



**PATIENT**

Jordie Bolanos

**SPECIES**

Canine

**BREED**

Dachshund/Chihuahua  
 Mix

**SEX**

MN

**AGE**

12y 1m

**WEIGHT**

18.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Magnolia VP

**REFERRING VET**

Dr. Goldstein

**INVOICE**

10460

**DATE**

12/16/25

**PRESENTING CLINICAL SIGNS**

BCS 6/9. Recheck liver prior to anesthesia for dental. Prev. US 2/2024 showed nodular liver (report attached). Meds: Ursodiol 250mg (1/2t Sid), Denamarin

Abnormal PE/Chem/CBC/UA Results: Alt 149; Alp 1235; Chol 304 (T4 wnl, 4dx neg, cbc wnl)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen 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.

The residual prostate was sonographically normal.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.9 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 0.61 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 0.61 cm width at the caudal pole.

**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/ Gallbladder**

The liver was enlarged in size with symmetrical rounded capsule contour and mild nonhomogeneous, hyperechoic hepatic parenchyma exhibiting intermittent, discreet, hypoechoic, nonhomogeneous intraparenchymal nodules. An example of the liver nodules measured 1.2 cm in diameter.

The gallbladder was non-distended in size containing primarily anechoic content with moderate, primarily gravity dependent to nondependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 parenchyma of the right pancreas was mildly hyperechoic to adjacent nonreactive omentum with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

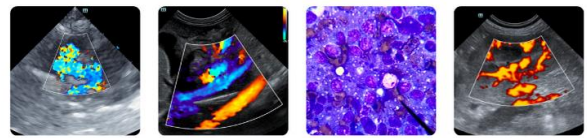
**ULTRASONOGRAPHIC FINDINGS**

- Enlarged mild hyperechoic liver with discreet intraparenchymal nodules
- Nonorganized gallbladder debris (non-mucocele)
- Age-related renal changes
- Normal adrenal glands
- Mild hyperechoic right pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver appears similar to the previous study, with benign hepatopathy suspected. Chronic vacuolar hepatic changes, hyperplasia, hematopoiesis, inflammation, with hepatic neoplasia thought less likely, are possible.

Adrenal screening or workup is indicated if clinical signs consistent with Cushing's Syndrome are present. Hepatic FNA cytology could be considered for further clarification if normal clotting status. There are no anesthetic contraindications, assuming normal BUN, glucose, albumin, and cholesterol levels. Continued hepatosupportive medications and monitoring would be reasonable. A Spec cPL could be considered if clinical signs consistent with chronic pancreatitis are noted.



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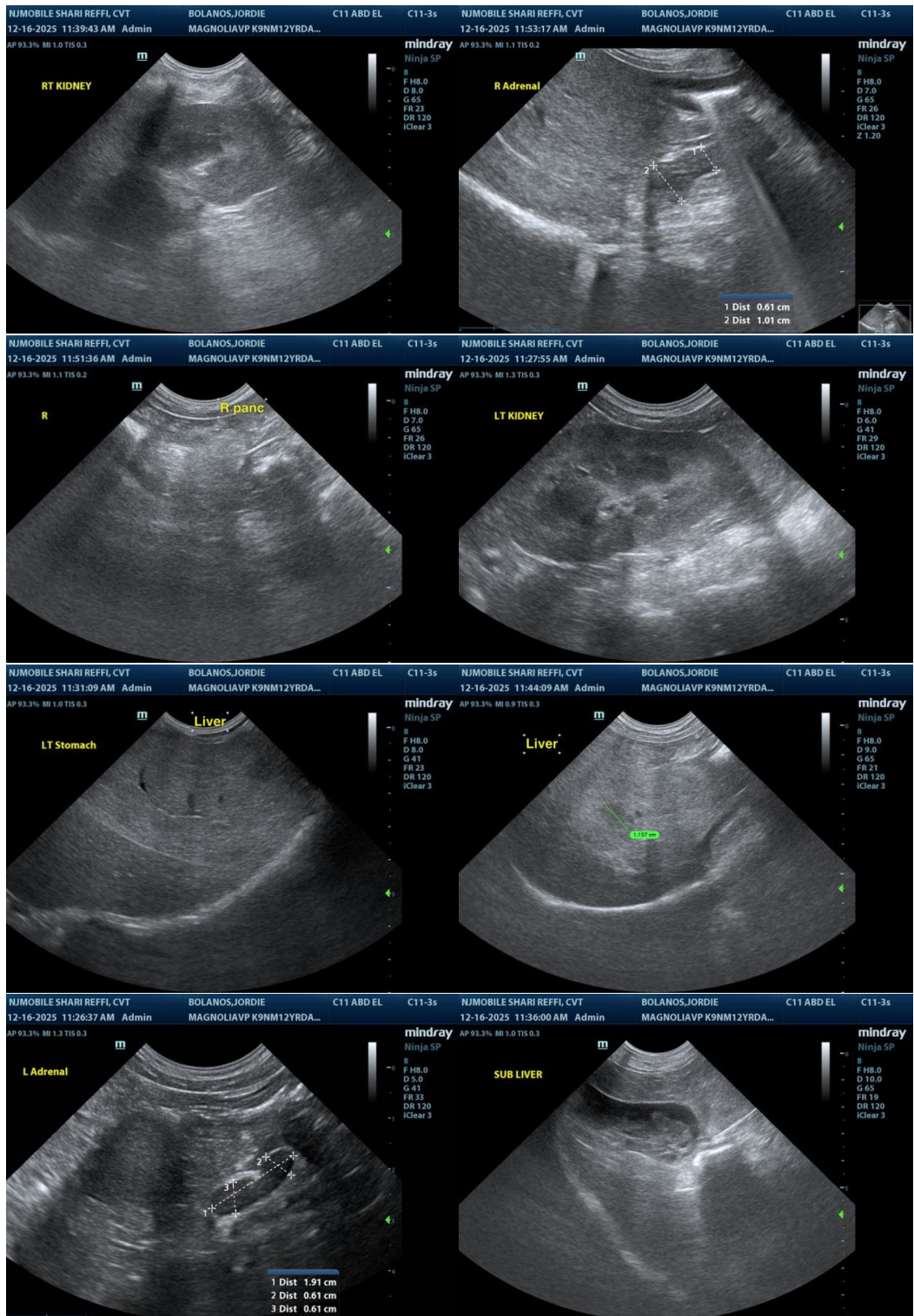
Dr. Goldstein

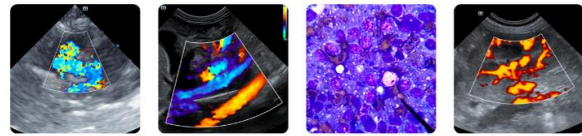
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)