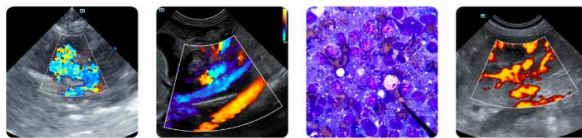




PATIENT	PRESENTING CLINICAL SIGNS
Coco Gilmore	At doggie daycare next day vomiting anorexia. NO diarrhea
SPECIES	Abnormal PE/Chem/CBC/UA Results: Elicit pain in abdominal cranial abdomen. GGT 29, ALT 500, ALP too high to read, AMyL >2500, Lipase 6000, Tbilirubin 3.7, TP 8.4, GLob 5.1
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Chihuahua	Urinary System
SEX	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 evidence of urine 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.
Male	
AGE	The area of the residual prostate appeared normal and free of pathology.
4.5 years	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	Normal size and margination were 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 3.4 cm in length. The right kidney measured 3.9 cm in length.
10	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.36 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Mack	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.
HOSPITAL NAME	Liver/ Gallbladder
Northside VC	The liver presented normal in size. Subjective normal hepatic vascular volume was present. The hepatic parenchyma was mildly hypoechoic compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vascular borders were evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.
REFERRING VET	
Mack	
INVOICE	
10365	
DATE	
11/18/25	



PATIENT	The gallbladder was non-distended in size with non-thickened, mildly hyperechoic wall. Mild nonorganized gallbladder debris was present. No evidence of pericholecystic inflammation. The common bile duct was not definitively visualized.
Coco Gilmore	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas without evidence of retained ingesta, fluid, or foreign material.
BREED	
Chihuahua	The small intestine presented intact wall layering with a normal 1:3 muscularis/mucosa ratio. Mild duodenal ileus with small nonspecific nonobstructive hyperechoic upper duodenal lumen echo was present measuring 0.9 cm in diameter. There is no evidence of an intestinal obstructive pattern to the level of the colon.
SEX	
Male	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
4.5 years	The right pancreas was prominent in size with capsule asymmetry and variable heterogeneous to mild hypoechoic parenchyma compared to adjacent omentum.
WEIGHT	<i>Free Abdomen</i>
10	A solitary mildly enlarged gastric or pancreaticoduodenal lymph node was present in the right cranial abdomen. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hepatopathy • Possible mild chronic cholecystitis with nonorganized gallbladder debris (non mucocele) • Right pancreas chronic active pancreatitis pattern • Empty stomach with suspect mild duodenitis, small nonspecific nonobstructive upper duodenal hyperechoic echo
IMAGING PERFORMED BY	
Mack	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Northside VC	The hepatopathy, although nonspecific, is suggestive of acute benign criteria. Further assessment may include, assuming normal clotting status, hepatic FNA cytology +/- Leptospirosis titers/PCR.
REFERRING VET	
Mack	
INVOICE	The small nonspecific to nonobstructive upper duodenal lumen echo may indicate focal retained ingesta or gas pocket, while potential for a small amount of nonobstructive foreign material, i.e., hairball-type density, fabric, or similar, is not excluded. There is no indication for immediate surgical intervention or evidence of post hepatic obstruction. Hepato-gastrointestinal support, empirical therapy for possible nonspecific hepatitis and chronic active pancreatitis with clinical monitoring and sonographic reassessment, if progressive hepatopathy or gastrointestinal signs, is recommended.
10365	
DATE	
11/18/25	



PATIENT

Coco Gilmore

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

4.5 years

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

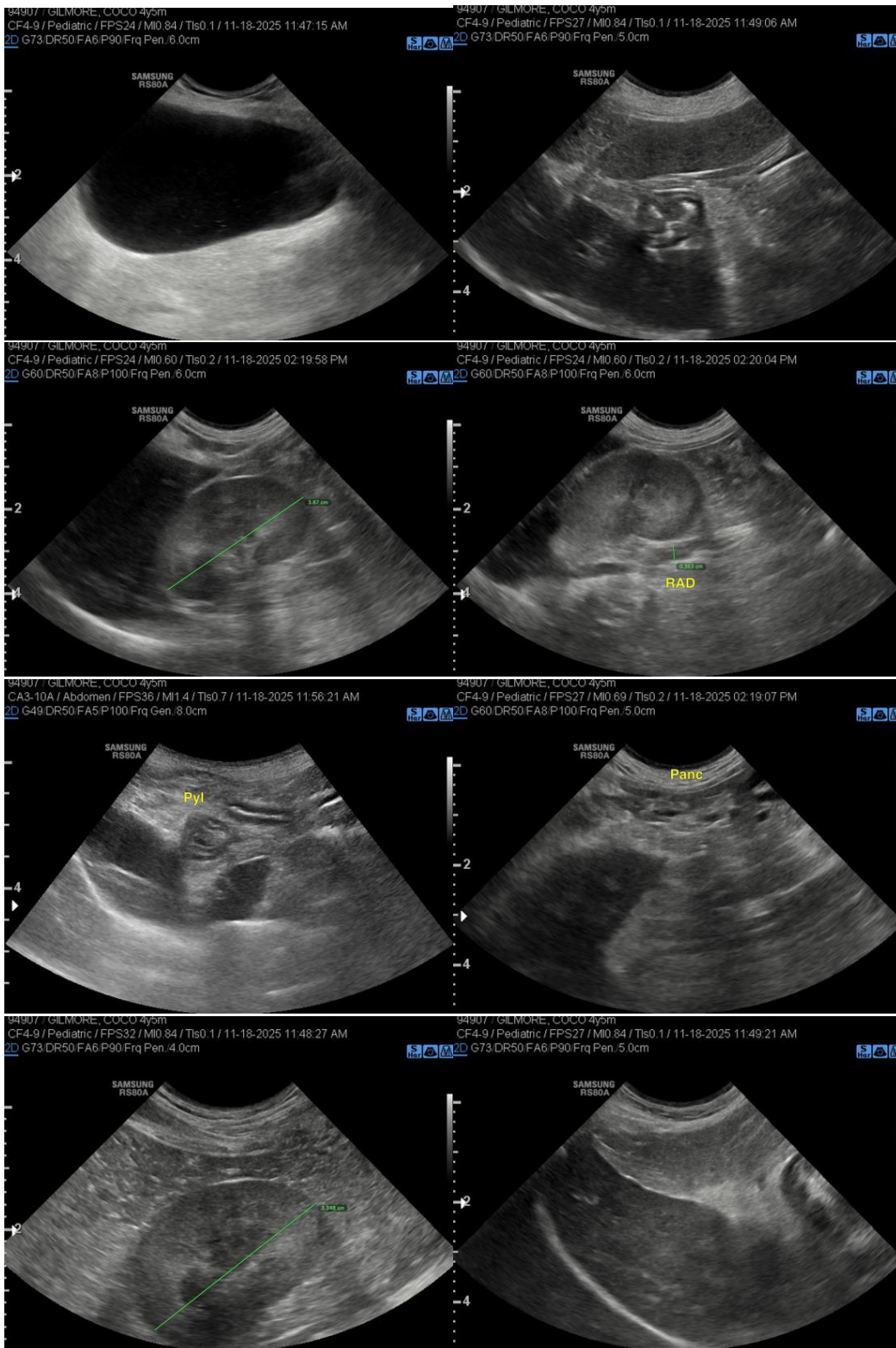
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DATE

11/18/25





PATIENT

Coco Gilmore

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

4.5 years

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

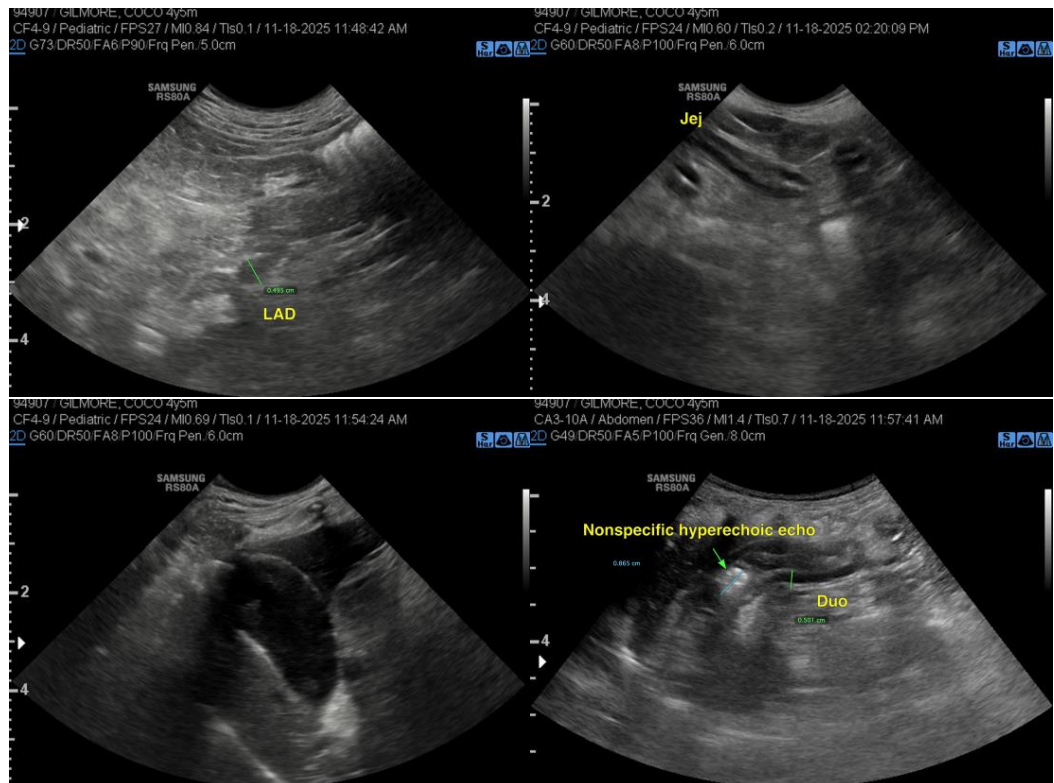
Mack

INVOICE

10365

DATE

11/18/25



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