



**PATIENT PRESENTING CLINICAL SIGNS**

**Lewey Ellis** History: Prominent spleen noted during new patient visit. Allergies.

**SPECIES** Meds: Simparica Trio

Canine Abnormal PE/Chem/CBC/UA Results: N/P

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Yorkie **Urinary System**

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild, dependent lumen accumulated mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Male Neutered

**AGE** 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. Medullary mineral to small renoliths noted. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

10y 1m

**WEIGHT**

15.2 lbs

**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 0.70 cm width in the caudal pole. The right adrenal gland measured 0.74 cm width in the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen was borderline enlarged in size exhibiting 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.

**IMAGING PERFORMED BY**

Becca Hamilton

**HOSPITAL NAME**

Midland Park VH

**Liver**

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.

**REFERRING VET**

Dr. Shokoff

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13405

**DATE**

4/15/26

**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.



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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.

**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.

**Free Abdomen**

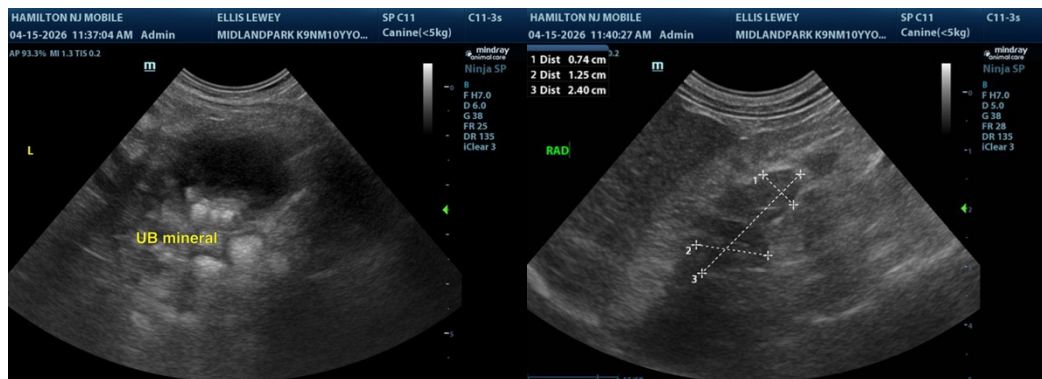
No overt lymphadenopathy or peritoneal effusion was present.

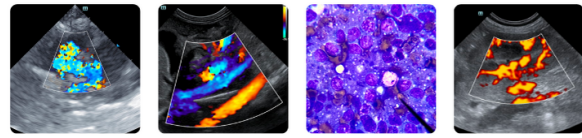
**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder mineral/small calculi
- Chronic renal changes with medullary mineral/small renoliths
- Bilateral mild adrenomegaly
- Hepatomegaly
- Borderline splenomegaly
- Mild pancreatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with full lab work and urinalysis and +/- C/S is recommended. The hepatosplenomegaly is most consistent with benign criteria, although nonspecific, no overt suspicion of neoplasia. Adrenal workup recommended if clinical signs consistent with Cushing's Syndrome. Assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology could be considered to assess for or rule out non-obvious occult disease.





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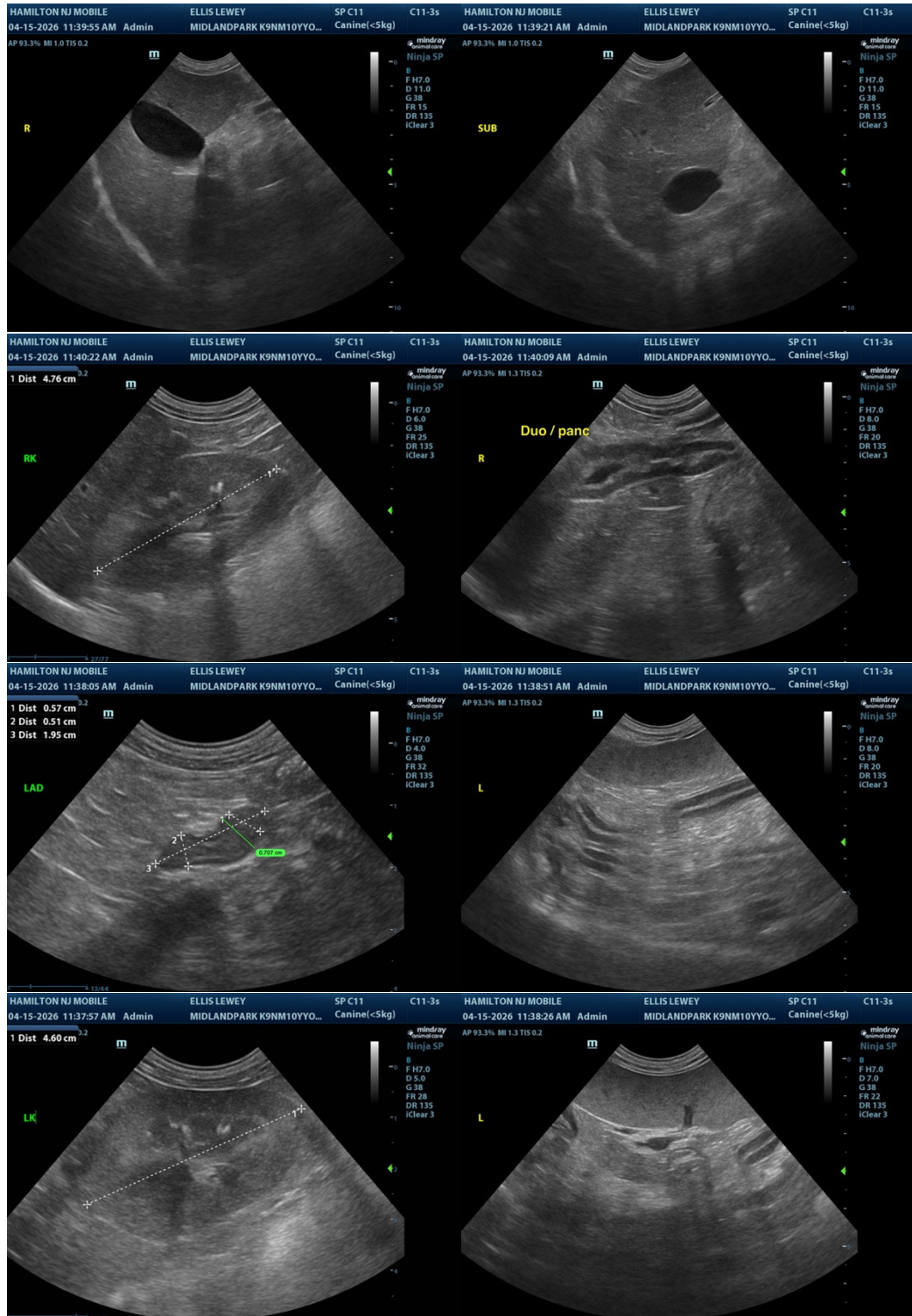
Dr. Shokoff

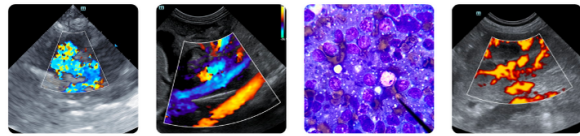
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**PATIENT**

Lewey Ellis

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.

**SPECIES**

Canine

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)

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Yorkie

[info@sonopath.com](mailto:info@sonopath.com)

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