



PATIENT

Barns Wallis Almadi

SPECIES

Canine

BREED

Bichon Mix

SEX

Female Spayed

AGE

13 yrs 5 mos 2 wks

WEIGHT

5.57 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Veronia D

INVOICE

12807

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Clinically OK, but lipase & CPL have been elevated for approx. 1 month, now anemic on bloodwork today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 indistinct loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.40 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 0.41 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. Subtle, hyperechoic medial parenchymal to perihilar nodules present consistent with myelolipomas.

Liver

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 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.

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. Duodenum wall measured 0.42 cm and jejunum wall measured 0.30 cm.



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

Pancreas

The visualized pancreas exhibited normal size with mild asymmetrical contour and isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent nonO-reactive or inflamed omentum.

Free Abdomen

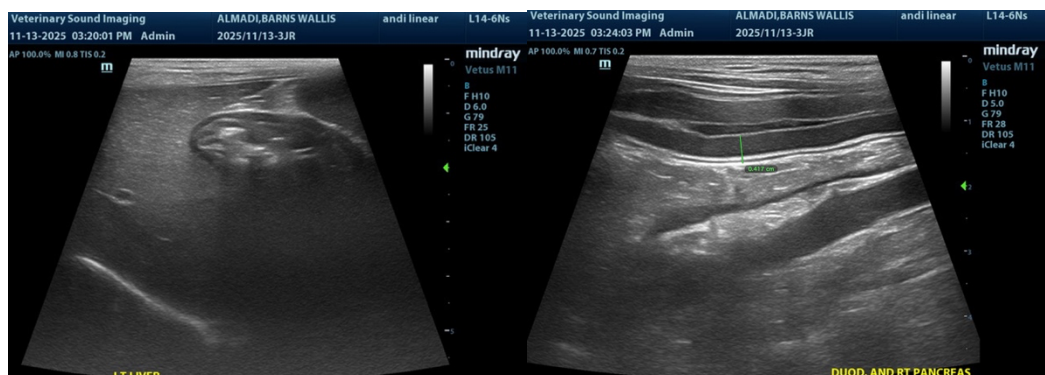
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild heterogeneous remodeled pancreas
- Sonographically normal gastrointestinal tract
- Age-related renal changes
- Mild gallbladder debris (non-mucocele)
- Normal spleen with small to emerging benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas sonographically was not consistent with active pancreatitis, although benign remodeling owing to previous inflammation or chronic pancreatitis suspected. Correlation with monitoring for cranial abdomen/subxiphoid discomfort on palpation and as needed cPL, if clinical signs consistent with chronic pancreatitis are present. An overall cause of the anemia was not apparent. No evidence of abdominal neoplastic criteria noted. Hepato-supportive medications indicated if evidence of cholestasis.





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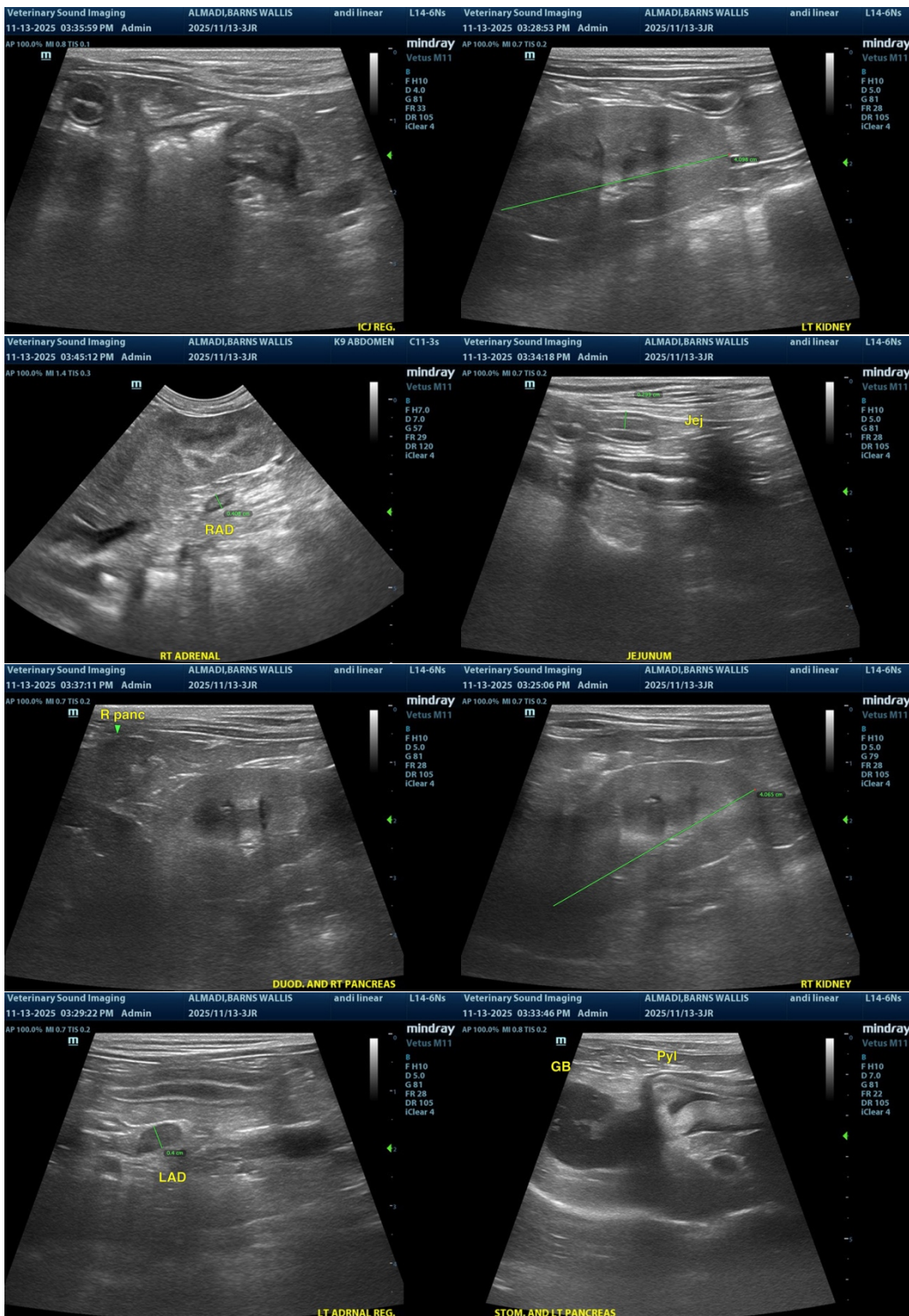
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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