



PATIENT

Bandit MErce

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

14

WEIGHT

2.1 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Jackson

INVOICE

12934

DATE

12/13/25

PRESENTING CLINICAL SIGNS

History: P has hx of chronic pancreatitis. P started having diarrhea today, so O took P to RDVM. P spent the day there on IV Fluids, cerenia, and supportive care. P was discharged around 4p today. While at home P did not have interest in food, restless, straining to defecate, hunched over, stretching. No vomit. Is drinking water.

Abnormal PE/Chem/CBC/UA Results: rDVM blood work: TG268, MG 3, K 4.6, Lip 599, Amy 1206, Na 150, Cl 109, TP 8.4, ALP 149, TBIL 0.6, TCHO 171, ALT 120, ALB 4.5, Glu 132, P 6.9, GGT 24, BUN48, normal CBC (**Concerning no stress leukogram noted**) EPOC: HCT 56, BUN 40, Ca 0.87, AgapK -4, K 5.6, Na126, BE(b) -7.6, pH 7.343, mTCO2 15.7. Na:K- 22 (<27 concerns for Addisonian) Resting cortisol- 2.7, grey zone, rec consider ACTH stim Post ACTH stim- 15.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 and adequate corticomedullary definition were maintained. The echogenicity of the cortex was mildly thickened and hyperechoic while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 m in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 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 0.36 cm width at the caudal pole.

Spleen

The spleen exhibiting mild cauda medial folding which is not indicative of spleen pathology and likely patient variant. The spleen presented 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 with normal vascular volume. 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



PATIENT

Bandit M ERced

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

14

WEIGHT

2.1 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Jackson

INVOICE

12934

DATE

12/13/25

non distended in size with moderate, gravity dependent, non-organized, echogenic, nonmineralized 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 contained variably echogenic, non-shadowing ingesta without signs of foreign material or obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing mild non-shadowing ingesta without obstructive pattern to the level of the colon.

The transverse to descending colon exhibited intact mildly thickened wall with normal intact visible distal descending colon. The colon was non-distended in size containing soft fecal matter. Colon wall measured up to 0.28 cm.

Pancreas

The pancreas exhibited an indistinct capsule with isoechoic to mild heterogeneous parenchyma compared to adjacent non-reactive or inflamed omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable normal volume liver – consistent with low-grade benign hepatopathy
- Non-organized gallbladder debris
- Bilateral chronic renal changes
- Normal adrenal gland
- Mild pancreatic remodeling
- Normal gastrointestinal tract with gastrointestinal ingesta – consistent with food/chyme
- Colitis pattern with soft fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-structural intestinal disease and chronic pancreatitis may present sonographically normal in conjunction with evidence of mild colitis. Continued gastrointestinal support indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Urinary workup, if not done, with consideration for renal staging to include C/S and UPC level if clinically indicated given azotemia is recommended.



PATIENT

Bandit M ERced

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

14

WEIGHT

2.1 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

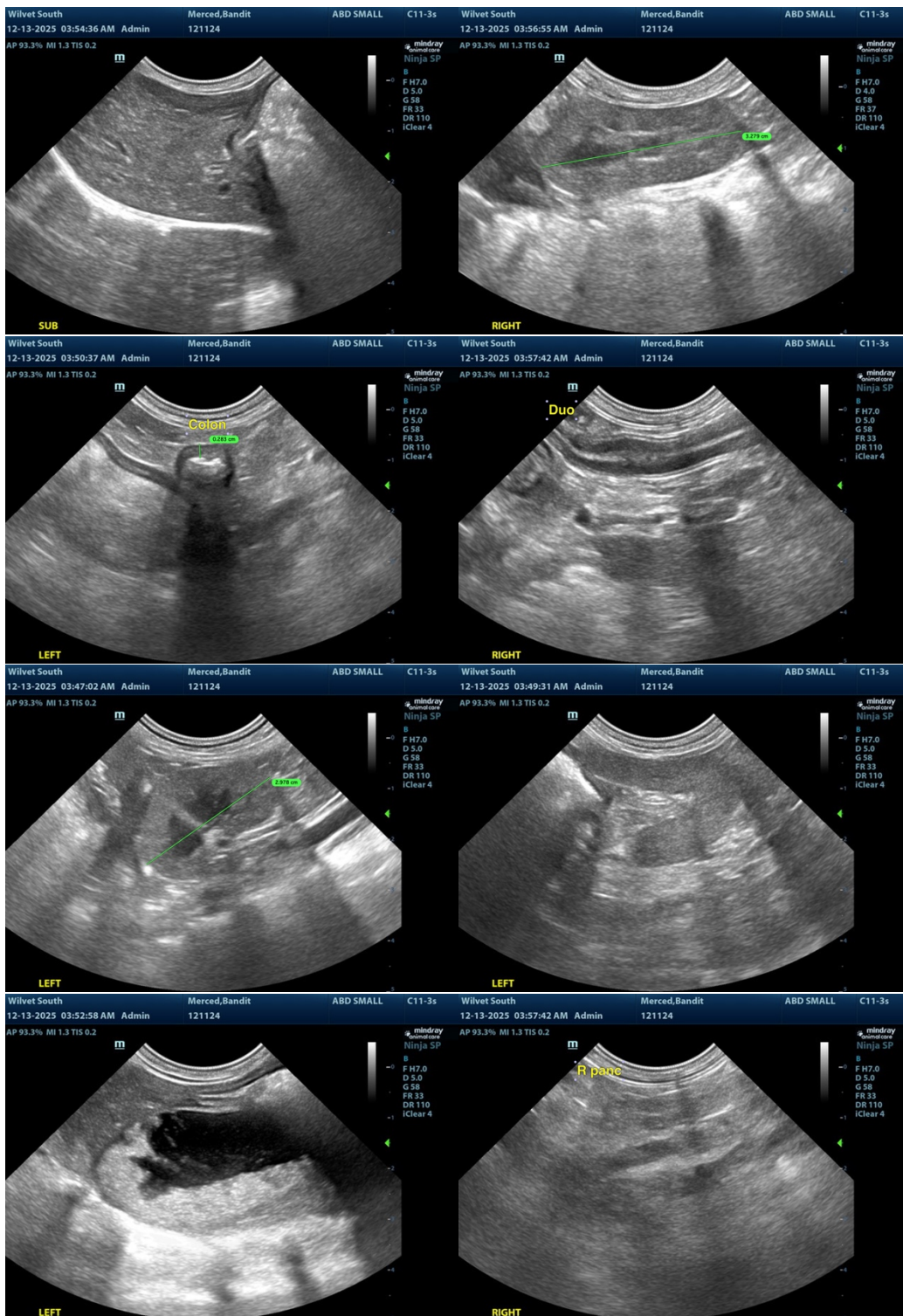
Jackson

INVOICE

12934

DATE

12/13/25





PATIENT

Bandit M ERced

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

14

WEIGHT

2.1 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

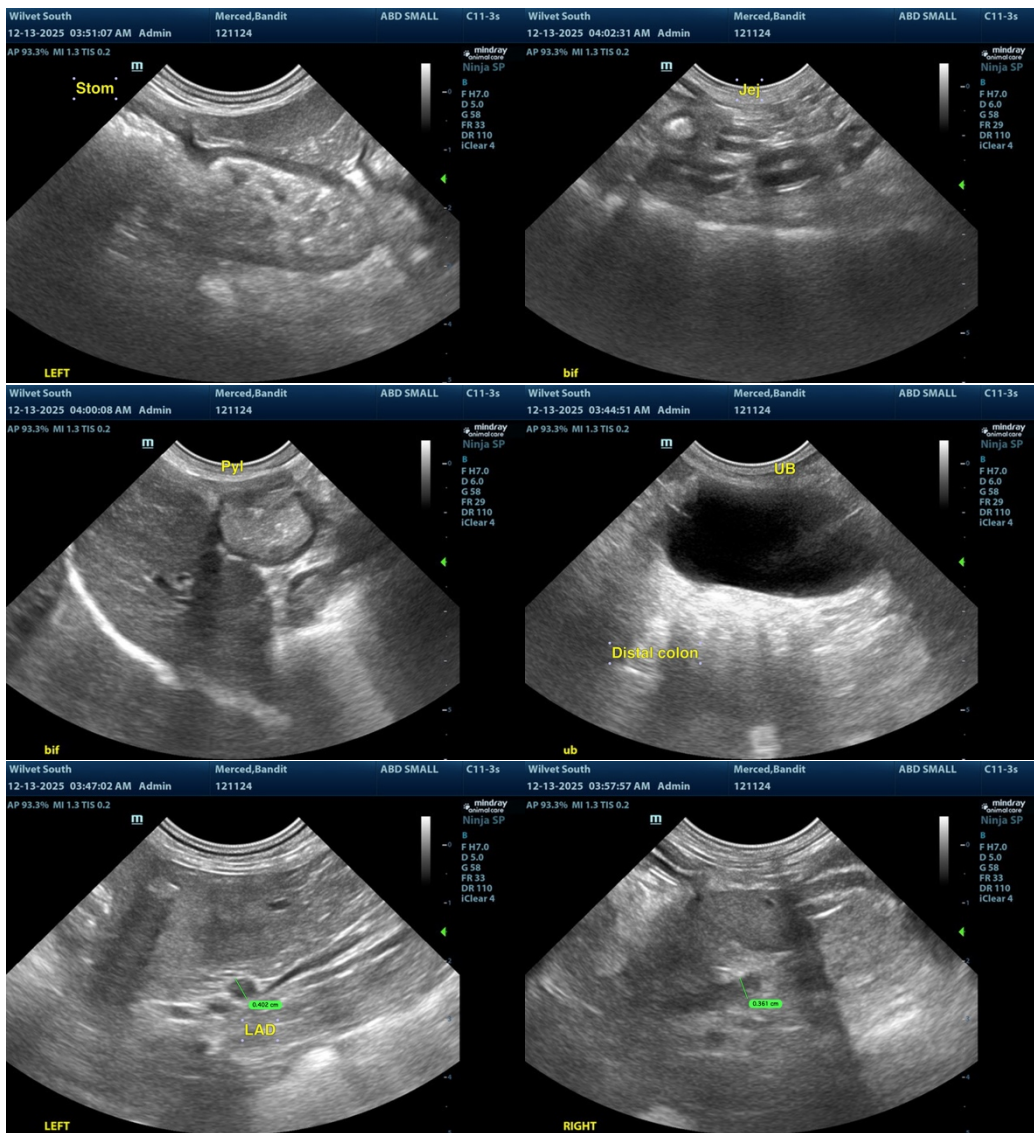
Jackson

INVOICE

12934

DATE

12/13/25



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