

PATIENT

Lucy Geib

SPECIES

Canine

BREED

Chihuahua X

SEX

Female Spayed

AGE

10

WEIGHT

6.2 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ramsay AC

REFERRING VET

Dr. Parabendi

INVOICE

12942

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Non-clinical but moderate elevation of ALT and ALPK for last 6-8 months

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention prohibiting full evaluation of the urinary bladder wall. No overt urinary bladder tumors. Mild anechoic urine was present. No evidence of urine, mineral or calculi. The visible proximal urethra to as depth of 3.0 cm exhibited normal thickness and tone.

The area of the aortic trifurcation was free of pathology.

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 moderate, indistinct loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint, hyperechoic medullary foci which may indicate pinpoint areas of microinfarction, fibrosis or mineralization. The left kidney measured ~ cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was normal in size with the right adrenal gland exhibiting mild enlargement in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.41 cm.

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.

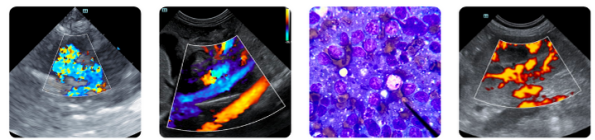
Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, non-dependent, congealed yet non-organized, hyperechoic, nonmineralized biliary sludge occupying majority of the gallbladder limb. 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.



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

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Pancreas

SPECIES

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

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Chihuahua X

ULTRASONOGRAPHIC FINDINGS

SEX

- Hepatopathy – sonographically consistent with benign criteria, vacuolar hepatopathy, inflammatory/immune mediated disease, cholestasis, hyperplasia or other with hepatic neoplasia thought less likely
- Immature gallbladder mucocele
- Bilateral chronic renal changes
- Mildly enlarged non-homogeneous right adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the patient is non-clinical, the mildly enlarged right adrenal gland is of unclear clinical significance and may indicate incidental hyperplasia, non-clinical, non-functional, adenomatous change with emerging right adrenal tumor thought less likely. Adrenal workup indicated if clinical signs consistent with Cushing's Syndrome are non-reported or arise. Further assessment may include screening hepatic FNA cytology, assuming normal clotting status. Hepato-supportive medications and monitoring would be reasonable given patient is non-clinical.

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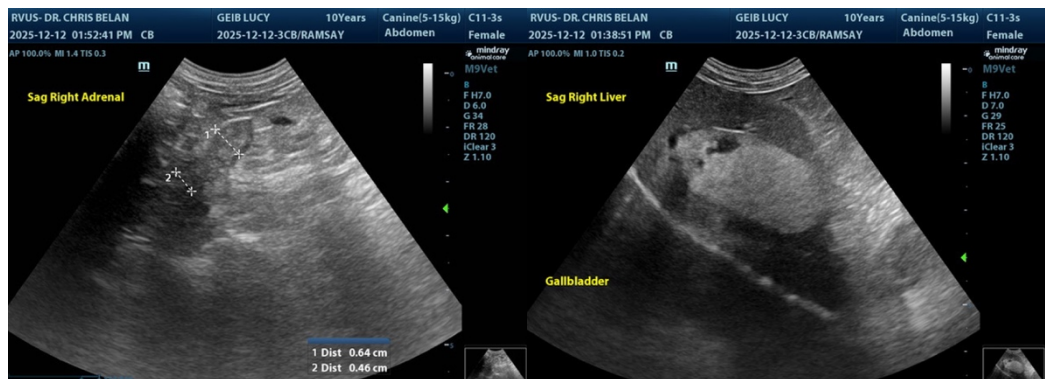
Dr. Parabendi

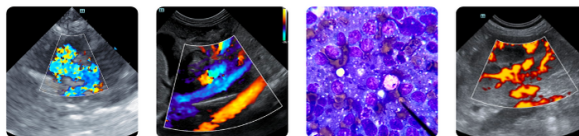
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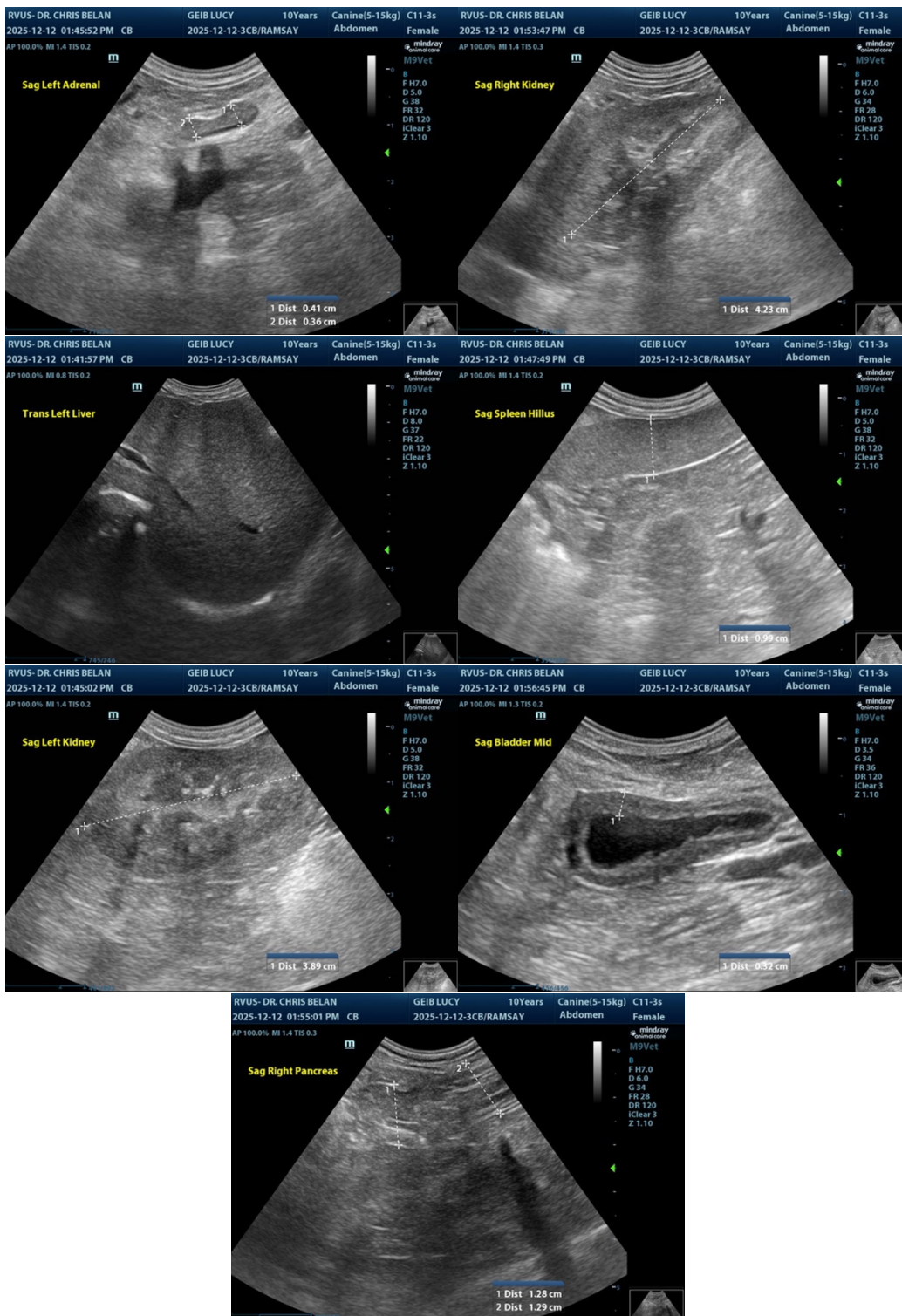
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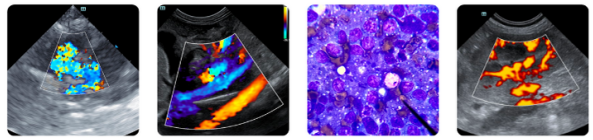
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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