



PATIENT

Asia Mena-Medrano

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

5 Years 1 Month

WEIGHT

10.45

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Solitaire Goldfield
DMV

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Wylee Cooper

INVOICE

12433

DATE

11/22/25

PRESENTING CLINICAL SIGNS

5-day history of anorexia, lethargy, trouble walking. PE tacky MM, increased skin tent, pain on cranial abdominal palpation, approx. 10% dehydrated

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM - Normal

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.

The uterus was not definitive visualized yet with no obvious pathology in the area of the uterus dorsal to craniodorsal to the urinary bladder.

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 3.9 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 0.32 cm width.

The right adrenal gland was indistinctly visualized owing to overlaying colon gas. The right adrenal gland subjectively measured 0.34 cm width.

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

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 gravity dependent to nondependent variably congealed biliary sludge. No evidence of pericholecystic inflammation. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of 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.

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

Pancreas

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

Free Abdomen

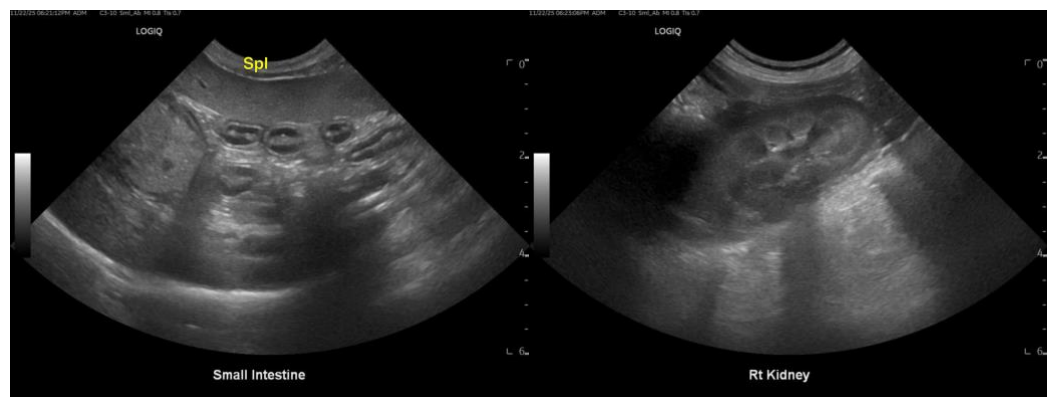
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with mild nonshadowing gastric ingesta- ingesta consistent with food/chyme.
- Mild heterogeneous pancreas.
- Variably congealed gallbladder debris- not consistent with mature mucocele criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of definitive visceral pathology as an obvious cause of the patient's clinical signs. Mild pancreatitis, which may present sonographically normal, may be suspected given cranial abdomen discomfort on palpation. Correlation with a spec cPL, confirmation of most recent meal ingestion and neurological/musculoskeletal examination is recommended. No evidence of abdominal neoplastic criteria or gastrointestinal mechanical obstructive pattern. Supportive care including rehydration protocol and gastrointestinal support with clinical monitoring or sonographic reassessment if persistent clinical signs is recommended.





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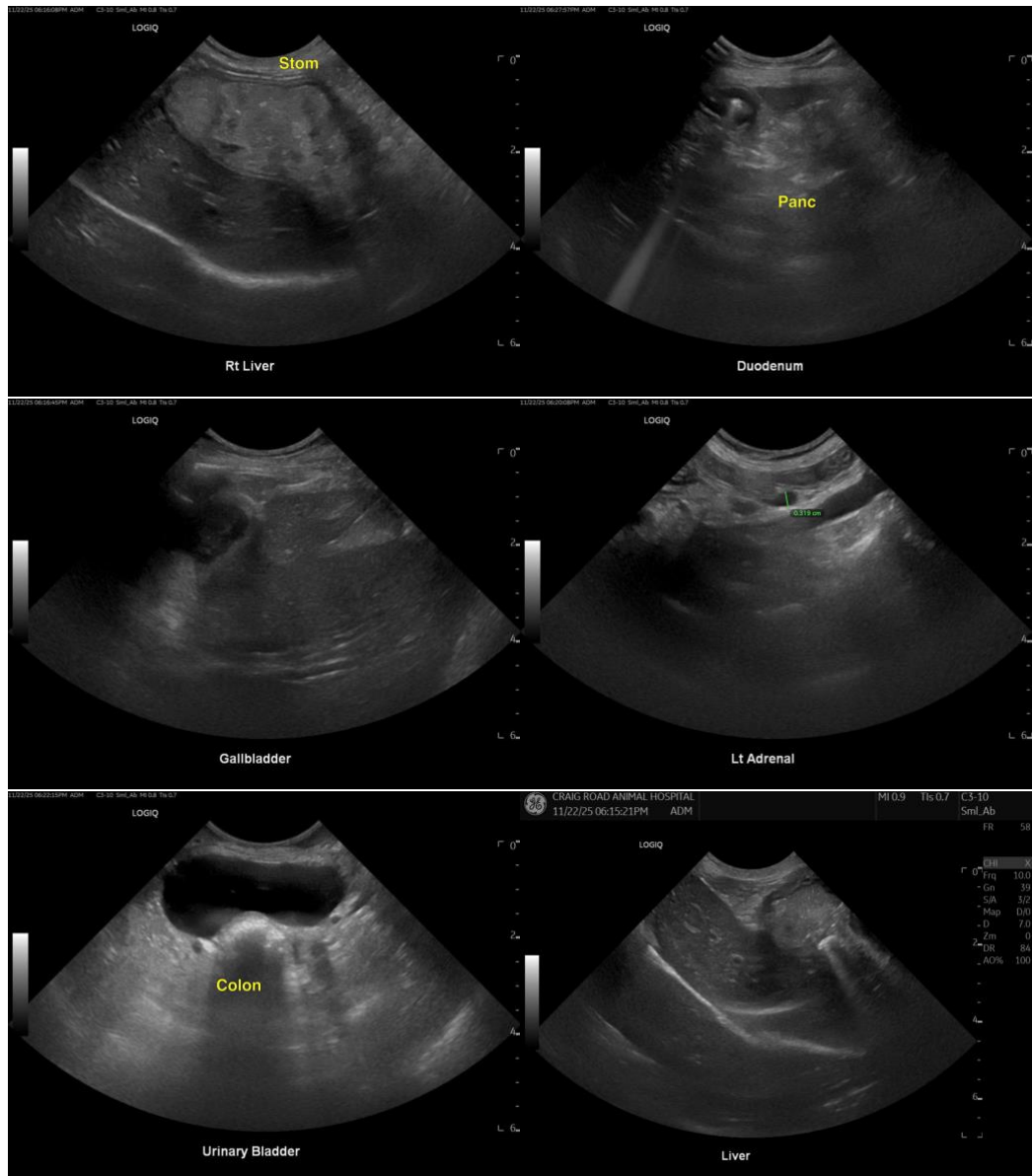
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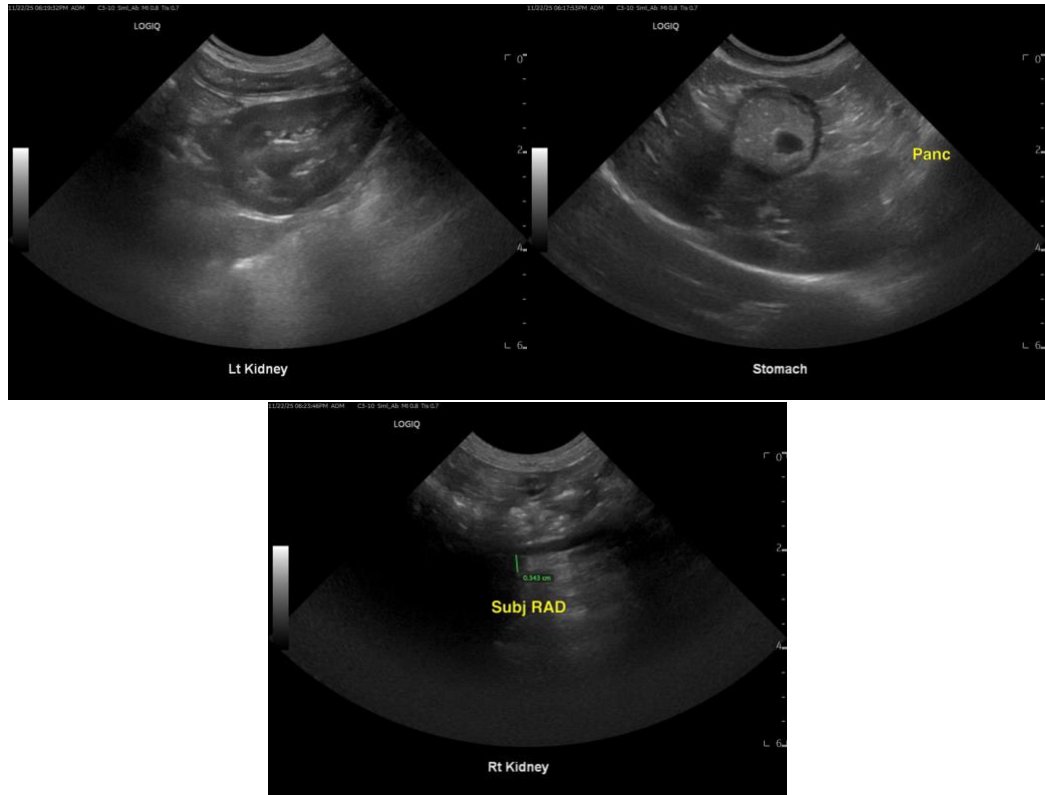
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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