



## PATIENT

Daisy Torres

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Female

## AGE

13y

## WEIGHT

8.8 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Paul Kim

## HOSPITAL NAME

Ridgefield Park AH

## REFERRING VET

Dr. Paul Kim

## INVOICE

10539

## DATE

1/8/26

## PRESENTING CLINICAL SIGNS

Patient presented with persistent cough and labored breathing for about two months that is worse at night. Bloodwork revealed elevated ALT, ALP, and GGTP. No vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: ALT, ALP, and GGTP moderately elevated Triglycerides and cholesterol elevated PLT and monocytes elevated

## 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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral were noted. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

### Adrenal Glands

The left adrenal gland was borderline enlarged based on caudal pole width measurement in light of body weight, with symmetrical contour and mild heterogeneous parenchyma. The left adrenal gland measured 0.56 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 0.52 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 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. A solitary, thinly-



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walled, caudate lobe cyst, measuring 0.79 cm in diameter, was present. The gallbladder was non-distended in size containing primarily anechoic content with moderate, primarily gravity-dependent, congealed, nonorganized gallbladder debris. 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 mild retained fluid and gas, without evidence of retained ingesta 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern with caudate lobe intraparenchymal cyst
- Nonorganized gallbladder debris (non mucocele) - no evidence of post hepatic obstruction
- Mild pancreatic remodeling
- Chronic renal changes exhibiting mild medullary mineral
- Borderline enlarged caudal left adrenal gland

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for evidence of inflammation in conjunction with elevated ALT. Vacuolar hepatopathy, inflammatory disease, cholestasis hepatopathy, hepatotoxicosis, hyperplasia, and less likely occult hepatic neoplasia are all potentials. Adrenal workup could be considered if clinical signs suggestive of Cushing's Syndrome are non-reported or arise, in conjunction with thrombocytosis and hyperlipidemia. Hepatosupportive medications may prove beneficial.



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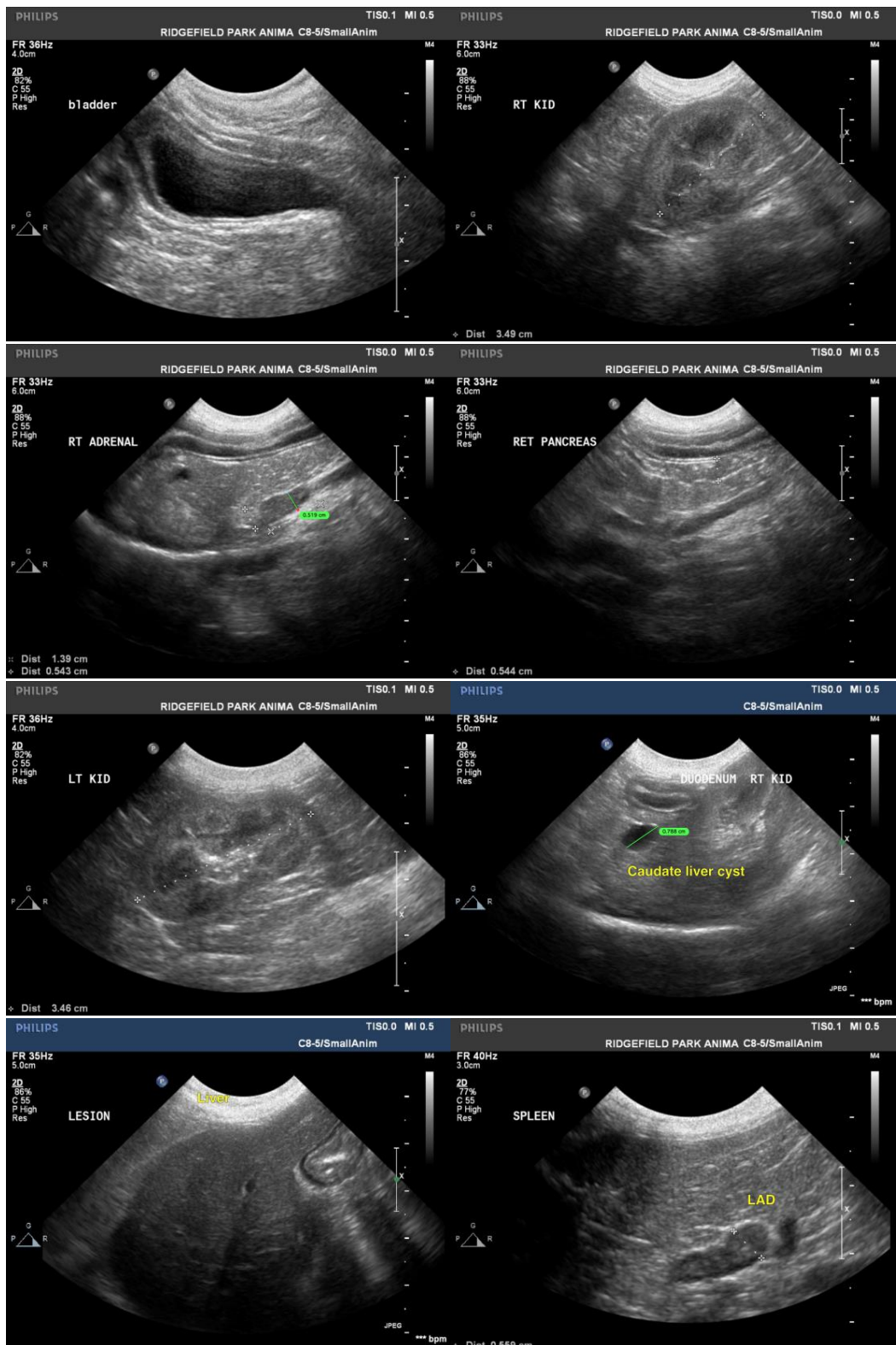
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)