



PATIENT

Bela Valdovia

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

6.5 Years

WEIGHT

7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Salem

REFERRING VET

Dr. Alger

INVOICE

13369

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- ABNORMAL Labwork Values: 12-13-2025: ALT 325 ALKP 25 6-13-2025: ALT 404 ALKP 20 12-17-2024: ALT 527 ALKP 39 7-22-2024: ALT 348 ALKP 27 3-28-2024 ALT 507 ALKP 36
- Current Medications: Denamarin liver support supplement
- Notes to Specialist (if any): History of elevated liver enzyme ALT, intermittent use of Denamarin liver support supplement. Bile acids test recommended, pending approval.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The visualized uterus was normal in size with empty lumen and subjective mild to intermittent circular hypoechoic to anechoic structures within the uterine wall, suggestive of focal mild cysts. Uterine diameter measured 0.84 cm. The left and right ovaries were normal in size exhibiting potential for bilateral follicles versus small ovarian cysts. The right ovary measured 1.0 cm in diameter. The left ovary measured 1.0 cm in diameter.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 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 0.46 cm width at the caudal pole.

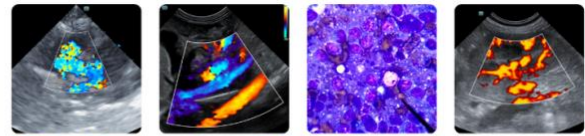
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal/subjectively adequate in appearance without signs of congestion.



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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 layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern exhibiting normal to adequate hepatic vascular volume.
- Normal gallbladder.
- Suspect mild cystic endometrial hyperplasia, possible small ovarian cyst versus follicles.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the liver may include nonspecific inflammatory hepatopathy, hepatotoxicosis, i.e. copper, or other benign disease in conjunction with elevated ALT. No evidence of intrahepatic or extrahepatic macroscopic shunt, portal hypoplasia/microvascular dysplasia are not definitively excluded. Correlation with bile acid profile if clinically indicated, clinical signs consistent with hepatic disease or evidence of hepatic dysfunction.

Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for inflammatory cell type. Hepatic biopsy would be required for a definitive diagnosis. If patient is non-clinical, continued hepatosupportive medications and monitoring would be reasonable.





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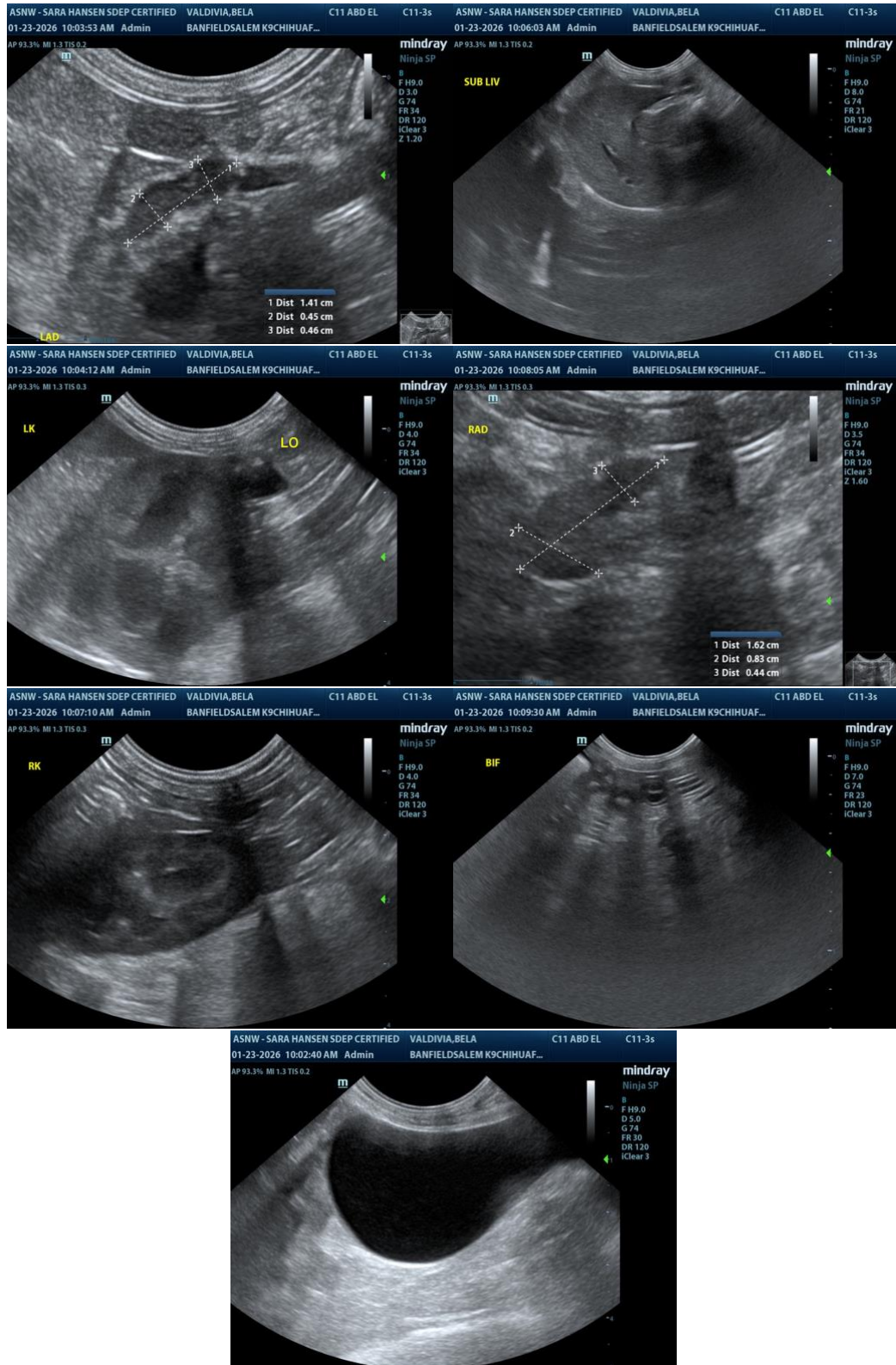
Dr. Alger

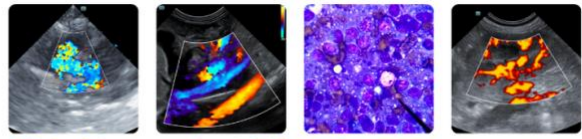
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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