PATIENT
Piper Willix

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
12 Years 9 Months

WEIGHT
6.1 kg

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

IMAGING PERFORMED BY
Dr. Sookhoo

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET
Dr. Sookhoo

INVOICE
15522

DATE
04/28/26

PRESENTING CLINICAL SIGNS

Presented yesterday for hematochezia. On Denamarin, Was on ursodiol in past but not currently

Abnormal PE/Chem/CBC/UA Results: Slightly elevated ALT and globulins.

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 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. Pinpoint to focal hyperechoic medullary foci were present which may indicate minor medullary mineral or fibrosis. The left kidney measured 4.2 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The right adrenal gland was normal in size while the left adrenal gland was borderline enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.57 cm width in the caudal pole. The right adrenal gland measured 0.44 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A perihilar mild irregular variably hyperechoic focally shadowing nodule was present measuring 0.60 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodule tends to trend benign and are most consistent with benign hyperplasia or myelolipoma.

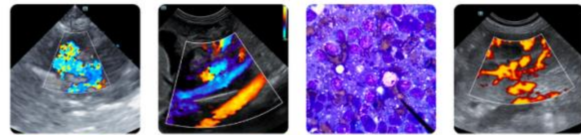
Liver & Gallbladder

The liver presented mild / moderate 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 congealed possibly emerging mineralized nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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. Mild duodenojejunal hyperechoic mucosal speckling was present.

The colon walls presented intact yet mild thickened wall layering. Soft fecal matter was present in the colon lumen.

Pancreas

The parenchyma of the pancreas was nonhomogenous and 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild colitis pattern with possible concurrent nonspecific enteritis.
- Benign hepatopathy pattern.
- Congealed nonorganized possible emerging mineralized gallbladder debris (non-mucocele).
- Splenic nodule- consistent with benign criteria i.e. myelolipoma, hyperplasia or emerging mineralization.
- Mild chronic renal changes.
- Borderline left adrenomegaly.
- Mild chronic pancreatitis/fibrosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fresh fecal analysis and consideration for screening GI panel to include PLI, TLI, cobalamin and folate is recommended. The hepatopathy with concurrent ALT elevation may suggest hepatic or hepatobiliary inflammation in conjunction with gallbladder debris, i.e. cholangiohepatitis.

Screening hepatic FNA cytology to assess for evidence of inflammation could be considered, assuming normal clotting status. The borderline left adrenomegaly is of unclear clinical significance with adrenal screening suggested if clinical signs consistent with adrenal disease are non-reported or arise. Empirical therapy for nonspecific enterocolitis with clinical monitoring and sonographic reassessment if progressive hepatopathy or nonresponsive gastrointestinal signs is recommended.

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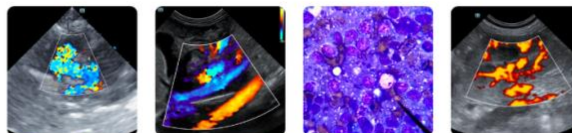

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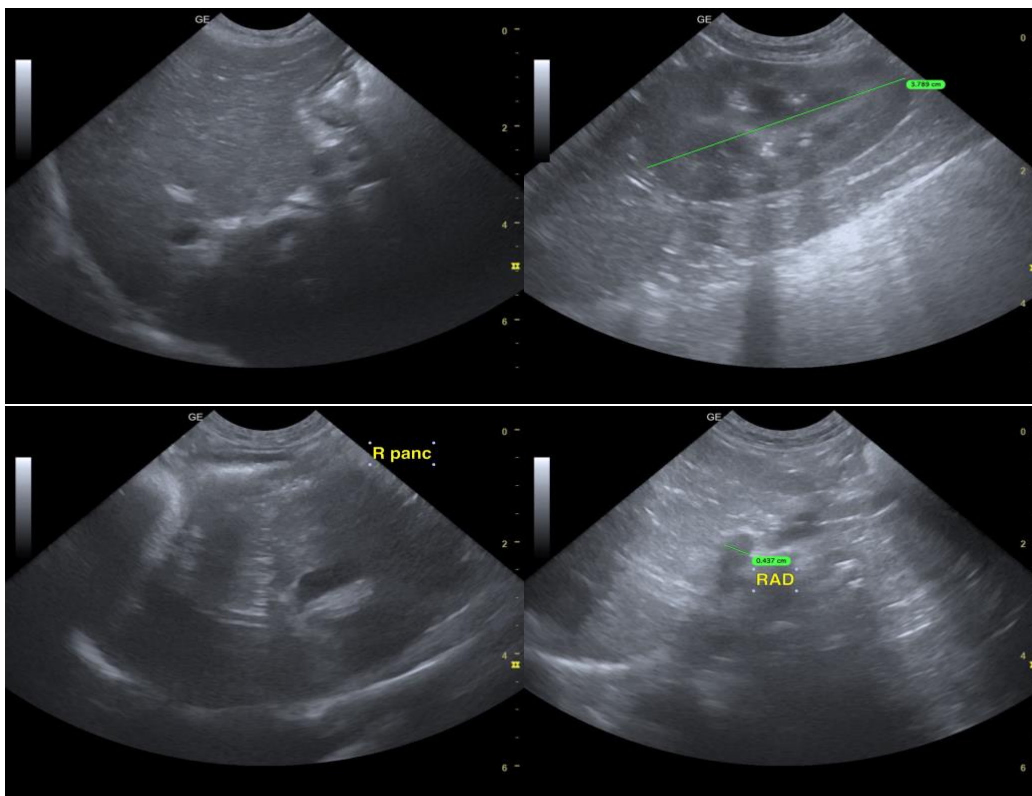

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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