**PATIENT**

Pogie (Pooge) Walker

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

11 pounds

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)**IMAGING  
PERFORMED BY**Loetitia Saint-Jacques,  
LVT**HOSPITAL NAME**Donner Truckee  
Veterinary Hospital**REFERRING VET**

Dr. India Vannini

**INVOICE**

13389

**DATE**

01/23/26

**PRESENTING CLINICAL SIGNS**

- Recheck echo recheck abdomen
- Cardiovascular: Heart murmur noted grade III/VI murmur; unchanged from previous exams. Strong synchronous pulses.
- Meds: Trilostane
- Brief episode of vomiting, lethargy and inappetence 12/27/2026 otherwise doing well, drinking normal and urinating normal. Abdomen slightly distended appearance.
- Blood Pressure:91/70 (54), 94/75 (82) then jumped to 183 systolic, 147/122 (131) and last reading 167/103 (119) anxious dog no sedation

Abnormal PE/Chem/CBC/UA Results: 6/19/2025: Cholesterol 492 mg/dL Triglyceride 1027 mg/dL Amylase 275 IU/L Alkaline Phosphatase 4337 IU/L cortisol level is where we want it to be.

**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. Mild asymmetrical luminal surface to micropolypoid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with mild dependent urinary bladder and nonobstructive cystourethral junction lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Nonobstructive medullary renoliths and hyperechoic cortical foci were present which may indicate cortical microinfarction, fibrosis or mineralization. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

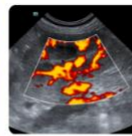
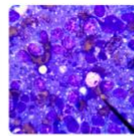
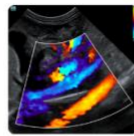
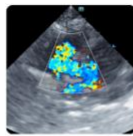
Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 1.1 cm width at the caudal pole. The right adrenal gland measured 1.1 cm width at the caudal pole.

**Spleen**

The spleen presented normal in size and contour with mild nonhomogenous parenchyma with multifocal pinpoint hyperechoic parenchyma foci which may indicate splenic microinfarction, fibrosis or pinpoint mineralization.

**Liver & Gallbladder**

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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of mild peripheral inflammation was present without evidence of effusion.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, moderate ingesta (consistent with food echogenicity) 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.

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**

- Bilateral adrenomegaly- consistent with patient's history with no evidence of neoplastic criteria.
- Benign/vacuolar hepatopathy pattern.
- Mature gallbladder mucocele with evidence of mild peripheral inflammation.
- Chronic renal changes exhibiting renolithiasis and cortical hyperechoic foci.
- Benign splenic hyperechoic parenchymal foci.
- Nonobstructive urinary bladder and cystourethral junction lumen mineral.
- Normal gastrointestinal tract with gastric ingesta- consistent with food echogenicity.

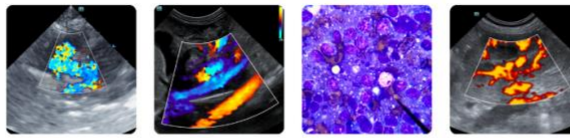
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cholecystectomy should be strongly considered in this patient as soon as possible, given evidence of mild pericholecystic inflammation without current evidence of gallbladder rupture. The gallbladder is not likely amendable to medical management. This patient likely passing small amounts of mineral from the kidneys into the urinary bladder. Correlation with recheck urinalysis is recommended. Serial sonographic monitoring of the gallbladder is indicated if surgery is not a potential with recheck indicated if cranial abdomen/subxiphoid discomfort on palpation, persistent gastrointestinal signs, or leukocytosis.

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Northlake Animal Wellness Services, Inc.  
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530-786-8340



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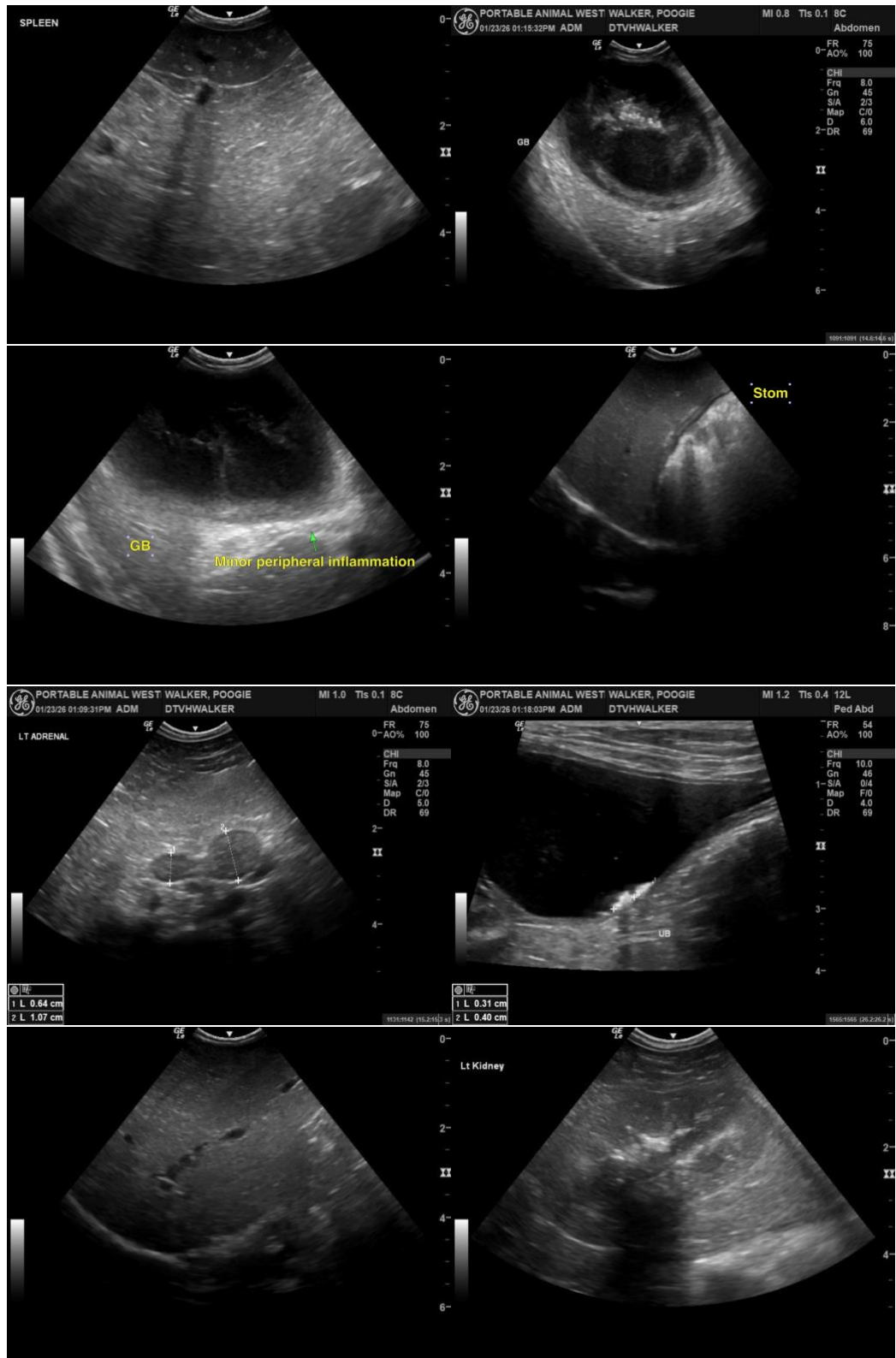
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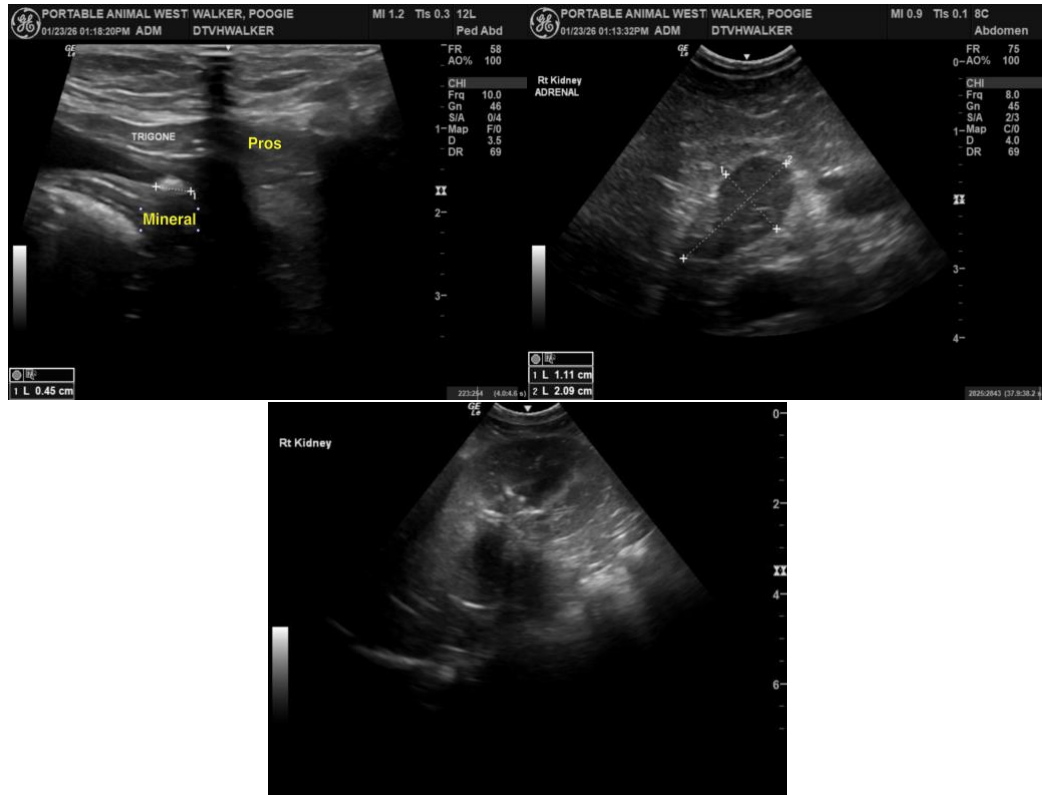
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)