



## PATIENT

Sofia Mazur

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

3.93 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Louise Corbeil

## HOSPITAL NAME

Cochrane Animal Clinic

## REFERRING VET

Dr. Louise Corbeil

## INVOICE

14766

## DATE

04/01/26

## PRESENTING CLINICAL SIGNS

- 3-day history of vomiting and reduced appetite. 2 nights ago vomiting all night, 7-9 times

Abnormal PE/Chem/CBC/UA Results: ALP 222 U/L rr 23- 212 - mild elevation - Cushing's, hepatobiliary disease, other Remainder of CBC chem T4 normal today

## 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 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 renal size with asymmetrical margination was present in both kidneys. Mildly thickened cortex with mild increased corticomedullary echogenicity and indistinct corticomedullary distinction was also present. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

### Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size based on caudal pole measurements. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the caudal pole. The right adrenal gland measured 0.66 cm width in 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 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.

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

### Gastrointestinal

The stomach presented intact wall. The stomach contained mild retained nonshadowing ingesta/chyme without obstruction to pyloric outflow.

The small intestine presented intact mildly thickened wall given the patient's breed and body weight owing to propensity for thickened duodenojejunal mucosa layer. No evidence of loss of intestinal wall



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layering or mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.48 cm wall width. The jejunum wall measured 0.39 cm wall width. The ileocolic wall measured 0.30 cm wall width.

Normal visible colon wall layers were present with formed to semi formed fecal matter.

### **Pancreas**

The parenchyma of the base and right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. 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**

Mid abdomen mild to variably enlarged hypoechoic to swollen mesenteric lymph nodes and mild surrounding perilymphatic hyperechoic omentum. An example of lymph nodes measured 1.2 cm x 0.73 cm. No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Nonthickened stomach containing mild retained nonshadowing ingesta/chyme.
- Nonspecific enteropathy.
- Mild to variable hypoechoic swollen mid abdomen mesenteric lymphadenopathy.
- Chronic pancreatitis/pancreatic fibrosis.
- Hepatopathy.
- Bilateral mild adrenomegaly.

### **Secondary Findings**

- Age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory bowel disease, infectious enteropathy, enterotoxin, occult to emerging intestinal neoplasia in conjunction with reactive lymphoid hyperplasia, lymphadenitis or early metastatic lymphadenopathy may present in a similar sonographic manner.

The liver is suggestive of benign criteria such as reactive or vacuolar hepatopathy. Potential non-obstructive cholestasis or inflammation.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) accessible lymph node and screening hepatic FNA cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although current clinical signs are not overtly suggestive of Cushing's syndrome, adrenal screening is recommended if clinical signs consistent with Cushing's syndrome are non-reported or arise.

No evidence of mechanical gastrointestinal obstruction. Gastrointestinal support with clinical monitoring and sonographic reassessment of the gastrointestinal tract and lymph nodes for evidence



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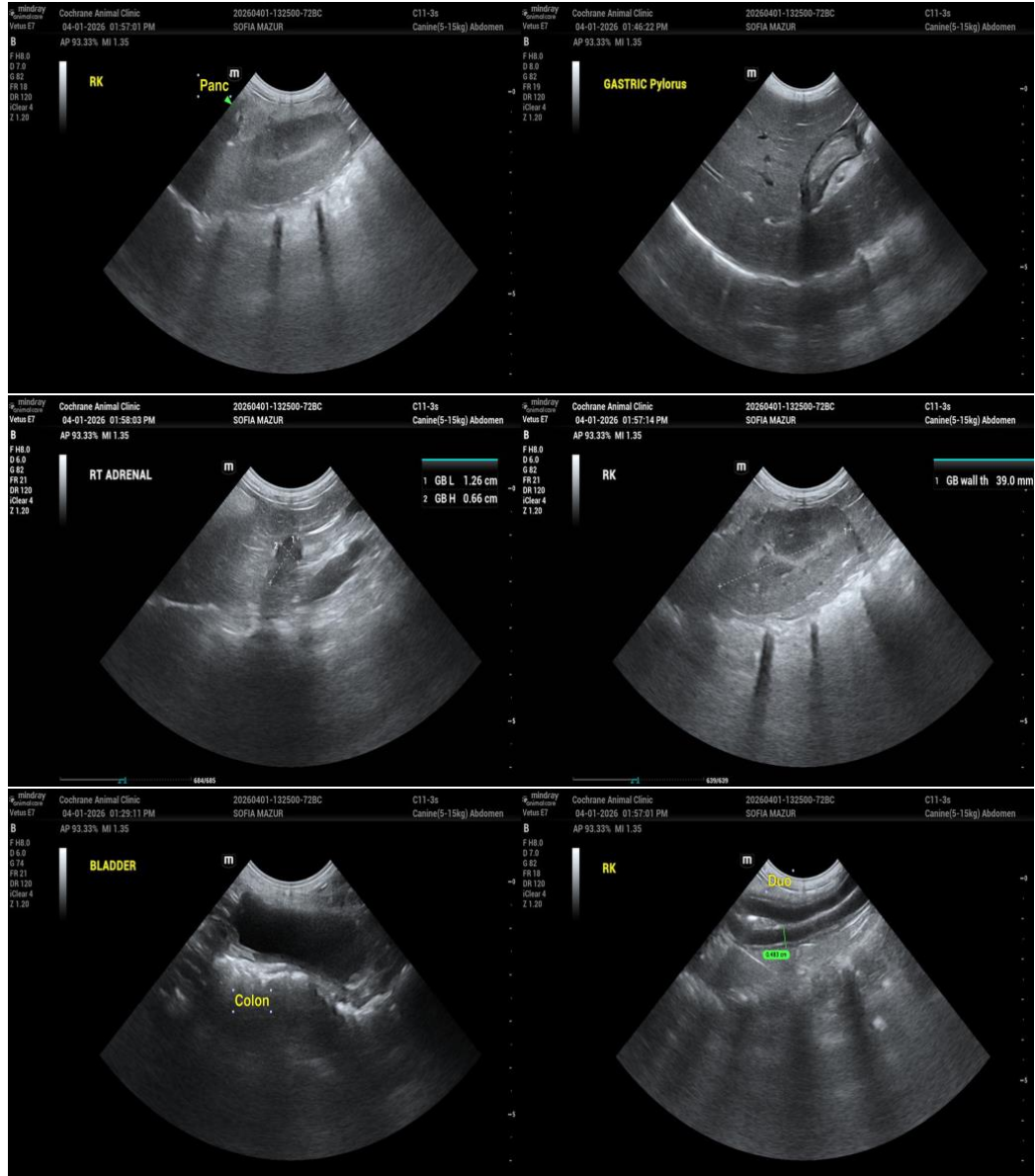
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of progression if continued gastrointestinal signs is recommended. Biopsies may be required for a definitive diagnosis.





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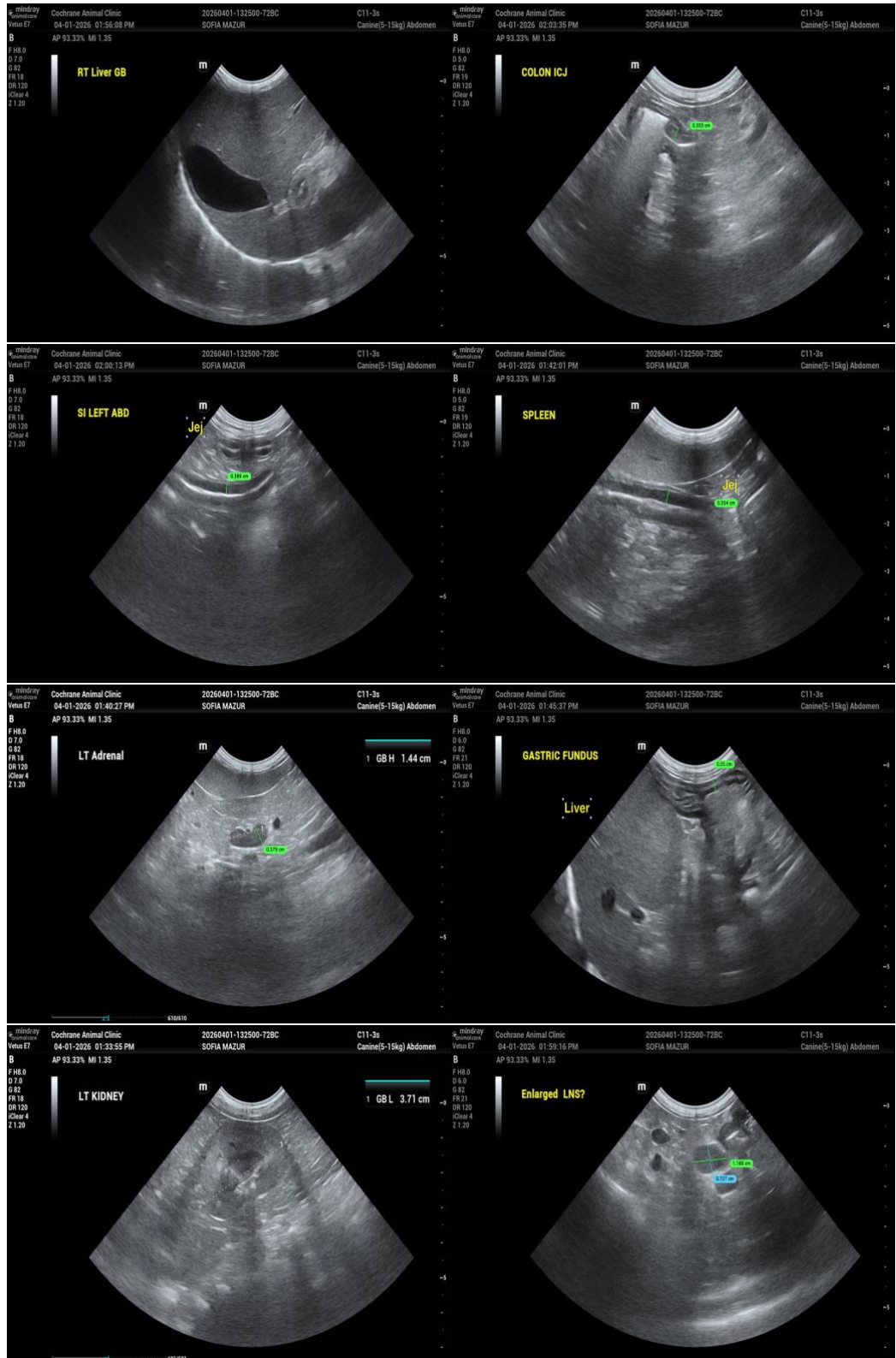
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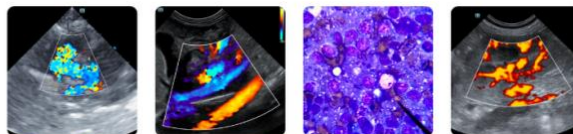
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)