



PATIENT	PRESENTING CLINICAL SIGNS
Murphy Jackson	Nonclinical routine blood work elevated bile acids
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC and gen panel unremarkable Bile acids pre-prandial 25-range 0-14 and post prandial 108 - range 14-29.9
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Havanese	Urinary System
SEX	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, mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.
Neutered Male	The area of the residual prostate appeared normal and free of pathology.
AGE	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 renomegaly, mineral or calculi. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.
7	
WEIGHT	Adrenal Glands
7.4 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 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 0.48 cm width at the caudal pole.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	Spleen
Dr. Belan	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
Signal Hill AC	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 to adequate in appearance without signs of congestion. Subjective visualized portal vein branching with portal vein comparable in size to the caudal vena cava measuring 0.58 cm in diameter.
REFERRING VET	
Dr. Sweet	
INVOICE	Gastrointestinal
12124	The gallbladder was non distended in size with mild congealed, nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
DATE	
11/06/25	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic ingesta (consistent with food/chyme) with no signs of ileus, obstruction or foreign material.



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SPECIES

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Havanese

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Neutered Male

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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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver.
- Mild congealed gallbladder debris (non-mucocele).
- Normal bilateral kidneys and urinary bladder- no evidence of renal or urinary bladder mineral or calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious or definitive intrahepatic or extrahepatic macroscopic shunt. Potential for non-evident hepatic primary parenchymal disease or portal hypoplasia/microvascular dysplasia given elevated post-prandial bile acid cannot be excluded, however, given no clinical signs and unremarkable liver parameters, the elevated post-prandial bile acid is of unclear clinical significance. Further assessment may include recheck bile acid profile to see if elevated post-prandial bile acid level is consistent, advanced imaging such as gold standard CT with contrast or consideration for hepatic sampling may be indicated if persistent elevated post-prandial bile acid, evidence of hepatic dysfunction or clinical hepatopathy.





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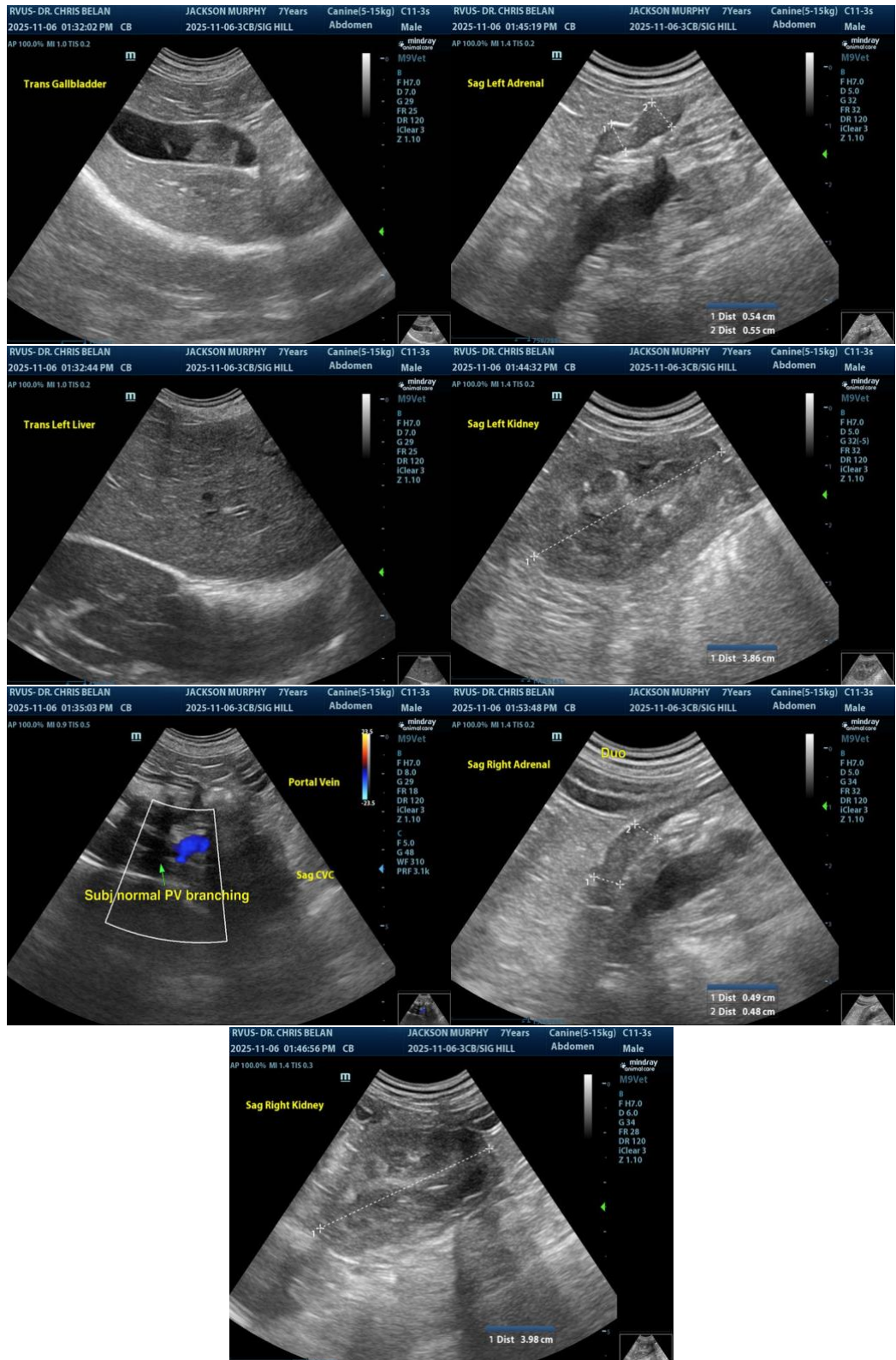
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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