



## PATIENT

Kayleigh Byers

## SPECIES

Canine

## BREED

Yorkie Terrier X

## SEX

FS

## AGE

14 years

## WEIGHT

6.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah  
Barthelemy

## HOSPITAL NAME

Little Creek Vet  
Hospital

## REFERRING VET

Dr. Mutlow

## INVOICE

10824

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

Vomiting, diarrhea. Very slow weight loss over last 12 months

## 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 changes was noted. A small apical polyp was noted, measuring 0.7 cm x 0.27 cm.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. Medullary mineral was noted in both kidneys. Intermittent small cortical cysts were present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

### *Adrenal Glands*

The left adrenal gland exhibited a swollen caudal pole with indistinct, nonhomogeneous, mildly hyperechoic, nonmineralized caudal pole nodule, measuring 0.71 cm x 0.63 cm. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 0.50 cm width at the caudal pole.

### *Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

### *Liver/Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, primarily gravity dependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas without evidence of retained ingesta, fluid, or foreign material.

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. Mild hyperechoic duodenojejunal mucosal speckling was noted. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.32 cm width.

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

## *Pancreas*

The pancreas was normal in size and contour with heterogeneous, mildly remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Nonspecific enteritis pattern exhibiting subtle mucosal speckling
- Pancreatic remodeling
- Nonorganized gallbladder debris (non-mucocele)
- Chronic renal changes exhibiting medullary mineral, small cortical cysts and minor pyelectasia
- Mildly enlarged indistinct nodular left adrenal gland – hyperplasia vs adenoma favored, mild potential for emerging left adrenal tumor
- Small apical urinary bladder polyp

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of an abdominal mass. Chronic pancreatitis may be suspected if there is evidence of cranial abdomen / subxiphoid discomfort on palpation. A GI panel to include PLI / TLI / Cobalamin / Folate to correlate with the pancreas and intestinal tract, given slow gradual weight loss, is recommended. Three-view chest radiographs are suggested if not done.

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 (Proviale or Visbiome), and as needed gastroprotectants are suggested with clinical monitoring +/- assessment of caloric plane. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Monitoring of systemic blood pressure, given indistinctly nodular left adrenal gland, for evidence of hypertension, is suggested. Sonographic monitoring of the gastrointestinal tract, if continued gastrointestinal signs or weight loss, in addition to sonographic monitoring of the left adrenal gland and small urinary bladder polyp for evidence of progression, is recommended.



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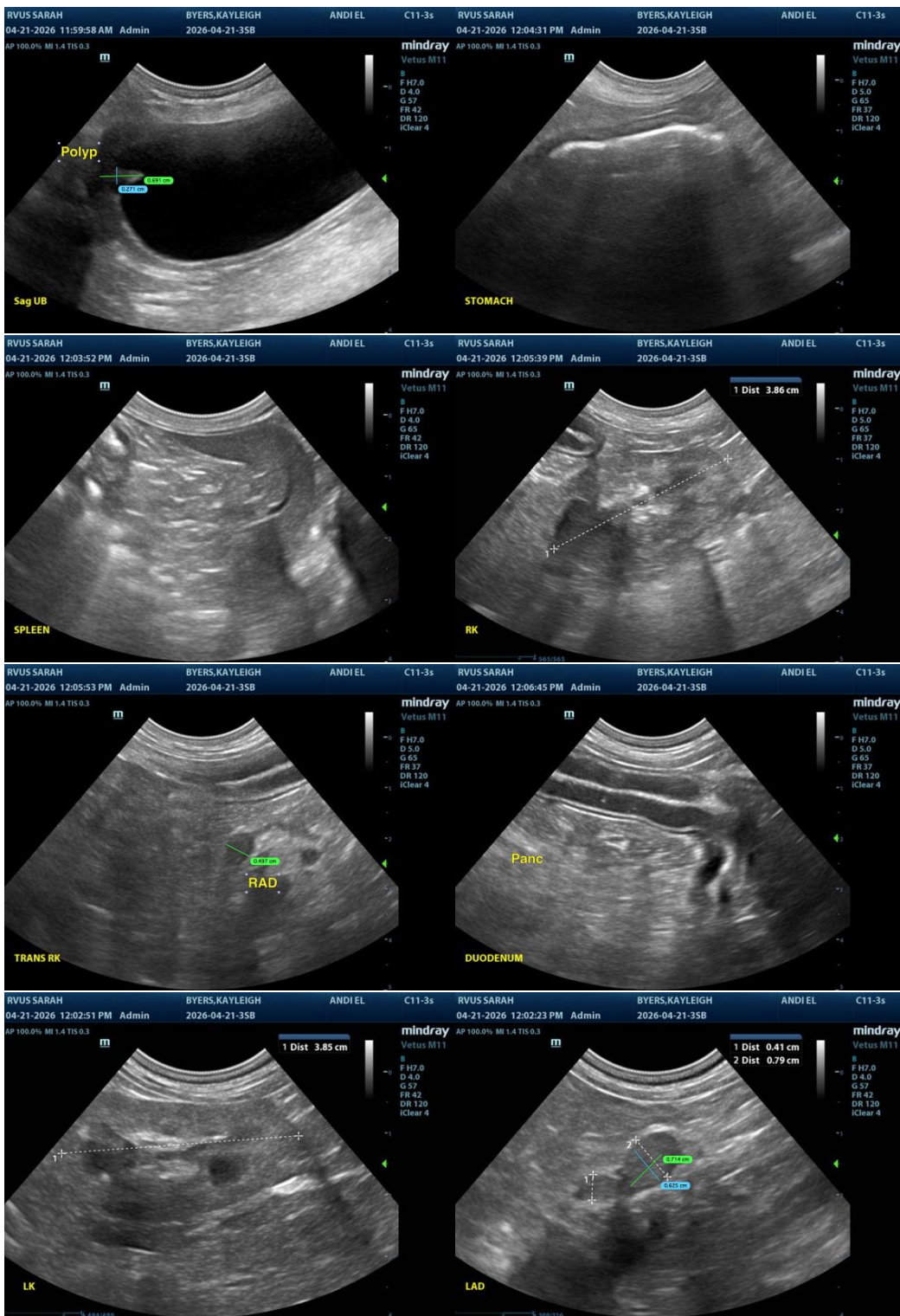
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)