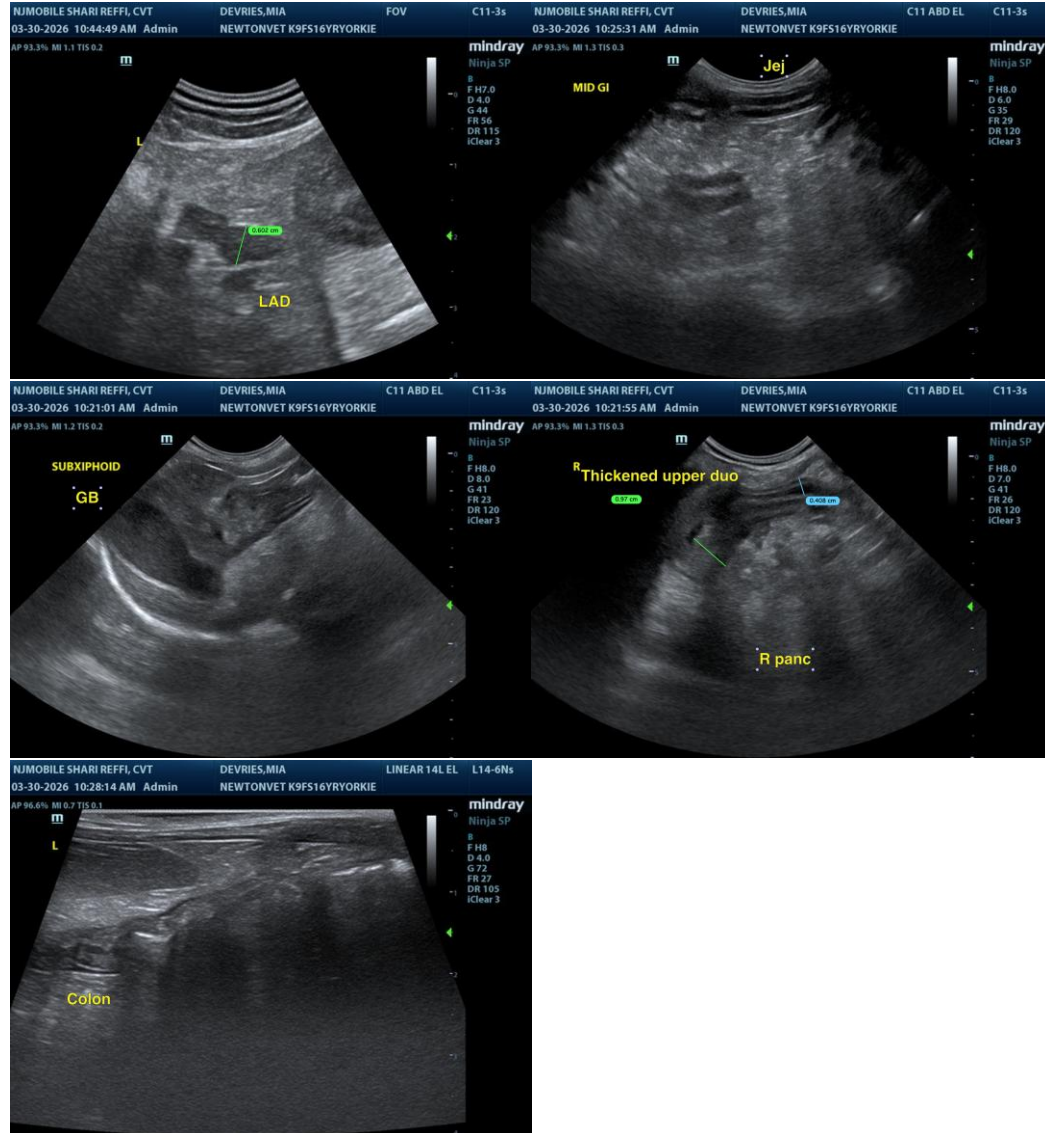
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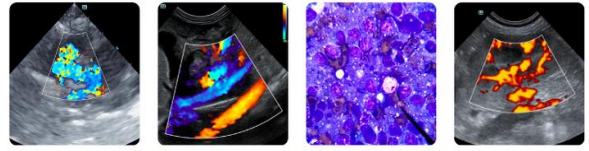
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)



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