



## PATIENT

Cherie Pansire

## SPECIES

Canine

## BREED

Yorkie Mix

## SEX

MN

## AGE

14

## WEIGHT

7.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gail Schmieder

## HOSPITAL NAME

Slade Veterinary  
Hospital

## REFERRING VET

Dr. Gail Schmieder

## INVOICE

75315

## DATE

6-4-26

## PRESENTING CLINICAL SIGNS

Inflammatory Bowel Disease.

Abnormal PE/Chem/CBC/JA Results: Inflammatory Bowel Disease, Abdominal: No organomegaly or mass effects. No pain on palpation. SOME STOOL IS PALPABLE BUT FEELS NORMAL IN CONSISTENCY; DOES NOT FEEL CONSTIPATED. Lymph Nodes: No peripheral lymphadenopathy. While not constipated on palpation, a rectal exam revealed a palpable area of swelling within the colon, which is likely contributing to the clinical signs. This finding, combined with a history of thickened intestines on imaging, is highly concerning for an infiltrative disease process.

## 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.

The area of the residual prostate appeared normal and free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured approximately 3.5 cm in length. The right kidney measured approximately 3.5 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the cranial pole and 0.42 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 presented mild generalized hepatomegaly with symmetrical rounded capsule contour and increased to mildly hyperechoic hepatic parenchyma exhibiting multiple variably sized mildly hypoechoic intraparenchymal nodules. An example of a nodule measured 2.3 cm in diameter. Normal hepatic vascular volume was present. 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.



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with lumen gas and without signs of obstruction 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. The small intestine wall measured 0.27 cm.

The visualized colon exhibited normal nonthickened visible wall with formed fecal matter. Evaluation of the colon interior was limited by the presence of formed shadowing fecal matter. The descending colon wall measured 0.25 cm to the approximate level of the pelvic inlet.

## *Pancreas*

The area of the pancreas was normal.

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Overall structurally unremarkable gastrointestinal tract/colon with mild nonshadowing gastric ingesta/chyme and formed fecal matter.
- Hepatomegaly exhibiting nonhomogeneous hyperechoic parenchyma, multiple variably sized hepatic nodules – vacuolar hepatopathy, nonspecific hepatitis, areas of nodular hyperplasia, hematopoiesis, neoplasia or a combination possible.
- Normal gallbladder.
- Normal bilateral adrenal glands.
- Mild age related renal changes.
- Sonographically normal urinary bladder and residual prostate.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious visualized distal colon mural pathology, although evaluation of the colon interior and distal colon owing to pelvic inlet shadowing was limited. Colon endoscopy for further evaluation of potential nonvisible colon mural lesion may be considered. Nonstructural or microscopic intestinal disease given the patient's history may present as sonographically normal. If gastrointestinal signs or weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate may be considered.

Further assessment of the liver may include, assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma accessible nodule FNA cytology +/- adrenal screening or workup if clinical signs consistent with Cushing's syndrome. Correlation with hepatic enzyme assessment is recommended.



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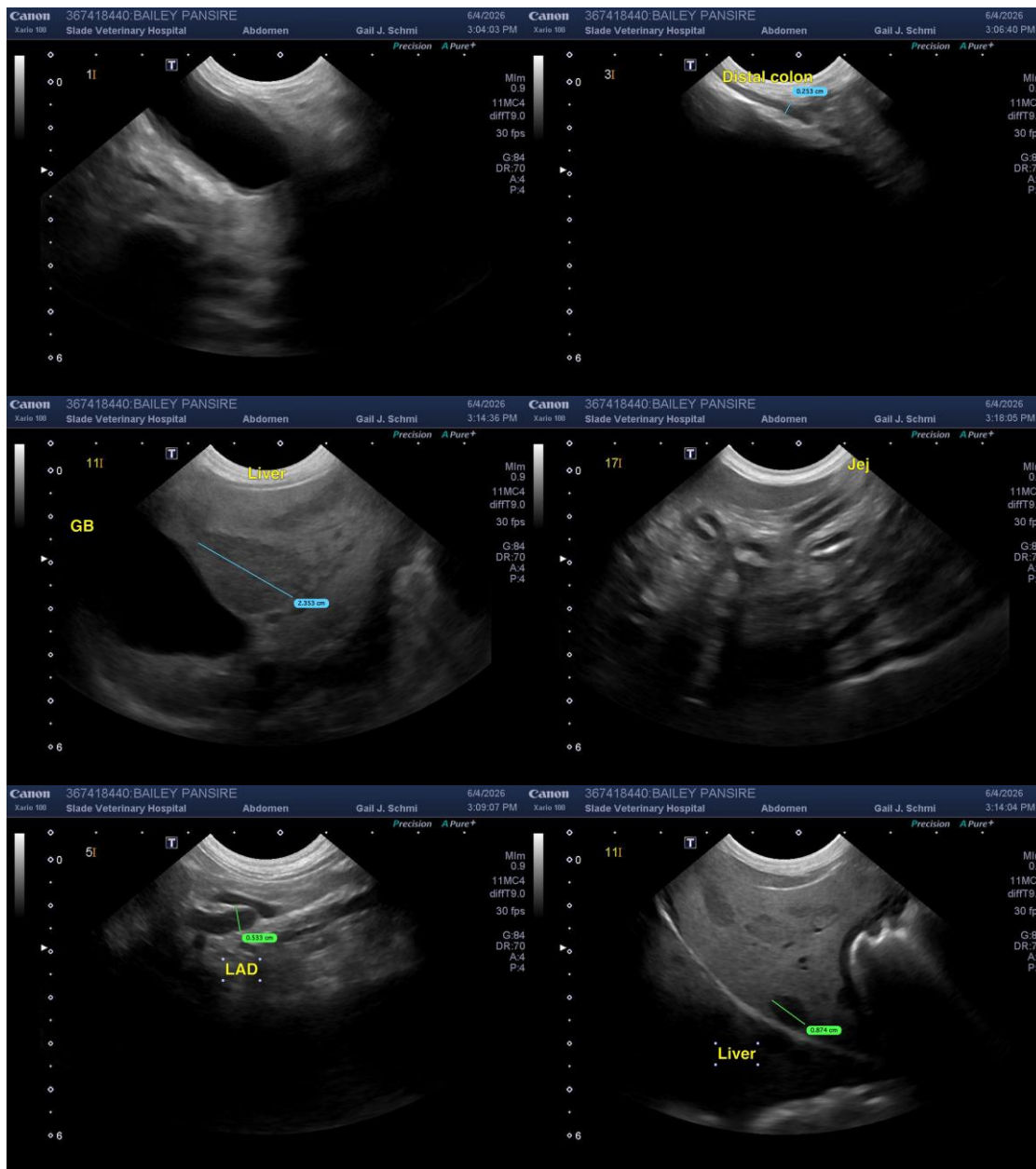
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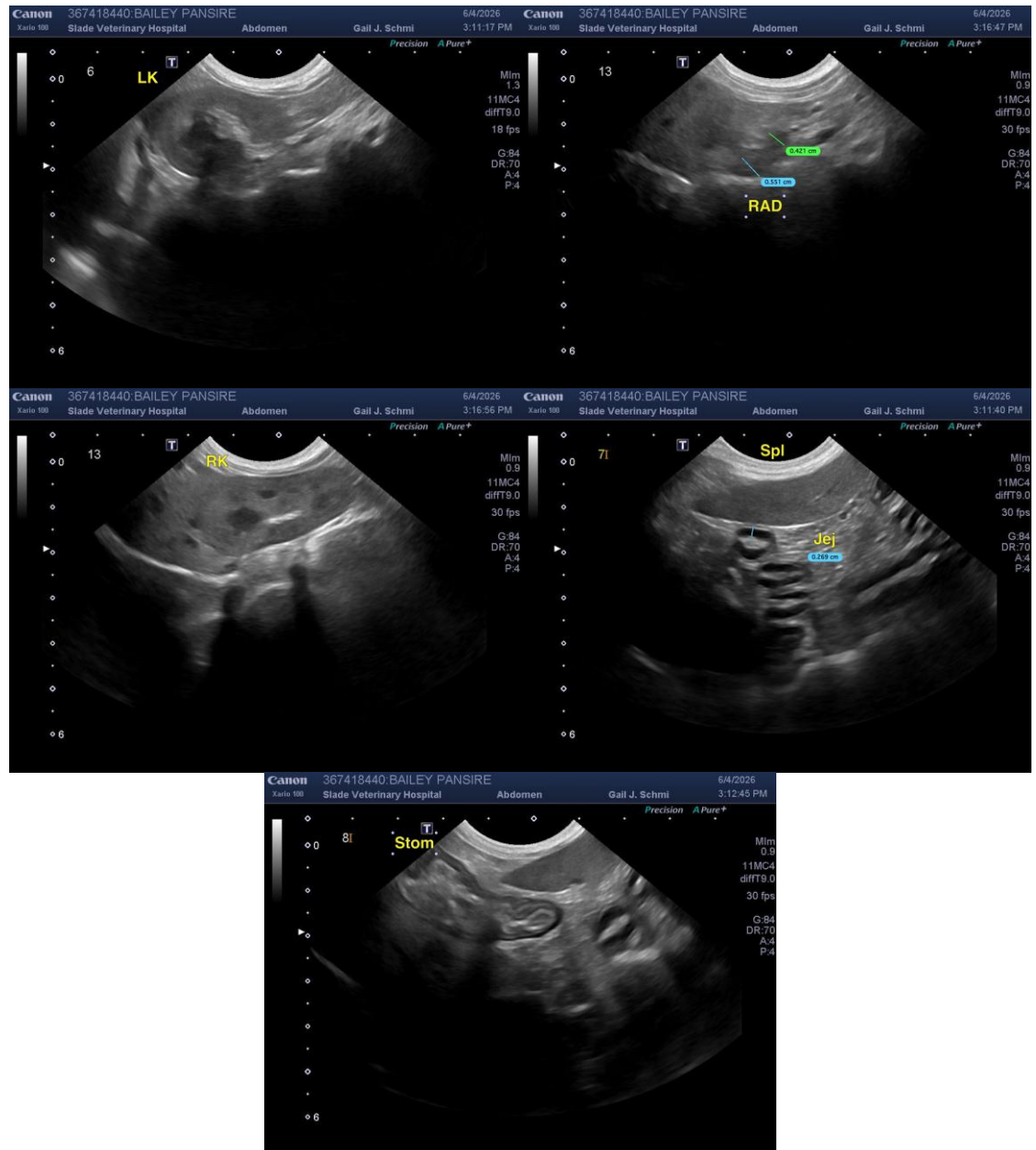
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)