



**PATIENT**

Riley Galligan

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Female Spayed

**AGE**

10y

**WEIGHT**

40.1 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Becca Hamilton

**HOSPITAL NAME**

Cresskill AH

**REFERRING VET**

Dr. Carroll

**INVOICE**

13153

**DATE**

1/29/26

**PRESENTING CLINICAL SIGNS**

History:

- Elevated Liver Values, anemia.
- Meds: Clindamycin 150 mg 1 cap BID, Pred 5 mg 1 tab SID

Abnormal PE/Chem/CBC/UA Results: HX of Hypertriglyceridemia, elevated liver values, anemia.  
Urine: LOW USG, 1+ Protein

**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, mineral or calculi. 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 aortic trifurcation was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

**Adrenal Glands**

The left adrenal gland was not definitively visualized secondary to subnormal size owing to steroid therapy. No evidence of pathology in the area of the left adrenal gland. The right adrenal gland was subnormal in size and indistinctly visualized secondary to steroid therapy measuring 0.42 cm width at the caudal pole.

**Spleen**

The spleen was normal in size with mild capsule asymmetry and mild non-homogeneous parenchyma. Solitary, non-capsule deforming, well-demarcated, hypoechoic splenic nodule was present measuring 1.2 cm in diameter.

**Liver**

The liver exhibited mild to moderate hepatomegaly. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild, hyperechoic duodenojejunal mucosal speckling was present. 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**

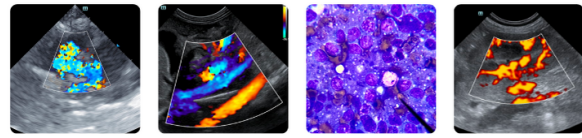
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic hepatopathy – subjective benign, vacuolar/steroid hepatopathy, inflammatory disease, hyperplasia, fibrosis, non-obstructive cholestasis or other hepatopathy with hepatic neoplasia considered less likely
- Non-organized gallbladder debris (non-mucocele)
- Bilateral chronic renal changes
- Splenic nodule – hyperplasia, hematopoiesis, inflammation, granuloma, emerging tumor possible
- Nonspecific mild intestinal mucosal speckling – incidental/age variant, may be associated with nonspecific enteritis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

UPC level on sterile urine sample may be considered even quiet urine sediment and if persistent or progressive proteinuria. Assuming normal clotting status yet potentially dependent upon further monitoring of anemia, hepatic parenchyma and splenic nodule FNA cytology using 25-gauge needle could be considered for further clarification. Hepato-supportive medications including Denamarin and Ursodiol with monitoring of hepatic response as well as sonographic monitoring of the splenic nodule for evidence of progression is recommended. No evidence of pancreatic pathology, although if clinical signs consistent with chronic pancreatitis which may present sonographically normal, a spec cPL could be considered.



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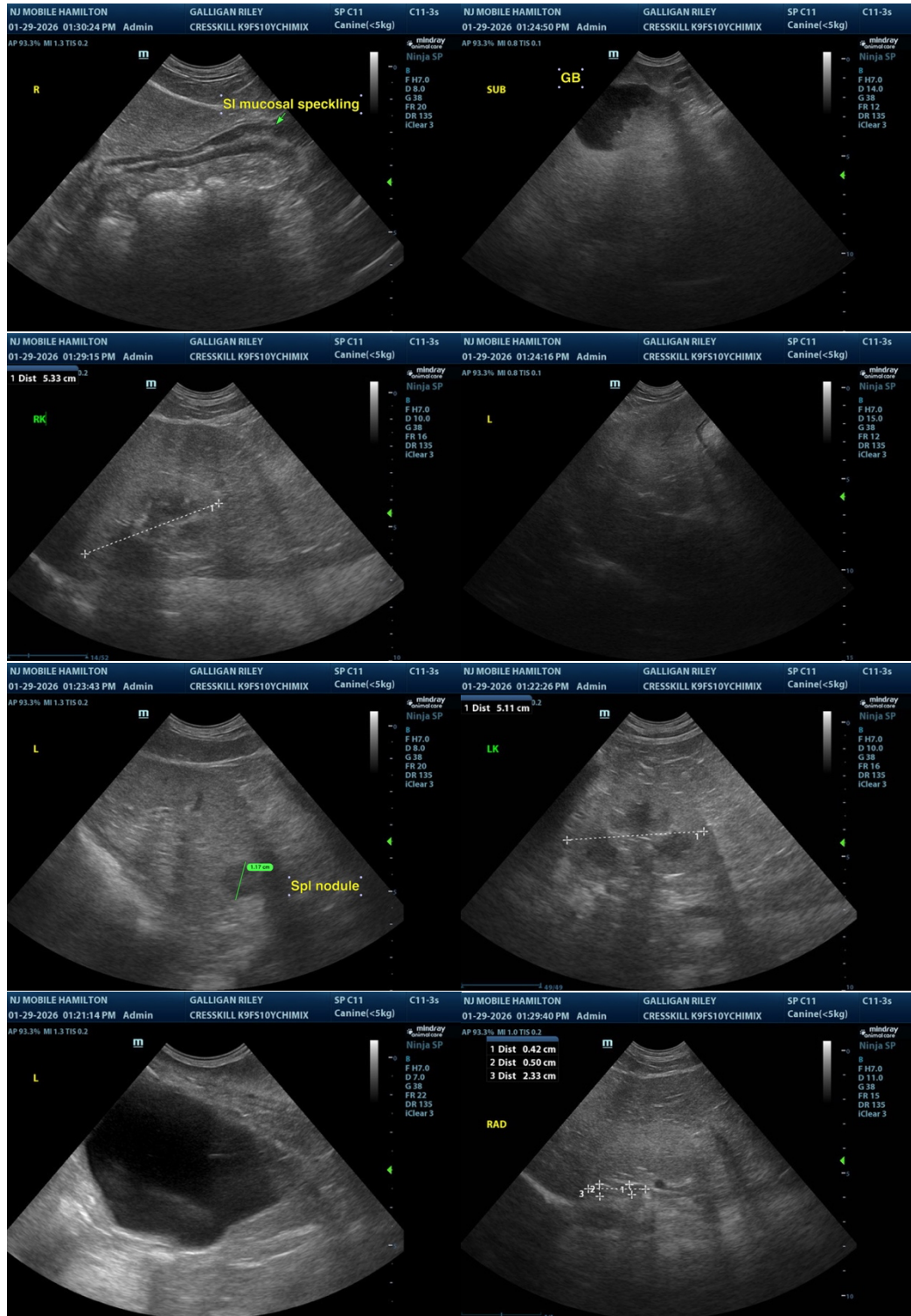
Dr. Carroll

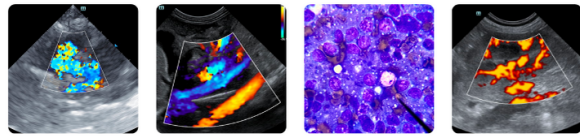
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)