

**PATIENT**

Sophia Bell

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

Spayed Female

**AGE**

2015

**WEIGHT**

20.2

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Mt. Airy Aniaml  
Hospital

**REFERRING VET**

Dr. Riley

**INVOICE**

12307

**DATE**

11/17/25

**PRESENTING CLINICAL SIGNS**

Chronic ALT elevation, worsening intermittent abdominal pain and mucoid diarrhea

Medication: l-carnitine, coq10, Cosequin, Fortiflora, taurine

**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 change were noted.

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 4.4 cm in length. The right kidney measured 4.4 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 0.47 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 0.40 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. Areas of subtle parenchyma heterogeneity suggestive of differentiation red/white pulp, possible mild hyperplasia or hematopoiesis.

**Liver**

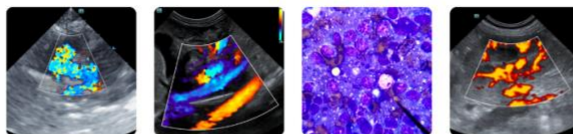
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate primarily gravity dependent 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. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.26 cm width.



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The colon presented intact mild thickened wall. The colon contained generalized soft to nonformed fecal matter. Descending colon wall measured 0.25 cm wall width.

**Pancreas**

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The pancreas was normal in size and contour with mild isoechoic heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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- Colitis pattern with sonographically unremarkable stomach and small intestine.
- Mild pancreatic remodeling.
- Sonographically unremarkable normal volume liver- consistent with mild benign hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Subtle heterogeneous spleen- benign.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Mild pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal support and empirical therapy for colitis would be appropriate. Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for inflammatory criteria given ALT elevation. Concurrent hepatosupportive medications with clinical monitoring given only mild hepatic enzyme elevations would be reasonable.

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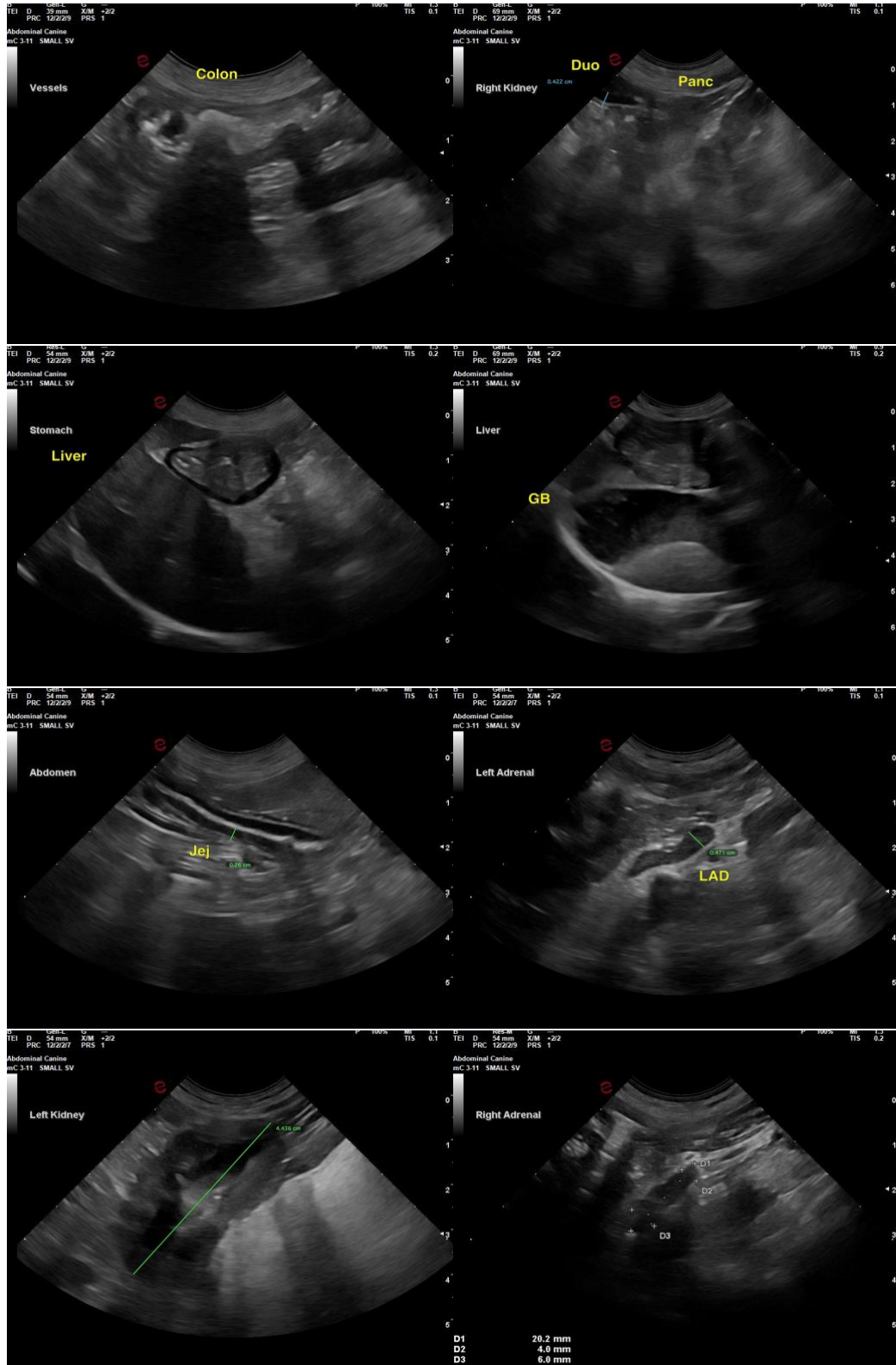
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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[info@SonoPath.com](mailto:info@SonoPath.com)

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